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MEDICAL RELATIONS*

By J D OLIN, MD, WATERTOWN, N Y

HE remarks of your retiring president will relate to three main propositions

1 The object of our profession is the promotion of human life and health, individual and public—no more—no less

2 The keystone of the profession is the gen-

eral practitioner

3 For the attainment of our aim not only is internal harmony necessary but co-operation with the manifold agencies which are our potential allies

The First Proposition The doctor measures his success by what he has accomplished for his patients and the cause of the conquest of physical The quack measures his success by the amount of money he has collected Then why the remark not infrequently heard—"I did so many hundred dollars business last month" "Business"—Very important to collect our fees We fail to get a good many we have earned We need the money, many of us Moreover, ability and hard work deserve proportionate reward But aren't we occasionally measuring values by the quack's standard? Are we really immune to the lure of "easy money"? Commercialism is a real danger, it would take the heart out of medicine. It leads to chicanery in our ranks, and justly loses us the confidence of the public

Six practices may be named which have a tendency to debase medicine to a money getting

proposition

1 Fee-splitting, under whatever guise, trades on the misfortune of the patient "I'll do you the favor of letting you take care of this case if you will reward me by handing me part of the fee That's fair! The patient is mine He will go where I say Moreover, I have a good many more who will follow him" It isn't always as bad as that On the same principle is the trading of patients or the reference of a patient because of the fancied obligation of friendship to the doctor to whom he is referred. We call it loyalty to our friends and associates. A loyalty sometimes costly to the patient. It is our busi-

* President's address at the annual meeting of the Jefferson County Medical Society November 10 1927

ness to know where our patients can ger proper attention, and to do our best to procure it for them—the patient's choice to be respected so long as we guard him from incompetency and malpractice. Surely his interests should not be subordinated to our friendships, jealousies and piques. Personal attraction and professional estimates and professional estimates.

timation are not synonymous

- 2 Commercialized Treatment How frequently a physician is approached by an agent with the invitation to increase his office income by the installation of some special apparatus for the application of some new mode of therapy. That is the appeal, to "increase your office income" The benefit the patient gets is not the thing the agent emphasizes most, though of course this erudite layman will expatiate on that ad libitum if you question it A gastroenterologist of repute who lectured to us last spring told me that he knew of physicians' offices in New York which were fitted up with a half dozen tables (each having an individual connection with the drain) for colonic irrigations, which were an almost routine prescription for those offices who is consuming a great deal of time in treatment is out of just that much time for diagnosis, and the careful observation of a dozen or so cases a day in any man's office takes time. People should be taught to pay for thoughtful and intelligent diagnosis in proportion to what they pay for treatment Who's going to educate them if the physician runs mad over treatments to the neglect of diagnosis Ready-made treatments do not always fit
- 3 Profiting from the sale of drugs and apparatus
- 4 Maintaining a minimum price for a given service "Doctor, this patient is poor but would want to pay a nominal fee" "Well, I'll do it for nothing, but you know I can't come down on my price"
- 5 Getting all that the traffic will bear. This is easily combined with (4). Given a rich man get what you can, the poor can accept so called "charity" or nothing
 - 6 Underbidding It is natural for a patient

to want to know somewhere near what a procedure is going to cost, but we must be careful not to encourage "shopping"

The Second Proposition The keystone of the medical profession is the General Practitioner The properly equipped, high-minded general practitioner is worthy of the highest place in His is the opportunity for the the profession broadest view and the most thorough observa-Some time ago we heard it proposed to decrease the educational requirements of some of our general practitioners. Actually, the require-To lower them ments are still being raised would ruin the practice of medicine A way must be provided to make some fields more attractive, but it will rather be along the lines of increasing the facilities for scientific investigation and furnishing a better remuneration for services in the more sparsely settled sections The general practitioner's time is so interrupted that he is apt to neglect study unless his interest is stimulated by association with some institution of medical learning, but the recognition by medical societies of their educative function is going to do a good deal toward furthering postgraduate education and corresponding keenness and professional earnestness

More and more stress is being laid upon the fact that the Medical Profession must more fully recognize it's obligation as guardian of individual and public health. But, though in some quarters the profession has been active in promoting the periodic health examination, it's value is being advertised chiefly to the public so far by insurance companies. This very fact has served to prove its usefulness, statistics show that it pays the insurance companies.

Who is to make these examinations if not the general practitioner? To whom will John Smith go for the periodic health examination? Naturally, to the man who is wont to advise him in But how many have such a matters of health regular adviser-one in ten, perhaps? It is a As like as not, John Smith day of specialists consults Dr A for his "stomach", Dr B for his varicose veins, and he may happen in on Dr C for an attack of lumbago He is not anchored anywhere It is up to the medical profession to furnish him a proper mooring place and to see that he is tied up to it so long as it is a good anchorage and the storm prevails, and that he come back there often enough in calmer seas to know where it is Though the realization be distant, the ideal it seems to me that we should teach and preach is that each person, so far as may be, when he comes to years of independence, should choose his or her physician to whom, so long as the arrangement is mutually satisfactory, he shall go with every physical ailment requiring the attention of a physician—that he may expect that physician to take a personal interest in his wellbeing and keep an accurate, intelligible record of his bodily condition, the physician to examine him at periodic intervals and to advise him when need of consultation is felt, and the patient to feel free to suggest consultation at any time On removal of the patient to another location, or in case of the death or removal of the physician, or the patient's choosing to employ another, the record of the first physician should be available to the new consultant, and should be furnished as a routine on removal real medical cooperation In this plan the specialist comes in in his right place as a consultant, a temporary therapeutist, or operator When he has performed his function the record of his service, diagnostic operative and postoperative, or therapeutic should be delivered into the hands of the patient's physician and the patient instructed to report back to him That there are many obstacles in the way of the attainment of this idea I admit, not the least of which are our own weaknesses, but I do not believe those obstacles are insurmountable This condition already exists in many instances, and why should it not be worth striving for as a general custom?

Consider some of the obstacles One is the appropriation of patients When a patient has been referred to a specialist, if the indications have been well met and the patient restored to health, something dramatic has been accomplished. It is natural for the patient to feel great confidence in the man who has done so much for It is natural for him to consult this man about other things. He is likely to quiz him on matters concerning which he has already gotten his own physician's opinion, and to come to his office for other ailments It is easy for the specialist, without perhaps meaning to do so, to become the office practitioner for this patient, yes and even for his family This is not, however, for the best interests of the patients, though it may seem to the specialist to be so in individual The specialist is not going to attend these patients in their homes, and moreover he does not often have time to give proper general care in his office

There is also lack of cooperation on the other side. The general practitioner attempts work which has come to belong to the specialist be cause he is the man who is best qualified to handle it successfully. Just where the work of or ends and that of the other begins is often discult to decide, but, as a general proposition, there is no need for confusion. Any disagreement as to where the line runs might be verproperly thrashed out in the medical society, and a proper spirit of cooperation will take care of the borderline.

Then, not infrequently the specialist will fin some one sitting in the waiting room who has no appointment, though he may have come considerable distance. The only introduce is "Dr So and So sent me in to see you situation is embarrassing—no information."

the referring physician, and no opportunity for a proper examination at the time of the visit, though the patient is miles from home. your permission I will read from Principles of Medical Ethics of the A M A, Chapter 2, Section 4. Article 3

"PATIENT REFERRED TO SPECIALIST

"When a patient is sent to one specially skilled in the care of the condition from which he is thought to be suffering, and for any reason it is impracticable for the physician in charge of the case to accompany the patient, the physician in charge should send to the consultant by mail, or in the care of the patient under seal, a history of the case, together with the physician's opinion and an outline of the treatment, or so much of this as may possibly be of service to the consultant, and as soon as possible after the case has been seen and studied, the consultant should address the physician in charge and advise him of the results of the consultant's investigation of the case Both these opinions are confidential and must be so regarded by the consultant and by the physician in charge

The American College of Surgeons has done a splendid service in the standardization of hos-The hospital staff meeting has given an opportunity for regular clinical conferences of which the potential educative and stimulative value is very great. In our local hospitals, organization has hitherto consumed a large part of the time allotted to staff meetings, but it will not be long before practically the whole of the time will be devoted to clinical discussions and the review of the work of the various departments Not the least of the benefits to be derived from these staff conferences are the interchange of opinions and the friendly criticism which makes in the end for cooperation and better work the hospital conference, one catches the spirit of the open mind, the loosening of prejudice in the search for fact while the concrete case makes a vital focus for the discussion of experience and The physician may benefit by the opinion of his confreres on any question that is vexing him in the handling of any of his cases - local hospitals are organized on the open staff plan, so that all physicians of repute within the radius of the hospital's activities may make application for staff membership and the use of the ospital for the care of their patients One of them, in it's newly adopted bylaws for the staff, makes membership in good standing in one's county society a requisite for staff membership, and it is probable that in the near future the other will do the same. Though the burden of the routine work of the hospital staff naturally falls on a few of the local men, all other staff members, no matter how little they may use the Count 'tal, should avail themselves of the monthly

meetings and contribute their share to the incal conferences The ultimate success of these staff conferences, as well as of the activities of this society depends of course upon the recognition of individual responsibility

The past three years have seen an awakening of this society in the matter of the practical application of it's educative function. One of our members has been especially active as a pioneer in this movement, and his work has merited more than local recognition. Chiefly through his efforts this society has taken a leading place in the promotion of postgraduate instruction through the medium of the county society

The Third Proposition The necessity of cooperation with allied agencies I believe, as suggested by the President of the State Society, we should have a Public Relations Committee with the broad scope of getting in touch with various organizations and movements aiming at health activities in the broadest sense of the term, so that we may guide and direct them

The medical profession should encourage and To this end we foster the study of pharmacy should be considerate of our druggists. It is a question how many drugs we should put on our I have mentioned the selling of drugs for profit We certainly should not compete with the drug stores

Dentistry is the natural ally of medicine Let us be quick to give our dentists credit for the excellent work being done in their profession, whose program has been so radically changed by the recognition of the evils of oral and alveolar infection. Cooperation should displace dictation It will do us good to go a bit out of our way to consult with the dentist, and we may learn something in so doing

Our attitude to the nurse should be one of cooperation and direction, not of overlordship Rebuke in the presence of a patient is unfair and is destructive of the relationship which should be maintained. A private interview will be far more apt to get the results we seek, and will avoid the danger of injustice. Let us not forget that in the hospital the discipline of the nurse is in the hands of the superintendent of nurses and the superintendent of the hospital

Following an insistant demand by the medical profession the nurses of our community in the fall of 1922 established a nurses' registry have been very earnest in this and their conduct of it has evidenced from the first the motive of service to the patient and physician board of directors are three physicians, one of whom must be the president of this society know of a good deal of self-sacrificing effort that has been put into this undertaking by nurses who had no individual benefit to derive from it except relief from the burden of securing nurses Nurses' Registry should have not only our support but our commendation Let us remember that the profession of nursing is indispensible to us and has an ideal as high as our own

Let us recognize our dependence on the laboratory worker, and other technicians and meet them in a spirit cognizant of mutual helpfulness. And so of all the many others who contribute to this great task, from the public health worker down to the most menial of hospital employees are all necessary to each other—each has his worthy part

As we become closer associated, as we more and more realize our individual responsibilities to the public, to our own society and to each other, our power for accomplishing the objects of medicine becomes ever greater. Let us get the broad view, and do our bit so that our profession may carry on Competition may be the life of trade, but cooperation is the life of the patient

THE VALUE OF SCOTOMETRY IN THE DIAGNOSIS AND TREATMENT OF **GLAUCOMA***

By A, H THOMASSON, MD, NEW YORK, N Y

COTOMETRY is probably the most important aid to the early diagnosis of glaucoma at our command It enables us to discover an almost infallible sign of this disease long before demonstrable structural changes have taken place, and before any subjective symptoms are constantly present. The importance of an early diagnosis becomes manifest when we consider that unless such a diagnosis is made irreparable damage will be done, the tension will be controlled with much greater difficulty, and almost certainly an operation must be resorted to eventually to preserve whatever vision may remain after repeated attacks of high tension tunately, however, an early diagnosis is difficult if we rely upon the symptoms on which a diagnosis is usually based, for many of these symptoms are not constantly present during

this early stage

The symptoms of glaucoma are dependent, with possibly one exception (the adrenalin pupillary reaction), upon increased intraocular pressure, and late in the disease they are constant because they are then dependent upon anatomic changs in the eye that have been produced by the increased intraocular tension, and because at this stage of the disease the tension is usually constantly elevated Early in the disease, however, before such changes cupping, demonstrable optic atrophy, atrophy of the iris, shallow anterior chamber, etc, have taken place, the ordinary symptoms such as venous congestion, steaminess of the cornea, halos, foggy vision, contraction of the visual field, etc, will only be present during a rise of the intraocular pressure But during this stage of the disease the tension is not constantly above the normal In fact, at this time there are frequent, and often fairly long periods during which the tension is perfectly normal, and during which also there are no subjective symptoms. But a diagnosis must be made during this period in every possible case in

order to prevent pathological changes that are so destructive to sight, and that are responsible for practically all the complications that we encounter in our management of this disease To defer a diagnosis in a case of glaucoma until obvious structural changes are present would be as inexcusable as it would be in the case of pulmonary tuberculosis to wait for obvious cavity formation and for the appearance of tubercle bacilli in the sputum before making a diagnosis Each disease must be diagnosed in its incipient stage if we wish to prevent irreparable damage, and thus render to our patients the service they have a right

to expect from us

The great difficulty in the diagnosis of incipient glaucoma is that the patient may, and often does, present himself for examination during a quiescent period, when practically no Such a patient will symptoms are present offer little in the way of history that is of value, and if our examination reveals an eye that is apparently normal we are apt to pass the case by without resorting to the tests that would enable us to make a diagnosis us assume that such a patient comes to us for an examination As has been stated, the history is usually unimportant. He is convinced that his sight is getting worse, and has made repeated attempts to improve it by a change of glasses If closely quizzed concerning fogg vision a certain percentage will recall such attacks, but the majority will not have notice even this symptom. We proceed with ou examination and find that the corrected cer tral vision is normal. The field of vision taken with a standard perimeter at 33 rm and using a 5 mm object, is normal We no examine the blind spots, using one of th short radius campimeters and a somewhat smaller test object, but they are normal The tension is normal. The pupils are of nort size and react to light This reaction may somewhat sluggish, but this defect is easil overlooked in an otherwise apparently norma eye There is no cupping that can be made our

^{*}Read at the Annual Meeting of the Medical Society of the State of New York at Niagara Falls N Y May 11 1927

by the average examiner and no optic atrophy can be made out. Have we not then done all that can be reasonably expected of us, and are we not justified in quieting our patient's fears and assuring him that his eyes are normal? Assuredly not, for we have neglected the two important tests that would have enabled us to make at least a tentative diagnosis of glaucoma, and we could then have placed the patient under observation until a definite diagnosis could be established. These two tests are The examination of the blind spot for Bjerrum's scotoma, and the determination of the pupillary reaction to adrenalin econd of these I shall not discuss in this p er, but Bjerrum's sign, although not absolurely pathognomonic of glaucoma yet, because it appears at the very onset of the disrase, does not disappear during periods of ormal tension, is so constantly present when glaucoma is present and absent in non-glaucomatous conditions, becomes the one outstanding sign of value during the early stages of this disease. I have never seen it absent in any early case of glaucoma, and have seen but one enlarged blind spot in a non-glaucomatous case that could have been mistaken for Bjerrum's sign, and this case did not bear the slightest resemblance to glaucoma in any other respect The examination, then, of every suspected case of glaucoma must include a search for this sign, for when present it enables us to confirm a diagnosis of glaucoma in the absence of other definite symptoms, and when absent, it enables us to rule out such a diagnosis even in the presence of certain more or less definite symptoms, such as a large and unusual appearing physiological cup in a hysterical patient with a contracted field

But Bjerrum's sign, when it first appears, can only be detected by Bjerrum's original method of scotometry, by means of a tangent screen, or some substitute for a tangent screen, it a distance of one meter or more, and by using test objects measuring from 1/16° to %° That is, a 1 mm or a 2 mm object, if ised at a distance of one meter This fact has een repeatedly demonstrated by me, and in his paper the term "scotometry" has refernce to Bjerrum's method of scotometry The easons for using small test objects at a dis--1 nce of at least one meter have been fully set orfa in a previous paper* This method of Azmination, then, becomes a necessary procedure in every attempt at the early diagnosis of glaucoma When Bjerrum's sign has once been demonstrated, we should seek a confirmaof our diagnosis by determining the renalin pupillary reaction and by frequent

testing of the intraocular tension, as well as by repeated examinations of the blind spot to determine whether there is any advance in the scotoma. By following some such procedure as this many cases of early glaucoma will be diagnosed that are now being overlooked, and when once the importance of scotometry has has been learned, it will never be abandoned

But scotometry is not only of value in the diagnosis of glaucoma. It is equally valuable as a means by which to determine the future progress of this disease, and as a guide to treatment. And this is true not only during the early stage, but throughout the entire course of the disease When once Bierrum's scotoma has been accurately outlined, if the treatment that is instituted, whether operative or miotic, is sufficient to keep the tension within normal limits at all times, there will be no change in the scotoma due to an advancement in the glaucomatous process a normal tension has been gained by means of an operation, the scotoma will usually not advance, but when a normal tension is apparently maintained by means of drops, there will usually be a steady advance in the scotoma This seems to indicate that we cannot be sure of maintaining a normal tension by means of In cases treated by this method there inust, at times, be elevations of the tension of which we are not aware. But no matter what the method of treatment, we must keep ourselves informed at all times as to the progress of the disease For this information we cannot rely entirely upon frequent determinations of the tension, for there are fluctuations of tension that occur in the interim between office visits, concerning which we can have no knowledge, and which steadily advance the glaucomatous process in spite of an apparently normal tension. The same may be said concerning field taking by the ordinary The usual instruments for field taking do not reveal slight gains and losses in the visual field,—gains and losses that mean much in determining the dosage if a patient is to be kept on drops, also whether an operation is to be resorted to, and if so, when to But scotometry gives us this inforoperate mation more quickly and more accurately than any other method of examination It is, therefore, supplemented of course by other methods of diagnosis, the most reliable guide that we have as to the progress of this disease, and in the determination of the treatment. For this reason the scotometer becomes a necessary part of our office equipment if we treat glaucoma at all for the physician who does not use it cannot obtain all the information concerning his patient that he should possess, and therefore places both himself and his patient at a disadvantage

^{*}A Simplified Tangent Screen with Suggestions on Field Taking A. H Thomasson, Archives of Ophthal, vol. lv, No 6, 1926

PLASTIC AND RECONSTRUCTIVE PROCEDURES IN RHINOLOGY*

By JACQUES W MALINIAK, MD., NEW YORK, N Y

THE object of this paper is to bring out some new points in the application of reconstructive surgery in rhinology. I shall confine myself at this time particularly to that field of rhinoplasty, the principal aim of which is the rebuilding of the intranasal structure with the restoration of their function. The plastic procedures in atrophic rhinitis, in nasal atresias, and in drainage of the lachrymal sac, are of great interest because no surgical method as yet seems to be universally accepted.

Before taking up in detail the subject under consideration, I wish to state briefly the fundamental principles of epithelial grafting which has numerous indications in this work

OLLIER-THIERSCH GRAFTS

Epithelial grafting has gained an enormous importance in reconstructive surgery on account of the certainty of its "taking" As far back as 1872, Reverdin successfully applied small fragments of epidermis to granulating wounds Later, the necessity of covering extensive skin defects brought about the use of the large epidermal grafts introduced by Ollier and Thiersch taking of the graft depends on the primary adhesion of the transplant to the wound, which may be prevented by the accumulation of serum or blood between them In a region with loose skin, —as the neck, cheeks, eyelids, etc, the epidermal graft becomes folded, due to a certain retraction of the bed of the wound This should be taken into consideration from a cosmetic point of view Since the perfection of the technic in the application of full thickness grafts and pedunculated skin flaps, these two have in most cases, for cosmetic and functional reasons, replaced the Thiersch graft, especially in the region of the

In the nasal cavities, this method of epidermatization has numerous indications on account of the simplicity of execution and the certainty of The cosmetic side is not important here, providing a nasal lining in luetic deformities by this procedure has completely revolutionized the operative results obtained in these cases method has also changed the prognosis in congenital and acquired stressas of the nasal cavity Grafting the antra is indicated where epithelization of the cavity by a flap of nasal mucosa is impossible,—as in the operative technic for ozena, where the inferior meatus is narrowed by a submucous transplant of cartilage and no flap is In the Caldwell-Luc operation the preparation of a large flap of nasal mucosa placed on the floor of the maxillary sinus is sufficient in the majority of cases

*Read at the Annual Meeting of the Medical Society of the State of New York at Niagara Falls N Y, May 11 1927 Technic — The important points in the technic are the following

(1) The epidermal graft should be as thin as

possible

(2) All scar tissue and granulations must be thoroughly removed from the woundy surface

(3) Complete hemostasis

(4) Uniform compressive dressing, maintaining the graft in place and also promoting hemostasis

Mucous membrane can be successfully replaced by epidermal grafts or by pedunculated thin skin grafts, which slowly assume the characteristics of a mucous membrane. Pedunculated flaps of nasal or buccal mucous membrane are indicated in many instances in order to cover wound surfaces in the nose and mouth and to protect natural and post-operative outlets from closure. In forming endonasal flaps great care must be exercised in preparing the base through which the blood supply is provided.

Free Transplants, which we use very largely in this field, are of cartilage and of fat. The advantages of using cartilaginous material has already been emphasized ¹ Its tendency to bend is utilized in fitting the graft into the curvature of the inferior meatus and the nasal floor during intranasal rhinoplasty. It is also an ideal transplant for the correction of nasal deformities and for defects of the cranial and facial bony framework.

Fat transplants have to be handled with the utmost care As some absorption of the fat occurs with time, overcorrection of the defect must be made The use of fatty tissue, together with the fascia, is supposed to give a more uniform surface.

EXTERNAL RHINOPLASTY

Much has been written in the past few years on this line, and the medical opinion seems now to be aware of the importance of this newly developed branch of surgery

Without entering into the details of technic in these deformities, as they were described by me in previous papers,^{2 s} I should like only to summarize here some fundamental requirements in corrective rhinoplasty

(1) Artistic inclination which can, to a certain degree, be cultivated

(2) Good rhinological and rhinoplastic train-

ıng

(3) Thorough antiseptic preparation of the operative field

(4) External incisions should be used in cases of chronic involvment of the nasal cavities

(5) The modelling of the nose has to be done

with extreme carefulness, attention should be paid to the details which are responsible for the ultimate cosmetic result. The effects of the intranasal incisions and the late retraction of scars, have to be calculated during the intervention

(6) Stereoscopic photographs and plaster of Paris casts, made before and after the operation, are necessary requirements for preliminary study and also as valuable records

INTERNAL RHINOPLASTY

Atrophic Rhinitis, With or Without Ozena— Leaving aside the pathological and clinical considerations of these affections, I wish to describe here a procedure which seems to me most rational for the narrowing of the nasal cavities

The excessive width of the cavities favors the evaporation of nasal secretions and, to a certain degree, the formation of crusts with or without odor, depending upon the nature of the affection. The ethmoids and the maxillary sinuses, more or less involved in both cases, have to be dealt with according to the condition present. In ozena the pathological factors still under question have to be taken into consideration. In post-operative atrophic rhimitis, which one finds after a radical operation on the turbinates and ethmoids he pathology is entirely mechanical.

OPERATIVE TECHNIC

The first idea of remodelling the nasal cavities dates from 1902, when Moure and Brindel conceived the idea of injecting paraffin into the turbinates. This had to be abandoned because of the danger attached to its use and the technical difficulties. The two methods brought forward in recent years are as follows.

- (1) Narrowing the nasal cavities by mobilization of the lateral walls (a) by the buccal route (Lautenschlager, Hinsberg, Seiffert, Ramadier), (b) by the nasal route (Halle)
- (2) Narrowing of the nasal cavities by submucous transplantation

These methods have been described in numerous articles. I have also analyzed them elsewhere in connection with certain complications to which they give rise

(3) All these procedures consist of surgical treatment of concomitant chronic sinusitis and the narrowing of the nasal cavities. This last problem is purely a reconstructive one and should be studied from this point of view

After a series of cases of ozena which I had operated on by the modified Lautenschlager method, a communication was published by my former associate, describing my technic and the results obtained I have been able to follow these patients for some years and to present them to the ORL Society of Cincinnati in December, 1925 All the patients were to a great ex-

tent relieved of their symptoms. However, the bony transplants placed under the mucous membrane which seemed healthy and normal, were partly absorbed and the nasal cavities became larger than during the first months after the intervention. These findings accord entirely with my experience as to the permanence of bony transplants in general reconstruction. The cases operated on by the same procedure but with the use of cartilaginous transplants show a complete absence of absorption.

The technic which I have adopted after a prolonged control of operated cases I believe to be simple and ideal from the point of view of reconstructive art It is as follows

- (1) Each side of the nose is operated on separately under infiltration anesthesia, with four weeks' interval between
- (2) During the first intervention, costal cartilage is provided in sufficient quantity for both sides, and—between operations—the transplant is stored subcutaneously in the chest
- (3) Incisions are made in the gingivo-labial folds, as in a Denker operation, but extending anteriorly as far as the lateral incisors (Fig 1)

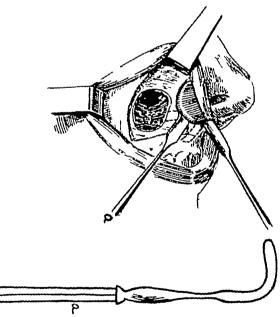


Fig 1 -- Nasal mucosa separated with an angular elevator in the region of the pyroform aperture.

- (4) Ethmoidectomy and antrum curettage are done when indicated The ostium in the naso-antral wall is enlarged and a small inucous membrane flap formed around its lower circumference and displaced into the antrum in order to protect the opening from closure (Fig. 3)
 - (5) Submucous transplantation of cartilage
 - (a) The nasal mucosa is exposed in the region

of the Pyriform aperture (Fig 1a) and with my special angular elevator (Fig 1b) the membrane

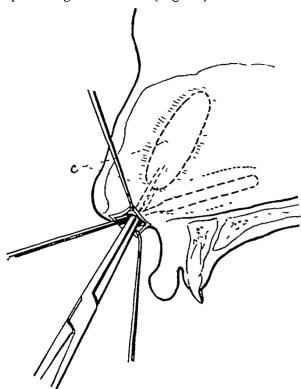


Fig 2—Two tunnels under the septal membrane where cartilaginous fragments are introduced

is carefully separated in the region of the inferior meatus and the nasal floor. Appropriately shaped cartilaginous fragments are introduced under the nasal mucous membrane which is raised to the desired extent. (Fig. 3b)

(b) Through the columella incision, the septal mucous membrane is separated on the corresponding side in such a way as to create two tunnels in which two cartilaginous grafts are introduced

(Fig 2c) By this operative step I complete the narrowing of the nasal cavities, especially in the middle and upper floors of the nose-impossible to accomplish by the external graft alone The lower septal transplant is placed parallel to the inferior turbinate, and the upper is directed upward and backward in front of the middle meatus and tur-(Fig 3c) The introduction of cartilage through the columellar incision eliminates the chances of infection through the nasal fossæ One series of six cases operated on by this method and still under observation shows results superior to those offered by the old method, especially from the point of view of complete and permanent narrowing of the nasal cavity

ATKESIA OF THE NASAL CAVITIES

in a certain number of affections the rhinologist has to deal with cicatricial tissue or congeni-

tal diaphragms which can be treated successfully only by intranasal plastic procedures. Removed by knife, by galvano-cautery, or by diathermy this tissue reproduces itself by proliferation of granulations and the only way to avoid scar formation is to cover the wound surface by a Thiersch graft or a pedunculated mucous membrane flap. This problem has a special importance in the air passages and should be treated with the utmost care

Classification—The atresias may be divided into traumatic, post-infectious, and congenital. If they are of traumatic origin (war wounds, burns, post-operative) or infections (syphilis, lupus, diphtheria, etc.) after the arrest of the inflammatory process, the cicatricial tissue should be excised and all the neighboring parts freed from their adhesions. The Thiersch graft, as already mentioned, should be applied under pressure on stent and maintained in place by means of a prosthetic apparatus fixed on a denture

The question of treatment of a laryngo-tracheal stenosis by this method remains open and offers a wide field of activity to laryngologists interested in plastic operations. I have frequently had occasion to see these cicatricial atresias in the nasal vestibule treated repeatedly by excision, with recurrence of scar tissue and reproduction of the deformity

Providing a lining in luetic nasal deformities after excision of the scarred mucous membrane and freeing of the nasal skin from all the deep adhesions should be a generally accepted procedure

The deepening of the gingivo-labial cul-de-sac obliterated by scar tissue is corrected by the same

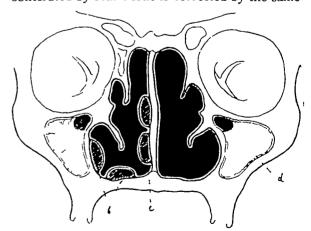


Fig 3—The position of the cartilaginous transplant in the narrowed nasal cavity

method, and was of tremendous importance in treating war wounds of the mouth

I pithelization of the maso frontal duct is uscful in the radical cure for frontal sinusitis, as the closure of the duct by scar formation compromises the result. To maintain the ventilation of the sinus by the maso frontal communication, it

is necessary to avoid granulation tissue of adjacent surface by providing a very thin Thiersch graft, rolled around a small caliber tube. I believe it to be the key to the success of the radical trontal sinus operation.

Intransal Tear-Sac Operation —This may be considered as a most typical reconstructive intervention, indicated in acquired malformations of the lacrimal duct for the re-establishment of its function and the improvement of external appearance. It was my privilege, many years ago, to follow this procedure, elaborated by West, at the Silex Clinic, and to observe the immediate and late results.

It is not my intention to enter here into a discussion of the pathology of the lachrymal apparatus nor the details of technic of the Polyak-West operation. The principle of the latter consists, as you know, in the formation of a window in the nasal mucosa and the underlying bone, corresponding to the lachrymal sac. The internal wall of the sac is resected and its content drained into the nasal cavity.

West's technic, as he uses it at the present time, after 1600 operations to his credit, presents the following details of great importance on which I believe the success of the operation depends

(1) The quadrangular flap is made in such a way as to denude the pyriform aperture and enlarge the field of operation

(2) The opening in the flap is made after the resection of the bony window and should cover carefully its edges to avoid closure by granulations

(3) The bony window and the resection of the internal wall should be made as wide as possible.

(4) In order to avoid the slipping of the flap with recurring obstruction of the canaliculæ,

it should be sutured on the lower incision. The flap is maintained in place by packing for six to seven days, and the sac is syringed daily

Conclusions

- (1) In a series of rhinological affections necessitating intervention of a plastic and reconstructive character, a cooperation of the rhinologist with the rhinoplastic surgeon becomes necessary
- (2) Corrective external rhinoplasty will be come popular, providing a rigorous operative technic is applied and the artistic side of the work is observed
- (3) In atrophic rhinitis, with or without ozena, the narrowing of the nasal cavities by a cartilaginous transplant into the septum and lateral walls presents the method of choice

(4) Cicatricial atresia in rhinology may be successfully treated only by Thiersch grafting

(5) The success of an intranasal tear-sac operation depends entirely on the appropriate building of a mucous membrane flap, the resection of a bony window, and wide opening of the sac, all typical procedures of internal rhinoplasty

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SALPINGITIS A PLEA FOR DELAYED OPERATIVE INTERVENTION*

Deductions Based On a Survey of 600 Cases

By JAMES V RICCI, MD, NEW YORK, N Y

ITH a background of two decades and a half of clinical observations on the care of infected tubes, beginning with the epochal tubal extirpation by Coe, and including the varied experiences and views of a large number of gynecologists, Simpson, in 1915, enunciated before the American Gynecological Association four classical postulates on the treatment of the infected salpinges. These axioms, like the chiseled figures of a bas-relief, stand out to this day clear and incisive. He recognized the principle that the pelvis, unlike the upper abdo-

*Read at the Annual Meeting of the Medical Society of the State of New York at Niagara Falls N Y May 11 1927. The author markes to express his thanks to Dr C B Bacon Superintendent of the City and Metropolitan Hospitals for per mission to remer the charts and to Dr E IV Pinkham enter of the gynecological service of the City Hospital

men, is endowed with considerable contrainfective activity, that surgical trauma, however minimal, seriously interferes with an inherent defense mechanism, that effective resistance and developmental immunity depend on one outstanding factor time Simpson stated in part that before operation "the patient shall have recovered from her last illness, and shall have regained a satisfactory margin of reserve strength, the temperature shall not have risen above normal a single time for a minimum period of three weeks" And though he admitted that this was an empirical rule he based it on the belief that it frequently requires at least three weeks of afebrile reaction following an acute attack, for the bacteria to become totally

In 1917, Polak reiterated these very principles, and, since then, has repeatedly stressed their significance and importance. And, further, he emphasized the necessity of a longer preoperative waiting period than the advocated three weeks, in cases of pelvic sepsis of a

destroyed, and the tissues to regain a normal state

streptococcic origin "Radical abdominal procedure should never be done in the presence of acute tubal infection, or in acute exacerbations of chronic inflammatory conditions. It takes time to sterilize the tubal contents—from six weeks to three months in gonorrheal infections, and longer when the streptococcus is the invading agent. The morning and evening temperatures must be normal for a period of at least

three weeks before intervention is considered"

In support of these views is the recent statistical report by Cherry on over 1,000 operated cases of salpingitis—the combined work of several gynecologists Of these cases, some were operated after a prolonged stage of chronicity, some, three to ten days after the last febrile reaction, and others in the midst of an attack He reports a mortality rate of 4 per cent in patients operated with a white cell count below 16,000, and one of 20 per cent in patients with a count above 16,000 Unfortunately, telling as these percentages may be, this classification into two groups above and below that demarcational leucocytic figure is somewhat ill-chosen For, on the basis that temand obscuring perature and leucocytosis run a parallel course in infections, the first series must contain both chronic and acute, or mildly acute, cases But, even so, the death rate is unnecessarily high, while the operative mortality in the second series is alarming. Any procedure that bears the stigma of so high a rate—a rate which, by the mere item of prolonging the pre-operative interval, can be appreciably reducedought to be instantly discarded

With these facts presenting, the writer surveyed the charts of 600 cases pingitis from the records of the City and Metropolitan Hospitals of New York observations gleaned therefrom, coupled with the author's clinical experience, formed the The study basis of the ensuing deductions was undertaken primarily to note the comparative incidence of mortality and morbidity in these cases of inflamed adnexa treated either expectantly or by surgical intervention tressing post-operative sequelae, manifested in the form of an immediate traumatic shock, septic death, prolonged post-operative febrile reaction, persistent drainage, and occasional secondary operation for an intractible sinus, had been repeatedly observed These incidents had occurred mainly in patients operated with a temperature, and, not infrequently, in patients operated after one to three weeks of afebrile rest Singularly enough, the non-gynecological surgeon is inclined to discount these complications, and consider them merely as unavoidable accidents, sequential to any surgical procedure, rather than definitely incidental to a premature operative treatment of salpingitis. This feeling, coupled with the relatively large percentage of recoveries, have made operators callously wink at the Simpson-Polak dictum—a dictum which ought to bear the sanctity of an immutable therapeutic law

Some surgeons hide behind the insistence that these cases of inflammatory adnexal masses cannot be treated collectively, nor can one subject them to one unyielding therapeutic rule Rather, they prefer to individualize, they prefer to weigh each case in the light of its own so-called inherent merits, making allowances for the strain of a prolonged attack and the patient's economic distress. This view on selection and individualization of cases for earlier operation belongs to the realm of pathetic fallacies, and is tantamount to a surgical But it is more than passing strange crime that the records of one institution prove that the largest death rate occurred in private cases a silent testimonial of the fact that, in reality, it is not always the economic distress of the patient that leads to a premature operation True, patients with pelvic masses, harboring organisms, may, from an economic point of view, be considered below par, but they are seldom totally incapacitated save during an acute exacerbation With the lapse of time, the intervals between the attacks increase, while the severity of each subsequent one diminishes To disregard the absolute necessity for the proper pre-operative waiting time on the basis of an economic argument, is inhumane logic and false economy

The author admits an occasional sudden rupture of a septic adnexal pus sac into the peritoneal cavity, or into a near-by viscus, producing (at times) a fatal issue, but this is a gynecological rarity If rupture does occur, immediate intervention—and that limited to a colpotomy—is essential, irrespective of temperature and leucocytosis At all events, a pelvic mass with an active inflammatory process which can injure and perforate an encapsulating wall, must harbor an extremely virulent strain of toxicity a factor all the more in favor of not interfering by abdominal route, to avoid the possible spreading of the infective agent to the upper abdominal areas

For the sake of portraying comparative values, the 600 cases in this series have been selected to conform to three definite groupings of 200 each

GROUP I

The first group includes the non-operated cases These patients were admitted to the

hospital with an active inflammatory tubal process as evidenced by the presence of pelvic pain, febrile reaction, and leucocytosis The admission temperature varied from 99° to the occasional one of 105°, with all the intervening gradations There was a corresponding elevation of pulse rate The severity of the pain likewise varied without relation to the size of the adnexal masses This group of cases was treated solely by rest, cold local applications, hot douches, and opiates With the cessation of the febrile course, the pelvic pain subsided, and, even though the adnexal pathology had not totally disappeared, there was a temporary arrest of the disease, and an interval of comparative comfort for the patient The interval between attacks may last weeks, months, and even However-apart from the not infrequent exceptions where the initial attacks of a gonococcal aetiology terminates the course of the disease, leaving an undisturbed pelvis save for the occasional adhesion—the majority of these cases await the advent of a recrudescence The tabulation given below shows the duration of the attack in the individual cases of this group

200 non-operated cases of ACUTE SALPINGITIS

MORBIDITY				
Number of cases	Number of days in Hospital			
89	5-15			
74	15-25			
_27	25~30			
_ 7	30~40			
3	40~60			
MORTALITY				
Number of cases	Number of deaths			
200	٥ ر۷٤			

GROUP II

The second series consists of 200 operated cases that showed chronically inflamed tubes with no evidence of infective material, either microscopically or on histological section. The pathology was limited, on inspection, to closed fimbric extremities, nodosal distortions, adhesive reactions, and, on microscopic ex-

amination, to chronic cellular infiltration Plainly, this group includes all cases of

200 operated cases of CHRONIC NON-PURULENT SALPINGITIS

MORBIDITY				
Number of cases	Post-operative days in hospital			
173	15 - 20			
17	20 ~ 25			
8	25 ~ 30			
2	30 ~ 40			
MORTALITY				
Number	Number of Percentage			

deaths

of cases

of deaths

chronic salpingitis of a long standing course, wherein all infective material had been previously destroyed by the known processes of phagocytosis, autolysis, absorption, and cellu-Not all these patients went to lar reaction operation on account of symptoms referable to inflammatory tubal lesions. A goodly number presented other gynecological entities There occurred in this series one death due to a peritonitis of unknown origin, a mortality rate of one-half per cent Deaths due to other operative causes, such as embolic processes, intestinal injuries, cardiac failures, and ether pneumonias, have not been included on justifiable grounds For these fatal issues may occur in any surgical procedure

The post-operative morbidity in this group of chronic cases can best be shown by a study of the number of post-operative days that these patients remained in hospitals, and this morbidity, in most cases, hinged upon the occurrence of discharging wounds. None of these cases were drained. An inconsequential number left the hospital with a small area of granulation, while only one patient was curretted for an intractible wound sinus.

GROUP III

The third group of 200 cases presented at the time of operation either imflammatory adnexal masses of various sizes or acutely inflamed tubes without any pronounced enlargement, save that due to an initial inflammatory hyperaemia. The masses contained either

bacteria free pus or pus and bacteria. Pus was spilled by surgical rupture of an infected mass in 83 patients, eleven presented free pus in the pelvis, dripping from the fimbric end of the tube. No data was available in the remaining cases. Briefly, there occurred in this series of purulent salpingitis, 25 deaths due to peritonitis, and four deaths due to shock. All deaths occurring within the first ten post-operative hours, when no explanatory note was found on the chart, have been listed under surgical shock. In all, there was a mortality rate of fourteen and one half per cent.

200 operated cases of CHRONIC AND ACUTE PURULENT SALPINGITIS

MORBIDITY					
No of	Post operative days in hospital	No of			
91	15~20	3	60~70		
51	20~30	1	83		
33	30~40	1	96		
11	40~50	1	101		
7	50~60	1	164		
MORTALITY					

MORTALIT						
Number of cases	Number of deaths	percentage of deaths				
200	29	141/2				

Apart from a decided increase in the postoperative convalescent period, many of these cases had either an immediate or delayed stormy reaction—distressing in some instances, alarming in others Some patients, succumbing to the strain of the surgical trauma, lapsed into shock or a shock-like condition, as evidenced by a rapid pulse rate and the recourse to drastic therapeutic measures, such as infusions and hypodermic stimulations In other cases, irregular septic temperatures continued for days or even weeks In several instances, the operator was forced to withdraw because of the patient's ebbing vitality, leaving the pelvis only partially bereft of its pathology When it is realized that these patients with purulent adnexal masses withstand the trauma of an operation poorly, and, as such, are prone to various dangerous complications, it is obvious that a premature operation subjects them to a jeopardization well-nigh fatal. The complications mentioned cannot be expressed in mathematical terms, but a tabulation of the number of post-operative days remained in hospital by this group of cases, gives a graphic portrayal of the increased morbidity rate in comparison with the other group. The increase was due either to an intermittent temperature from toxic absorption, or to a persistent discharging sinus tract. Patients drained solely per vagina showed a distinctly shorter post-operative convalescence, but not sufficient cases were found in the records to draw comparisons. Six cases were subjected to secondary operation for persistent sinus.

Pre-operative Temperature — The pre-operative afebrile waiting time in the cases listed in this group varied appreciably In many instances, patients were ushered to the operating room in the midst of an acute attack, these, on the whole, gave the largest number of casual-Six deaths occurred in cases operated with a margin of from twelve to sixteen fever-Three deaths occurred in patients operated exactly three weeks after the last temperature rise — all died of peritonitis the majority of instances, patients were admitted to the hospital without a temperature, and operated within a day or two of admis-In these cases it was impossible to ascertain the exact number of uninterrupted pre-operative afebrile days, the temperature sheets were of no avail, and the historiessome too scant, and others encumbered with irrelevant detail-lacked the pertinent data

Leucocytosis - In most instances, the leucocytosis ran a correspondingly elevated course with the temperature reaction But, in a number of cases of purulent masses with no fever, there was a leucocytic reaction varying from 11,000 to 18,000, even without a provocative examination Absence of temperature is not always indicative of an absence of in-Patients with a smouldering tubal fection infection may be fever-free, but may present a definite elevation of the white cell count Patients with a dormant focus may be both afebrile and aleucocytic, only the trauma of a vigorous vaginal examination will bring these objective manifestations to light

Nature of Organisms - Sealed tubal or tuboovarian pus without bacteria did not prove harmless in all cases, when spilled in the pelvis, as the result of operative dissection In this series several patients, contaminated with a bacteria-free purulent fluid, died of a peritonitis, and one of shock. In the cases where the pus was reported bacteria-free the writer cannot refrain from considering the possibility of error Nonetheless, the numbers are of sufficient proportions to lend credence to the belief in the harmfulness of sterile It was impossible to ascertain the number of cases originally infected with the This organism was observed gonococcus pure in smears from tubes of eight cases, and was found combined with staphlococcus in two But this merely substantiates the view

that gonococcal organisms in tubal cavities die within three months of the initial contamination (Polak, quoting Hyde), only to yield their habitat to other bacterial incursions is a non-symbiotic organism Gonorrhea of the salpinges is a self-limiting disease, it produces but one attack of pain, temperature and leucocytosis—the initial one And the attack usually lasts from several days to three weeks All subsequent exacerbations are due to secondary bacterial invasions The author was unable to ascertain with any degree of certainty, the length of time streptococci remain lurking and potentially active in tubal masses initial streptococci attack is much more severe and even alarming, it extends over a longer period of time ranging from two weeks to two months, and the symptoms on the whole are much more pronounced But attenuation in its virulence and eventual immunization of the organisms did occur, for, several cases of streptococcic tubes recovered, following operation The recoveries occurred in patients with a long-standing history of the disease

All bacteria encapsulated within tubal or tubo-ovarian masses, eventually, if undisturbed surgically, tend to diminish in virulence, to become attenuated and ultimately to Once the organisms are debe destroyed stroyed, the encapsulated purulent bacteriafree pus undergoes disintegration and resolution into harmless fluids of serous consistency A three weeks' afebrile period is not sufficient time in all cases of inflammatory adnexal masses for the complete destruction of the infected material, for the gradual process of recuperation and restoration of tissues, for the change from a septic to an aseptic surgical That this spectacular change does occur in many instances within that limited time, one cannot gainsay, but it occurs invariably in cases that have run their course, and are evincing one of the terminal mild exacerbations Whereas, for cases of pelvic masses and generalized cellulitis that run a violent septic temperature and leucocytosis for days on end, three weeks afebrile time is wholly inadequate It is primarily for these patients that the preoperative afebrile time be extended unto fully three months, if mortality and morbidity rates are to be lowered, and human tissue conserved For, however severe an inflammatory reaction may prove to be, given sufficient afebrile rest, the pelvic structures will have eventually resumed some semblance of anatomic order, and at least one ovary will have escaped the ravages of the septic storm The undaunted surgeon who minimizes genital surgery and invades the infected female pelvis, desecrating the principle of pre-operative waiting has many a gynecological sin to atone for Nature works wonders This hackneyed truism of

the clinical platitudinarian deserves a full quota of respect and appreciation when applied to infected adnexa. Masses reaching high in the abdomen shrink to markedly smaller dimensions or even to unpalpable sizes if undisturbed surgically over a given period of time.

SALIENT POINTS

- 1 Chronic, non-purulent, bacteria-free cases of salpingitis, subjected to an operation, show a minimal percentage of operative mortality and a minimal incidence of post-operative morbidity
- 2 Both the chronic purulent and the acute purulent cases of salpingitis operated either during the ferbile attack or even as late as three weeks following an acute attack present a discouraging operative mortality rate and a distressing post-operative morbidity incidence
- 3 The post-operative morbidity is either an immediate shock, a violent post-operative febrile reaction, a persistent irregular septic temperature, or a prolonged discharge from an abdominally drained pelvis
- 4 Patients with sealed tubal or tubo-ovarian pus—be the pus sterile or otherwise—with-stand the trauma of an operation poorly, and are much more prone to lapse into a state of shock.
- 5 Absence of temperature is no indication of an absence of a more or less active pelvic infection. Smouldering tubal or tubo-ovarian foci are oftentimes afebrile and aleucocytic. The trauma of a vigorous vaginal examination brings them to light, the trauma of an operative procedure may prove disastrous.
- 6 Not infrequently, patients with tubal or tubo-ovarian inflammatory masses are feverfree, but present a persistent and marked leucocytosis. This factor categorically contraindicates operation
- 7 Gonorrhea of the Fallopian Tubes is a self limiting disease. It produces but one attack of pain, fever and leucocytosis—the initial one. When subsequent attacks occur, and adnexal masses are palpable, the gonococcus has yielded its endosalpingeal habitat to secondary bacterial invasions.
- 8 Streptococci remain in adnexal masses and retain their virulence for a much longer period of time. But they do diminish in virulence eventually, as evidenced by the recovery of several cases operated for streptococci adnexitis. These recoveries occurred in patients with a long standing history of the disease. There is no known differential means of distinguishing the presence of streptococci from other organisms in adnexal masses, previous to operation.
- 9 All bacteria encapsulated within tubes or tubo-ovarian masses eventually, if surgically

bacteria free pus or pus and bacteria. Pus was spilled by surgical rupture of an infected mass in 83 patients, eleven presented free pus in the pelvis, dripping from the fimbric end of the tube. No data was available in the remaining cases. Briefly, there occurred in this series of purulent salpingitis, 25 deaths due to peritonitis, and four deaths due to shock. All deaths occurring within the first ten post-operative hours, when no explanatory note was found on the chart, have been listed under surgical shock. In all, there was a mortality rate of fourteen and one half per cent.

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was given hot with an intent to enhance uterine contractions as well as to cleanse the colon. If the contractions did not occur at 5 minute intervals or oftener and the cervix was not dilated over two fingers, an interval (in one case 7½ hours) elapsed between the enema and the first hypodermic. A few received the morphine and magnesium sulphate fifteen minutes after the cleansing enema

IV FIRST INTRAMUSCULAR INFILTRATION

Nearly all of my cases received 1/4 of a grain of morphine sulphate with 2 cc of 50 per cent magnesium sulphate solution Some received 1/2 of a grain with the MG SO, and a number were given 1/150 grain of atropine sulphate in addition to the other two ingredients not prove to my own satisfaction that the atropine had any effect other than to render the secretions of the mouth and throat very deficient of which some patients complained bitterly far as counteracting the bad effect of the morphine on the baby, my end results show more apparently narcotized babies from mothers who received atropine. The atropine is not given as a part of the regular treatment outlined by Dr My reason for using it was because of the apparent large percentage of babies requiring resuscitation following the use of synergistic analgesia

V CERVIX AT THE TIME OF FIRST HYPODERMIC

Three patients received their first hypoderinic when their cervices were dilated completely and all three of these delivered too soon for any subsequent treatments. Five when four fingers, sixteen when three fingers, fourteen when two fingers and one when only one finger dilated. This last cervix was thick but the head was well engaged and the pains were intense, lasting 45 to 60 seconds recurring regularly at one-minute intervals. She was a primiparous patient who four hours later received her retention enema and subsequently after four hours and twenty minutes of relatively painless labor delivered easily with a low forcep assistance without lacerations.

VI CHARACTER OF PAINS WHEN THE FIRST HYPO WAS GIVEN

At the time the first intramuscular infiltration was given the pains recurred oftener than two minute intervals in eight cases. The remaining thirty-one patients had intensely painful uterine contractions at 2 to 5 minute intervals lasting 30 to 60 seconds

VII MEMBRANES

The membranes had been ruptured spontaneously at the time of the first treatment in 16 cases. They were intact in 23 cases

VIII Position and Pelvees

There were 13 occiput transverse, one occiput posterior and 25 occiput anterior positions, all of which delivered as anterior positions except two transverse and one that went out of labor

One woman had a generally contracted pelvis, another a funnel pelvis, and a third a pelvis with unusually prominent ischial spines. There were four male type pelvees and two simple flat. The remaining thirty were normal.

IX EFFECT OF THE INITIAL HYPODERMIC

- On the mother -The effect of the morphine and magnesium sulphate on the mother was definitely sedative in 17, slightly sedative in 18 and not sedative in four cases. Three of these four received their hypo rather late, the cervix being completely dilated and delivery occuring within one hour after its administration three of these babies gave a lusty spontaneous cry promptly after birth One weighed 8 lbs 9 ozs, one 6 lbs, and the third one weighed 7 I go into detail on this feature because it is considered poor practice to give morphine an hour before the birth of a child for fear of I might add that two of these had their morphine and magnesium plain with-The other had 1/150 of a grain out atropine. of atropine added to the regular hypo
- 2 On the baby—There was no apparent effect on the baby in utero as evidenced by the heart beats in any of the 39 cases after the morphine and magnesium sulphate

X FOURTEEN PATIENTS DID NOT RECEIVE THE SECOND ANALGESICS

The first of these went out of labor. The second did not seem to get much relief and she refused the retention enema. Her labor seemed to be prolonged. The third, fourth and fifth not receiving the oil ether enema delivered within an hour after the initial hypodermic with little or no apparent relief of pain except that received by the subsequent administration of chloroform.

The sixth, a multif, stayed in labor 14 hours after the hypodermic with little or no progress I believe the infiltration may have prolonged her She was partially relieved of pain and her cervix became quite soft but would not dilate, nor would the head engage in spite of a normal pelvis and an occiput anterior position in good flexion Eventually the fetal heart could not be heard and I did a manual dilatation with version and extration The baby was pale, flaccid and one month premature, but after 5 minutes resuscitation without tubing, a vigorous cry was produced. The remaining eight delivered within 4 hours with marked analgestatand no complicat ~~ -tions

undisturbed for a sufficient period, tend to diminish in virulence, to become markedly attentuated and, eventually, to be destroyed. The encapsulated pus, once the bacteria are destroyed, gradually resolves into harmless fluids of lesser consistency.

10 Patients with pelvic masses harboring organisms of various types, the streptococci included, may from an economic point of view, be considered below par, but they are never totally incapacitated save during an acute exacerbation. As time goes on, the interval between the attacks increases and the severity diminishes

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MORPHINE AND MAGNESIUM SULPHATE INFILTRATIONS AND COLONIC ETHER INSTILLATIONS IN THIRTY-NINE CONSECUTIVE LABOR CASES*

By W B D VAN AUKEN, MD, TROY, N Y

ABOUT two years ago my opinion of Dr Gwathmey's Synergistic Analgesia was so favorable that I titled a paper on the subject, "Painless Childbirth by Synergistic Methods" My opinion of its practicability was largely formed by the reports given me by its promoters together with observations of thirty-five cases which I closely studied at the New York Lying-In Hospital

Since that time I have worked with other men who discredit its usefulness and who are in favor of more timed treatments for the relief of labor pains. Believing, then, that its promoters as well as its critics might both be somewhat biased, I was determined to find out for myself its value by giving it a fair trial and recording its effect.

I have watched closely all the cases which I herewith report, and in almost every instance the treatments have actually been given by me As I used the methods, I recorded the results at the bedside of the patient, trying to interpret them with all fairness to its promoters and critics alike

Those who are still unfamiliar with the technic of administering morphine and magnesium sulphate with colonic ether instillations may familiarize themselves with its detail by studying the excellent article by Dr Asa B Davis found in the June issue (1925) of the American Journal of Surgery, Gynecology and Obstetrics, page 868

Briefly, it consists of cleaning the colon, giving intramuscular infiltrations of morphine and magnesium sulphate using a 19 gage needle 1½ in long and in giving colonic instillations of oil ether using a 20 or 22 French catheter attached by a rubber tubing to a funnel

The records which I made at the bedside were carried forward on a large chart having thirty-

* Read before the Rensselaer County Medical Society, October 12, 1926

six divisions, noting the progress of the patient and the time of administration of the treatments from the onset, to the final termination of the case, with remarks on the end results

I Number and Type of Case

In my series I treated a total of thirty-nine consecutive patients, nineteen of whom were primiparous, and twenty of whom were multiparous, of all grades of social and intellectual standing. Some of the patients were treated at home and others at the hospital

II DURATION OF LABOR BEFORE TREATMENTS

The average duration of labor before beginning the treatments was nine hours. In multiparous alone it was 10 hours, in primiparous, 8½ hours One multiparous patient (a Hydramnios case) had been in labor with irregular ineffectual contraction 23 hours before the first treatment One primiparous patient had only been in labor 2½ hours These two represent extreme intervals It would naturally seem that multiparous patients should receive the treatments earlier than primiparous ones, masmuch as their labor is usually shorter That this should reverse in my series is explained by the fact that no patient received the treatments unless their suffering seemed intense or prolonged I do not use it as a routine in every case

III CLEANSING ENEMA

Thirty-four patients received a hot suds enema before the first hypodermic. The other five had such severe pains that it was thought better to give the hypodermic first and to cleanse the colon subsequently. One of these five did not receive the cleansing enema at all as she delivered twenty-three minutes after the hypodermic of morphine and magnesium sulphate. The soap suds enema

senting the excitement which some patients manifest during the first stage of respiratory anæsthesia. I believe this excitement was due to too long an interval between the initial hypodermic and the colonic ether with magnesium sulphate. It only lasted about 20 minutes in 2 of the 3 and was followed by marked analgesia, but it was almost impossible to keep the other patient on the delivery table during the entire second stage.

The average duration of the analgesic effect following the retention enema was two hours and

fifty minutes

XVI ADDITIONAL HYPODERMICS

Additional hypodermics were given to only 4 patients but a few might have been made more comfortable by its use. Many of these cases were delivered in the home and the mental effect of using so many hypodermics with the friends as well as the patient herself, is not always of the most encouraging nature.

XVII SECOND RETENTION ENEMA

The second retention enema was not given in any of the cases

XVIII THE DELIVERIES

The deliveries were spontaneous and normal in 29 cases, 2 of which were occiput transverse and 27 occiput anterior. There were 4 low, 3 medium, and 1 high forcep delivery, also, 1 Podalic version and breech extraction.

XIX RESPIRATORY ANASTHESIA AT THE END OF THE SECOND STAGE

The respiratory anæsthesia at the end of the second stage was not required in one case due to the anæsthetization produced by the retention enema fluid. She delivered almost painlessly after a total labor lasting 13 hours and 40 minutes. Her baby was small and about 3 weeks premature and required prolonged efforts at resuscitation.

Seventeen were delivered with only a few respirations of anæsthetic while the remaining 20 required the anæsthetic for a longer period. I used chloroform in cases where the oil ether instillation had not been given and ether in those who had received it

XX Injurious Effects of All the -Analgesic Treatments

1 In regard to the mother—With the exception of 6 who showed transitory tachycardia without other causes for it, I could not note injurious effect of any character even after following up the cases 2 to 6 weeks after the deliveries. None complained of any subsequent rectal disturbances. One said her rectum hurt At first we thought it was a sequel to the oil ether

but after loosening one of the interrupted perneal stay sutures the trouble promptly subsided. One patient developed a large gluteal abscess where the first hypo had been given, but I believe this was due to the medicines used.

2 In regard to the baby—Thirty-one gave spontaneous respirations and were otherwise normal. Two required a moderate amount of resuscitation and five required from 10 to 20 minute resuscitation.

The first of these five was small and about 3 weeks premature, it was born of a multif with a normal pelvis and a premature rupture of the She had mactive first stage labor membranes 10 hours when the cervix was found dilated 3 fingers, thick, firm and high Morphine 1/6, with atropine 1/150 and the 2 cc of 50 per cent solution of magnesium sulphate was given in a single intramuscular infiltration directly after the ex-She had an LOT and her pains amination recurred at 3 minute intervals and lasted 40 seconds The effect of the hypo was sedative. Her retention enema was given one hour after the first hypo and according to the regular routine she also received a second intramuscular infiltration of 2 cc. of magnesium sulphate at the time of the colonic instillation

Her colon had been washed out with soap suds 5 hours previous to the instillation and tap water which had to be siphoned back 10 minutes before the colonic instillation She was analgized and partly anæsthetized but her contractions continued and a spontaneous painless delivery, without respiratory anæsthesia, occurred 2½ hours after the retention enema a relatively painless labor and childbirth without laceration but lost about 900 cc of blood-after a spontaneous termination of the third stage. As far as I can determine, the reason for the condition of the baby was, first, its prematurity and, second, perhaps the toxic effect of the drugs given to the mother It could not have been from too long a labor as it lasted only 131/2 hours

The second baby requiring prolonged efforts at resuscitation was born of a primif with a normal pelvis She had been in labor 5 hours before the first hypodermic was given. This hypo contained no atropine and had 1/4 of a grain of morphine rather than 1/6 with MGSO. At the time of this medication her cervix was 3 fingers, thin, firm and low and her pains re-curred at 2 to 5 minute intervals and lasted 30 to 40 seconds The membranes ruptured prematurely at onset of labor and the position was Her first cleansing enema of SS was given at 8 P M, the tap water was omitted and the retention enema was given at 9 30 P M (1½ hours after the soap suds) She was relatively free of suffering till the spontaneous birth of the baby at 12 58 A. M, and then only required a very little ether by the respiratory route Her total labor lasted only 10 hours She sus-

XI INTERVAL BETWEEN FIRST AND SECOND Hypo with Oil Ether

The average interval between the initial hypodermic and the second with the colonic ether treatments, administered to the 25 patients who received it, was 2½ hours. This interval in one instance was the extreme limit of 7½ hours, it being lengthened because of the marked sedative action of the morphine and magnesium. Her contractions seemed continuous and regularly recurrent but the head, an occiput transverse, was slow in engaging. She cooperated well but was very worrysome.

Three others of the opposite extreme (primiparous patients who cried almost continually) received the retention enema 35 minutes after the initial hypodermic. One of them expelled nearly all of it, an hour after its administration. The other two retained it and received great relief

It was not always possible to give the retention enema as promptly as needed because it was rather difficult to cleanse the bowel. Many times my nurse would have to siphon back the tap water.

XII TO FAVOR RETENTION

I might emphasize the importance of getting the catheter well up past the presenting part. If this is done much less discomfort is noticed from the senation of heat and the desire to defacate which at times is quite annoying. Another helpful procedure in enabling the patient to retain the fluid is to keep the funnel only partly full, allowing some of the fluid to return during the height of uterine contractions. We now keep the entire apparatus in position for 5 or 10 minutes after the fluid is introduced. Doing this, we catch back in the funnel what might otherwise be expelled into the bed

XIII IN REGARD TO THE PREPARATION OF THE FLUID

Twenty grains of quinine hydrabromide are dissolved in 3 drams of alcohol and placed in a four-ounce bottle. This I keep ready in my bag at all times and when desired I add 2½ ounces of ether from a fresh can and enough olive or cotton seed oil to fill the bottle. I formerly kept 2 or 3 bottles of the ready prepared fluid in my bag but after being carried around in an auto for a few weeks, the bottles occasionally would break or the quinine would precipitate. This was quite noticeable in cold weather. Most every patient has olive oil in the home and its a simple matter to mix the ingredients as needed just before giving the treatments

XIV AMOUNT OF RETENTION ENEMA FLUID

The amount of retention enema fluid to be given according to Dr Gwathmey is the entire contents of the bottle, prepared as above.

He claims that the distention of the bowel

produced by introducing the entire 4 ounces prevents too rapid an absorption of the ether and has proven that oil ether mixtures in the colon are slowly and continuously absorbed over a long period of time Some obstetricians vary the amount of the mixture with the height and weight of the patient but in this series we have always given the entire contents of the bottle at a single 5 to 15 minute instillation One patient, however, got about 7 ounces of the fluid at one time This happened to one of our cases by mistake whom we confined at home. She was a 24-yearold primif (a striking blonde with very white skin) who weighed 130 lbs at term, measured 5 feet 5 inches She had had mactive labor 131/4 hours when she received her first intramuscular infiltration at 7 15 A M At that time her cervix was only 2 fingers dilated and quite thick The effect of the hypo was markedly sedative for 3½ hours I was out to lunch when my nurse phoned me at 1 30 P M that her contractions were becoming very painful and she was not cooperating, so I ordered the retention I had two bottles of the fluid in my bag and she mistook one of them for olive oil One being prepared with heavy liquid petrolatum and the other with olive oil She used the amber colored fluid in the place of oil which Dr Gwathmey recommends being placed in the apparatus to exclude all air

She later reported that the fluid went in very easily and so she used what she thought was an additional 2 ounces of olive oil after the special fluid was introduced, making the total oil ether The patient promptly enema about 7 ounces went to sleep and was not aroused by the contractions which continued at 3 and 4 minute intervals for three hours I then made a vaginal and finding the cervix fully dilated, ruptured the bag of waters She began to suffer moderately after the 3 hours of sleep but her contractions gradually became less frequent and shorter This was the only patient to whom I gave pitutrin She was given 8 drops at 5 15 and again at 6 15 We used 4 ounces of ether by the respiratory route during delivery and the repair was difficult to secure relaxation or to prevent the onward rush from the pitutrin. In spite of all the ether given to the mother, together with the morphine gr 1/4 and magnesium sulphate, the baby gave a spontaneous cry and the mother was in good condition and made an uneventful recovery

XV EFFECT OF RETENTION ENEMA FLUID AND SECOND HYPO

The effect of the retention enema fluid and second hypo was analgesic in 22 of the 25 cases who received it. All of these 22 patients were quiet between pains, some of them sleeping, a few others even seemed anæsthetized. The other three were decidedly stimulated, pre-

of pain for 2 to 8 hours, 6 were partly relieved, one of these 6 expelled part of her retention enema. In 2 the relief was doubtful, one being an ignorant neurasthenic who kept calling for ether and who was immediately quieted by placing a mask over her face with some paraldehyde on it. The other did not receive sufficient treatment due to my delay in getting on the case. No relief of pain was apparent in 7 cases. One of these 7 expelled a large amount of the retention enema and 4 others were only given the first hypo, the treatments being started too late to give the oil ether, or other treatments

Four of the 39 labors were apparently delayed by the treatments and one went out of labor This patient was a multif who had had infrequent pains for 7 hours preceding the initial hypodermic containing 1/6 of a grain of morphine with the 2 cc. of magnesium sulphate Her cervix was soft and dilated 21/2 fingers and she had pains every 5 minutes lasting 30 seconds at the time of the hypo Her pelvis was normal and the vertex at the superior straight in an Her only complication was fib-LOT position My record roids in the lower uterine segment on the case states that the hypodermic was apparently given too soon before the labor was well started

I use the word apparent rather frequently in giving my final opinion of the results because we have no way of determining just how this or that patient would have acted if she had not received the treatments

The average duration of labor in the entire series was 15 hours and 16 minutes. The multiparous women averaged 14 hours and 12 minutes. The primiparous, 16 hours and 20 minutes. I believe that these low figures were made.

possible by my routine use of quinine sulphate in 3 to 10 grain doses repeated when necessary in every case where labor seemed to slow up. One patient who could not retain anything by mouth received quinine hydrobromide gr xx, dissolved in 3 drams of alcohol and added to 1½ oz of olive oil by way of the rectal route, using a small infant syringe

In concluding my paper I submit a chart and a few remarks from other obstetricians outside of New York City My reasons for confining my reports to regions outside of New York are because, as most of you know, new automobiles run very well in their own garage, but the time to tell whether they are practical or not is to get them out in the country with strange guidance and a different road bed, and then average results

I have numbered these M D 's instead of publishing their names Their names may be secured on request

Another doctor reported to me that he believes

- 1 The dose of magnesium sulphate is practically useless
- 2 It is not adaptable to every case, in fact, only about 75%
- 3 Results vary considerable. It is not much good if given too early or too late
- 4 A large part of its good results are attributable to the morphia
- 5 Some labors are apparently shortened by its use
 - 6 It has practically no effect on babies

A second is using magnesium sulphate with the old time morphine and scopolamin and reports very good results in 33 cases

M.D	No of Cases	Success	Partial Success	No Success	Babies Req Resus.,	Labors Retarded	Remarks
I ,	200	70%	28%	2%	2%	60%	First stage shorter Second longer Low forceps often necessary to assist vertex over perineum.
П	180	100%	••	••	None that are due to the treat- ments	% not	Dose of R. E. varies with ht. and wt. of patient. 2 oz and repeat in this series
III	72	69%	15 5%	15 5%	16%	?	Entire series primiparous
IA	65	65%	22%	2%	No %	It does	Is very much in favor of its use and thinks it a great bene- fit to maternity
v	50	34%	36%	30%	14%	?	R. E. given at wrong time, hence the poor results
VI	40	60%	20%	20%	14%	10%	14 received Only one hypo Hence high % of failures
VII	35	65%	25%	10%		?	None.

tained a 2° laceration but had no hemorrhage The baby was a normal full term child and did very well after we finally succeeded in establishing respiration

The third baby requiring an unusual amount of resuscitation was born of a primif with normal pelvis-who had been in mactive labor 14 hours before the first hypodermic which conained morphine 1/4, atropine 1/150 and the usual 2 cc of magnesium sulphate When this medication was given the cervix was widely dilated with the membranes intact. The first hypowas moderately sedative but when the second hypo with the retention enema was given one hour later at 5 P M, the sedative action was increased and practically complete analgesia was present with consciousness She was mentally alert The medication was acting as a stimulant as well as analgesic. Her labor continued as before and the membranes ruptured at 6 P M delivery was spontaneous at 6 45 P M, after a total labor lasting 16 hours We only gave her a small amount of ether while the head was being born and during a first degree repair mother received a soap suds enema at 4 35 P M and her retention enema at 5 P M. The tap water enema being omitted. I thought that the baby's condition was due to the delivery coming too soon after the medication or possibly to strangulation produced by a very tight cord around the child's neck. It was a full term child and weighed 7½ lbs

The fourth was born of a multif with a simple flat pelvis and a history of having a stillbirth three years ago She had had rather active labor 3 hours before the first treatment which contained atropine grain 1/150, morphine 1/4 and the usual MGSO, Her baby was an LOA and her cervix was fully dilated with membranes ruptured and 3 minute pains. The medication produced a marked analgesic action and did not at all decrease the frequency or duration of the contractions It was not necessary to give the retention enema as the suffering was sufficiently reduced, using the patient's own words she said, "These pains ain't near so bad as before youse Her baby was born 2 hours after the hypodermic We used a little chloroform for 10 minutes with a Reynolds inhaler at the end of the second stage The shoulders became impacted in the smallest diameter and a fractured right clavicle was sustained before birth became complete. The duration of her labor was seven There was hours and her baby weighed 9½ lbs a bad 2° laceration but no hemorrhage still a question in my mind whether the prolonged resuscitation (including tub-bing, mouth to mouth respiration and intra-pharyugeal catheterization) was made necessary because of the hypo or because of the increased intra-cranial pressure during moulding. She had an estimated true conjugate of 9 cm with a steep symphysis measuring 63% cm

The fifth was a month premature, being born of a multif with a normal pelvis and a history of having had her last baby 15 years ago. She had been in mactive labor 23 hours previous to the treatments and had suffered for 2 months with pressure from hydramnios. Her first hypo was given when the cervix was 3 fingers dilated and her pains were intense, recurring at 2 minute intervals and lasting 30 seconds. She had an LOA with spontaneous rupture of membrane, 12 hours previous to the hypo. She was exceedingly nervous and apprehensive and talked or groaned incessantly. The hypo produced no sedative action after an hour interval and the patient would not cooperate.

One and a quarter hours after the first hypo we gave her the second, with the retention enema She would not permit much manipulation, hence we omitted the tap water enema. She had received an SS enema 3¼ hours previous of her retention enema was expelled and she complained bitterly of the burning sensation and an intense desire to move her bowels. This discomfort passed away 15 minutes later and she became a very quiet patient between pains and cooperated well with each contracture, till 20 minutes before the delivery, when she became We then gave her intermittent inspirations of ether and delivered a spontaneous LOA 2 hours and 5 minutes after the retention enema or 3 hours and 20 minutes after the morphine

Her labor lasted 28½ hours There was no laceration or hemorrhage but resuscitation had to be continued for over 20 minutes before a cry could be produced. As usual with prematures the extremities were quite blue and rather cold. We did all that was possible to do in a home to revive that baby and keep it warm but it died at the age of 14 hours, it being the only mortality of the entire series. I believe the cause of death was hydramnios and prematurity, but I was unable to get an autopsy. There may have been some circulatory developmental defect inasmuch as it was very difficult to get a good color or the normal warmth to the skin following its birth.

Analyzing the apparent cause of prolonged resusitation in these five cases outside of the possibility of the treatments as a casual factor we find that two were premature, one 3 weeks, the other a month, one was normal in every particular, another had a cord tight about the neck, and the fifth may have been produced by increased intra-cranial pressure during moulding through an abnormal pelvis

XXI. SUMMING UP THE FINAL RESULTS OF ALL THE TREATMENTS

Summing up the final results of all the treatments, I found that 24 were definitely relieved

lowances for preoccupation and for overfatigue Pressed to the limit under ordinary circumstances to keep ahead of his work, the additional strain of family illness is often just enough to cause a worker to fall behind and he may lose his position at a time when he most needs to keep it

I have been greatly impressed with another way in which illness among children plays havoc with family life If, as often happens, a mother must take one or more children to a dispensary for treatment extending over a considerable period, she loses a great deal of time from her household duties Often it amounts to two or three hours daily, and sometimes more, away from her home. I have always marvelled at the splendid way so many of these mothers, in addition to bearing and nursing six or eight children, also cook, clean house, wash and mend the clothing for their large families and still have time and ambition to plan for their education and to help them reach a somewhat higher level of comfort and opportunity than they have enjoyed themselves Even when everything moves smoothly, there are hardly enough minutes in the day for such mothers to complete their tasks them away from home for three or four hours daily and something must suffer. It is generally the children who are not with her at the dispensary who suffer They are either locked up alone at home, left with a slightly older child or with a none too careful neighbor, or turned out into the street Also, the preparation and planning of the meals is bound to suffer They are often gotten together in a hurry and poorly It is self-evident what a detriment this is to the hard pressed, tired worker

If but one parent is living, the children must be left in a day-nursery, while the parent is at work When the children are ill, unless they are very ill, they cannot go to a hospital nor may they remain at the nursery Therefore at just the time when expenses due to illness are rising, the parent is obliged to stop work and to remain at home to

take care of the children

It would not be important to recount these conditions were not a large percentage of these illnesses preventable This being the case, a great deal of the lowered efficiency of the wage-earning parent is preventable.

It is of even greater importance that illness among children often leaves their health permanently impaired and consequently many of them enter industry later on incapable of thoroughly efficient work

The first six years of life are tremendously important to the child's future satisfactory development In infancy he makes greater adjustments to his surroundings than ever again in a similar length of time. He becomes accustomed to new degrees of temperature, and to new sights and sounds He acquires habits of eating, sleeping, bowel evacuation He learns an entire language.

From being the center of attention as an infant, the runabout must take his place with other children and learn group-living Where -circumstances are favorable the child builds during these first six years solid foundations for optimal physical and mental development

Not until a large percentage of applications for the U S Army during the World War were rejected because of their unsatisfactory physical condition, was it generally recognized that more attention must be paid to the health and development of children if they are to be truly healthy

and efficient when they become adults

One reason for our previous failure to realize the poor physical condition of the average child was the fact that there have been few if any authoritative statements of exactly what is satisfactory health and development in childhood Thus there has been no adequate norm against which to measure a child, and we have been satisfied with low standards whereas it is quite possible to achieve much higher standards More satisfactory signs of health are being determined Even a very simple statement will show to a certain extent the degree of physical health and development which may be acquired by a large majority of children

Bright, clear eyes with normal focus and movements Unobstructed nasal breathing Clean moist tongue Well formed and well enamelled teeth Mucous membranes definitely pink Subcutaneous tissue plentiful Muscles firm and strong Shoulders level, chest broad and deep, with good expansion Straight limbs and strong joints Arches of feet strong and limber Inner border of foot straight from heel to tip of great toe

Weight suitable for height and age Good posture. Alert, happy expression

Prompt, efficient muscular coordination Bodily repose

Physical and nervous endurance These briefly are indications of ideal health and

development

With this picture in mind, let us glance quickly at what is a not uncommon history of childhood A difficult first year, no breast milk, unsatisfactory artificial feeding, rickets, poor teeth, enlarged adenoids and tonsils, frequent colds, abscessed ears, often neglected for a year or more resulting in deafness, poor appetite, too little rest, contagious diseases-poorly treated and often developing complications, as a result of the foregoing, malnutration with lowered resistance to infection and lessened capacity for skilled and enthusiastic effort. Of course all of these conditions are not present in every case, but far too A third and fourth report on the use of 2 cc of magnesium sulphate without morphine or any other narcotic in more than 1,000 patients suffering with pain as well as insane patients. They say that it is sedative in 15 to 30 minutes and that often the patients sleep for 5 to 7 hours. They further state that the salt is quite harmless and the dose necessary for a sedative effect can be given liberally when necessary.

A fifth operated on 125 cases in the home, using 5½ oz of ether with 2 oz of olive oil per rectum. He did hysterectomies gastro-enterostomies, choelecystectomies, resection of nasal septum, dental extractions, perieorraphies and hemorrhoidectomies. He says its advantages are ease of administration, absence of apprehension, coughing, retching, straining, shock, and post-operative vomiting. He gives bromide the day before the operation and colonic washing with a hypo of hyocine on the day of the operation.

A sixth uses oil ether routinely for operations

about the head, face or throat

A seventh, reporting on the comparison of results obtained using morphine grain ½ and 2 cc of MG SO₄ (25% Sol) in 60 labor cases with a like number not having the medication, makes note that the hypo had a sedative action in the large majority of cases He says that it did not in any way increase the foetal or maternal mor-

bidity and that this method is simple, safe and inexpensive

An eighth is not prepared to give any figures on its use in labor cases. He says, however, that he had been quite pleased with results and his impression of its use is a satisfactory nature. He has not observed any untoward symptoms in either the mother or child

At the C M S Hospital, Cairo, Egypt, rectal anæsthesia is used for operations on the head. Three ounces of ether neck, chest and arms with 1 oz of oil is used in proportion of 1 oz of the mixture to every 20 lbs of body weight Their technique is to cleanse the rectum a few hours previous and to give morphine and atropine 13/4 hours before the operation, and the oil ether 1½ hours before the operation This administration is finished 1 hour before the operation is I cite this example of colonic ether anæsthesia to show the slow and continuous absorption of ether by rectum. Hence the necessity of administering the colonic ether at least 1 hour before childbirth to secure maximum effect

And finally another, reporting on the use of synergistic analgesia in 40 labor cases, savs that the labor is delayed in 20% of cases, and says that that obstacle is easily overcome by the frequent use of pituitrin

SUPERVISION OF THE HEALTH OF THE PRESCHOOL CHILD—ITS RELA-TION TO THE EARNING CAPACITY OF THE WAGE EARNER*

By HUGH CHAPLIN, MD, NEW YORK, N Y

THE first step in the development of Industrial Medicine was the treatment of injuries The second step was prevention of injur-The third ies by improving working conditions was an effort to increase the efficiency of the wage earner himself by improving his health This included physical examinations both at the time of applying for work and periodically thereafter It also included efforts to improve conditions in the worker's home But, according to Dr Harry E Mock, only in some industries, as in mining communities, or large steel communities and in the case of one or two large railroads, has this medical and surgical treatment been extended to the families of employees" It is the health of their children and its relation to the earning capacity of wage earners which we are to discuss in this paper

The types of illness most likely to occur among children are nutritional disorders particularly in infancy and the acute contagious diseases of preschool age. There are also the ever-present respiratory infections so frequently complicated by involvement of the ears and by pneumonia.

*Read before the Section on Public Health and Industrial Hygiene, College of Physicians, Philadelphia February 14 1927 The chronic and slight afflictions may be treated in a dispensary, or at home by a private physician. The acute, more serious conditions require either hospital ward care or considerable attention at home by a private physician. If a physician is necessary there is at once a considerable financial drain upon the family budget. In either case medicines and sick-room supplies are sure to be required and these are often costly. Therefore even with the help of free hospitals and dispensaries illness is invariably a strain upon a family's resources.

In addition to this, when a man's children are ill it stands to reason that he cannot work as efficiently as when they are well. Even if the illness is slight he cannot be entirely free from anxiety and it does not add to his peace of mind to realize that his expenses are increasing. If the illness is critical it is often impossible for him to concentrate his attention upon his work. He is likely also to miss a great deal of sleep at night doing his share of the nursing and this loss of sleep adds to his inefficiency. Many occupations require most careful and continuous attention. This the worker cannot adequately give. The requirements of industry are rigid and do not make al-

THE EFFECT OF OBSCURE MASTOIDITIS UPON NUTRITION IN INFANCY By S W CLAUSEN, MD, ROCHESTER, N Y

7HE chief causes of severe diarrhea in infancy are (1) Improper feeding, (2) Intestinal infection with the bacillus of dysentery, (3) Infections outside of the intestinal tract The most important of the latter are respiratory infections In 1925, Marriott called renewed attention to the presence of obscure infections of the mastoids in cases of cholera infantum concluded that early operative treatment was indicated in all such cases The present paper is a review of similar cases so far observed at the Strong Memorial Hospital in Rochester our purposes, we may regard mastoiditis as an infection of the mastoid antrum, whether or not surrounding air-cells are involved or even exist Such infection undoubtedly is a passive accompaniment of many cases of otitis media We reserve the term mastorditis in this article for those cases in which at operation or at autopsy there was found pus or granulation tissue in the mastoid antrum Frequently, there was obstruction to the egress of such pus, and frequently even in infants under 5 months of age, there was extensive necrosis of the surrounding bone. study includes three groups of cases (1) All cases of severe diarrhea not due to the Bacillus dysenteriae, (2) All cases of mastoiditis under two years of age proven either by operation or by autopsy and (3) All cases under two years of age suffering from otitis media without the above mentioned proof of the presence of mastoiditis Some of the conclusions will be briefly stated at this point.

Among 25 instances of the severe type of diarrhea known as "cholera infantum" there were 13 cases of a type of mastoid infection which deserves the term masked or obscure, without the usual local evidence of infection in the mastoid such as swelling, redness and tenderness was usually otitis media but sometimes only a grayness of the drums could be found One of the most important local signs was sagging of the posterior portion of the canal wall near the drum Eight other cases with these signs proceeded to recovery when the ear drums were incised though we believe that a mastoid infection may have been present, it would appear more conservative to classify these cases for the present as One child died of "prematurity" otitis media In two cases in which there was no infection of the mastoids, there was definite evidence of infection of the nasal sinuses These 25 cases comprise all of the cases of severe diarrhea observed It should be noted that in none of our cases could the diarrhea be attributed to faulty diet.

Mastoiditis under Two Years of Age -Our

voungest patient was a premature infant which failed to respond to feeding with breast milk and transfusion of blood Autopsy showed bilateral, suppurative mastoiditis Three groups of cases were observed (1) Cholera infantum in 13 cases, (2) Vomiting and loss of weight without diarrhea occurred in two cases which ordinarily would have been diagnosed pyloro-spasm. In one instance, rapid gain followed a mastoid operation which was performed because the patient had recurrent otorrhea and slight fever, (3) Mastoid infection was associated with chronic malnutrition in 8 cases We do not maintain, of course, that all cases of malnutration in infancy are due to infection of the mastoids or indeed to any infection at all, but in the cases mentioned there had been chronic otitis media associated with persistent or intermittent otorrhea. (4) Frank infection of mastoids was rare occuring in only 2 cases under 1 yr and in 2 cases between 1 and 2 yrs It was invariably unilateral as is usually the case in later life. The signs and symptoms were typical

Otitis Media—The cases in our services did not usually present the picture of severe gastro intestinal upset, chronic malnutrition nor chronic otorrhea. Among 22 cases of otitis media, there were, however, 8 with severe diarrhea and desiccation. These symptoms subsided when adequate drainage had been secured.

The data so far presented only indicates that obscure mastoiditis is very frequent in cholera infantum and that chronic mastoiditis is occasionally seen in chronic malnutrition. To demonstrate that the infections cause the symptoms mentioned, we must show that these symptoms can be relieved when the infection is adequately treated. This can best be done by citing illustrative cases.

FS-Obscure Mastoiditis, Diarrhea, Desiccation, Operation Recovery -A baby boy 4 mos old who had never been nursed was first seen at the age of 2 mos with signs of tetany from which he promptly recovered under adequate treatment He received bad care at home and suffered from frequent, severe nasal infections He finally developed high fever, diarrhea and loss of weight Both ear drums were red and bulging and the canal wall on the right sagged considerably Because of very alarming general symptoms of desiccation, the child received large quantities of Ringer's solution and both drums were incised Diarrhea improved and the patient gained some of his lost weight but fever persisted as did the otorrhea One week later, because the child was no longer gaining in weight and because enlarged glands had appeared behind the right ear

*Read at the Annual Meeting of the Medical Society of the both mastoids were opened Pus and granula-

often a great many of them are present It takes little imagination to see that children with such handicaps cannot develop into thoroughly efficient adults

Again, it should be repeated that much of the

foregoing history can be prevented

To what extent can proper supervision during the first six years of life prevent the serious consequences sure to follow such a history?

The experiences of Dr. Julius P. Sedgwick² in Minneapolis in 1920 and of Dr. Frank H. Richardson in Nassau County, Long Island, in 1923, demonstrate impressively that breast-feeding can he satisfactorily practised in a very large percent-This alone practically ensures sucage of cases cessful nutrition for the greater part of the first Any additional artificial feeding which may be necessary need no longer be the anxiety and uncertainty it once was, if it is carefully super-Proper food and enough cod liver oil and sunshine can largely prevent rickets thus ensuring a well built bony framework and the absolutely necessary blessing of soundly built teeth Early correction of eye strain lessens nervous tension, ensures more rest, greater happiness and a more successful childhood Obstructive adenoids and tonsils, resulting in a varied assortment of consequences, can be removed early instruction and frequent follow-up home visits by experienced nurses, habits of eating, sleeping and bowel elimination can be improved Malnutrition with its deadening effect upon ambition and enthusiastic effort may be largely prevented All of these preventive measures will almost certainly increase a child's general resistance so that the omnipresent "common cold" will be less often Disease, injury and malformation encountered of joints can be early discovered and steps taken at once for relief Diphtheria and smallpox ought to be practically unknown if we make complete use of our present knowledge

No one expects that all of these conditions will be prevented in every instance. However, an adequate program of supervision during the first six years of a child's life can prevent a large percentage of them

Exactly what measures are suggested to obtain this prevention? In so short a paper as this, sound general principles are all that can be wisely offered. In so far as Industrial Medicine is to apply these principles, those who are experienced in its practice will best know how it can be done Broadly speaking, however, the following program may be suggested.

The more prosperous workers should have their children examined at frequent intervals either by their family physician or perhaps by a physician connected with an industrial medical department. In either case, the physician should be especially qualified for this preventive type of medical work. He should be familiar with the nutritional problems of infancy and early child-

hood, should be trained to detect early tendencies towards disease or maldevelopment, and should be experienced in teaching right principles of living. There must be awakened in the parents an intelligent desire for such help and there should be in the physician an equally intelligent desire to satisfy this need.

For the poorer worker, the same kind of service should be provided, perhaps by health clinics. In addition to frequent examinations for the detection of physical defects, follow-up by nurses trained in home-visiting is absolutely essential. Only by this means will the defects really be corrected and the constantly needed health education ever be accomplished. Protective vaccination against smallpox and diphtheria can be performed at such health clinics and the children referred to other special clinics or to hospital wards as their condition warrants. In other words, all children of wage-earners should receive continuous medical supervision.

These measures are no longer visionary and untried Nearly every large community has one or more centers where just such a program has been carried on for a number of years. It is the hope that this program may soon be extended to all children, which may perhaps be criticized as visionary, for it would be a costly program if adequately carried out. But it must be remembered that the results are fundamental and far reaching and therefore worth while

This country has never lacked courage to carry through commercial enterprises no matter how large. If it can be convinced of the invaluable return sure to result from such an investment in the health of its children, it will not shrink from meeting the necessary expense.

Do not let us forget therefore that illness of his child materially lessens the earning capacity of the industrial worker, and that it often cruelly lessens the child's ultimate fitness for industrial

Adequate supervision of the health of the child will largely overcome both of these difficulties. It is absolutely essential and has already been in operation in many places, so that methods and experience are available. The particular need just now is clearer vision and stronger conviction on the part of the medical profession.

It is to be hoped that the same success may attend all efforts in behalf of this latest fundamental step which has so signally attended the astonishingly rapid progress of the present activities of Industrial Medicine and Surgery

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2 Sedgwick, Julius P A Preliminary Report of

the Study of Breast-Feeding in Minneapolis Transactions of American Pediatric Society, 1920, vol. 32, p. 279 3 Richardson, Frank Howard Breast-Feeding, Past and Future. Archives of Pediatrics, vol. 42, no. 10, October, 1925, p. 651-657 tion, 7 died Two of these cases showed no mastoiditis Two cases treated conservatively died In 8 cases presumably mastoiditis not treated by operation, the mortality was 12 per cent The high mortality of children suffering from cholera infantum is well known and we do not feel that our results are unusually bad. We direct attention to the following conditions found at autopsy in 8 cases

Clinical Diagnosis-Remarks

- Severe active rickets Operation Sudden death Premature infant No operation
- Erysipelas Cholera infantum Operation
- Cholera infantum. Moribund Cholera infantum.
- Cholera infantum.
- Cholera infantum
- tion
- No operation
 - Operation Severe anemia. No operation,
- Empyema. Cholera infantum Pertussis (pneumonia) Opera-

Autopsy

No cause found for sudden death other than rickets Extensive involvement of both mastoids Strep Erysip at autopsy in R. mastoid Extensive necrosis of both temporal bones Cerebral venous thrombosis Mastoiditis Cerebral venous thrombosis Pus in both mastoids Bronchopneumonia

In a word, the causes of death appear to be either profound anatomical changes or serious changes in the function of the tissues with little gross or microscopic alteration. In older infants suffering from malnutrition associated with mastoid infections, operation has invariably been followed by very rapid and permanent improvement.

If then a relatively high mortality is inevitable in mastoid infections in the first months of life, we must direct our attention to prevention rather than to cure Comparison of our cases of mastoiditis with cases of otitis media occurring under two years of age, brings to light one important difference in the two groups. No infant which de-

veloped mastoiditis had received an adequate diet The diet was most often a bad artificial feeding without cod liver oil Surprising as it may seem, some of the infants had been exclusively breast fed, but such infants invariably presented marked clinical signs of rickets and one was premature These children certainly cannot be regarded as adequately nourished. Moreover, dietary inadequacy was present in each infant with otitis media which developed diarrhea and desiccation. On the other hand, 36 per cent of our 22 cases of otitis media under 2 years of age, occurred in well nourished, breast fed infants We may conclude, therefore, that a satisfactory state of nutrition will not necessarily protect an infant against developing otitis media Satisfactory nutrition, however, will prevent offits media from developing into mastoiditis and will prevent otitis media from resulting in serious nutritional disorders series of cases again emphasizes the enormous importance of breast feeding and of proper artificial feeding especially of the type of feeding designed to prevent rickets. The question is still undetermined as to whether rickets in itself predisposes to mastoiditis or whether an associated vitamin deficiency (especially of Vitamin A) may not be the determining factor

Conclusion —In the great majority of infants suffering from cholera infantum and in many suffering from chronic malnutrition, there was obscure infection of the mastoids. In 45 per cent of the former and in all of the latter, operation was followed by cure. Death was not due to the operation per se but to profound pathological changes in the tissues of the whole body vention of mastoid infection in infancy is therefore of the utmost importance. Prevention depends primarily upon proper diet and hygienehuman milk or adequate artificial feeding, and the use of cod liver oil for all infants even if breast fed



tion tissue were found in the antrums. From this time on, the patient made a very steady gain in weight and recovered entirely from gastrointestinal symptoms

W D —Mastorditis with Malnutrition in a Boy Two Years Old -Patient's father is alcoholic Six other children are in the care of charitable organizations The patient was bottle-fed and showed signs of rickets and mental retardation In February 1926, he developed measles followed by bronchopneumonia which had not resolved by the end of March At this time, the patient was entirely "skin and bones" Quantities of pus were draining from both ears and the cervical glands upon the left side were greatly enlarged. The temperature ranged between 104° and nor-There were signs of unresolved pneumonia in the left lower lobe. With adequate diet, the clinical and X-ray signs of pneumonia gradually improved But in spite of this, fever and emaciation continued It was felt that he had a chronic infection of the mastoids This was verified by X-ray examination which showed destruction of the mastoid cells more pronounced upon the left Operation revealed a surprising quantity of pus and granulation tissue in both mastoids, Streptococcus viridans was present. A very rapid improvement took place in the patient's condition He gained 5 lbs in two weeks time, his stools which had been poorly digested became normal in consistency and he left the hospital, 6 wks later, in an excellent state of nutrition

DP-Acute Mastordius, Diarrhea, Desicca-tion, Operation Recovery—The patient, a girl 10 months old, failed to gain on the breast and was weaned at the age of 6 weeks Various formulae were tried without much success until she received whole lactic acid milk In February 1926, she contracted otitis media When she entered the hospital, she was extremely ill with high fever, profuse watery diarrhea and proceeded to lose 2 lbs in weight in three days Glands behind both ears were somewhat enlarged and the posterior portion of the canal walls was sagging incision of the drums, pus was obtained general condition improved somewhat following incision of the drums but high fever persisted and a red area appeared behind the right ear Both mastoids were then opened, pus was found, the hemolytic streptoccus was cultured from the After slight increase in fever, the patient's whole appearance vastly improved and she made a very rapid recovery

RH—10 weeks old, Mastoiditis, Pyloro-Spasm, Malnutrition—Child breast fed only 2 weeks when he was weaned on account of his mother's nipples being sore. He had vomited since that time practically all the formulas tried Sometimes the vomiting had been projectile. The skin hung in numerous folds. Both ear-drums were bulging and pus was obtained upon incision.

The white blood count was normal and the temperature was 94° He was immediately given salt solution and external heat was applied Examination after feeding revealed the presence of typical He vomited considerably after gastric waves practically every feeding. A barium meal revealed the presence of marked gastric retention Five days after admission, he was given a transfusion of blood (3 oz) with marked benefit. The weight continued to fall until operation on the ninth day Pus and granulation tissue were removed from both antrums After an initial rise in temperature, the child ceased to vomit and made a rapid gain in weight

The Diagnosis of Obscure Mastorditis—Every case of severe diarrhea with desiccation should be investigated with regard to the possibility of infection in the mastoids. Dysentery ileocolitis can be diagnosed when the stools contain blood and pus and when a positive culture can be ob-There are, however, certain cases of dysentery without blood in the stools in which the diagnosis is exceedingly difficult. The urine in dysentery usually contains acetone bodies whereas that in diarrhea and desiccation due to parenteral infection usually contains no acetone bodies The most important local signs suggesting mastoiditis in infancy are (1) Otitis media may, however, be extremely slight with only grayness of the ear drums which may appear almost normal when incised, (2) Sagging of posterior, superior wall of the external auditory canal near the drum This sign is of the greatest importance and has not been absent in any of our cases of mastoiditis, (3) Enlargement of glands behind the ear over the mastoid prominence. This is a very frequent occurrence but is not a certain indication of mastoiditis X-ray has been of little value in the diagnosis in children under 6 mos of age owing to slight calcification of the mastoid cells In older children, however, X-ray findings are of more value but even here are of relatively less importance than the clinical picture as a whole

Surgical intervention will depend entirely upon the general condition and not upon the local indications. For example, in severe diarrhea, desication and acidosis in a case with gray drums immediate bilateral operation is indicated. When such a case, however, presents no grayness of the drums and no sagging of the canal wall but has a nasal discharge, it is likely that infection exists in the nasal sinuses and appropriate medical or surgical procedures should be instituted. In cases loosing fluids rapidly, simple myringotomy will frequently be sufficient. In cases of chronic otorrhea with malnutrition, the same rule applies. Operation is indicated if the general condition of the patient as a whole is not improving

The Results of Operative Treatment—Of 11 infants with cholera infantum treated by opera-

EDITORIALS

COUNTY DEPARTMENTS OF HEALTH

The Medical Society of the State of New York has been considering the problem of organizing county departments of health While the question has not been referred to any particular committee, yet that on Public Health and Medical Education would seem to be the most appropriate one to deal with it The subject came up at a meeting of the Committee on December 15th, and it was the opinion of the members that the whole problem was in a state of evolution While various plans had been outlined and some had been tried out, yet no comprehensive plan had been suggested by any of the parties interested in pub-Still, much valuable data has lic health work been collected and many conclusions have been drawn on which there is an agreement among public health workers It is therefore possible to outline public health conditions in New York State, to consider the groups of public health workers, to estimate what has been done in the past, and to review the plans for future work

Public health work has had a natural evolution in New York State. It began with the control of communicable diseases of local towns, villages and cities Home rule has been the foundation of law and custom in New York State, and a sweeping power to prevent contagious diseases has been conferred to the local municipalities This power over contagious diseases has been utilized in the control of water and milk supplies, and the disposal of sewage, and also in that great class of bad housekeeping conditions called nuis-

The State Department of Health was an evolution from the local boards of health, and was developed in order to assist the local boards and to exercise some control over them But in New York State there was no legal provision for a health organization between the local municipalities and the State It was to supply this need that the plan of the county health units was pro-It must be remembered that while the New York State plan was based on the autonomy of the towns and villages, that of some other states is based on the county. Although some of the Southern and Western states have fully organized county health departments, this fact does not prove that they are more advanced in public health work It simply shows they have followed their natural plan of centering governmental functions in the county instead of in the lower communities

Departments of health have often found the people apathetic toward their rules and regulations, and sometimes even hostile Often they had no facilities for carrying on preventative work Hence there arose volunteer organizations of laymen for the purpose of promoting public health Lastly the doctors entered the field of public health work, and through their county medical societies and the State Medical Society, they now take an active part in the practice of public health

At the present time a trinity of public health workers has become fixed in New York State

- The doctors—the county medical societies Departments of health—State and local
- Lay organizations—the State Charities Aid Society and the Parent-Teachers Associations, with their local branches

Each group of the trinity has found itself engaged in some line of public health which has overlapped the fields of work of the other groups, and so there have been disagreements and misunderstandings However, a considerable degree of harmony has resulted in recent years through the functioning of the public health committees of the State Medical Society and of the counties

While public health work up to a decade ago was considered mainly in the prevention of contagious diseases, a new line of public health work has been evolved in more recent years. The control of contagious diseases has been done well by the local departments of health, and in most plans for county health departments, the local boards have been continued and with the same objects that they have always had But with the evolution of the newer public health work, an additional organization is necessary, for experience has shown that towns and villages cannot carry on advanced public health work Cities can do it, and outside of the cities the natural unit is the county department of health

Let us consider the lines of work which are developed in the newer fields of public health The first to be developed were the conditions connected with the mal-nutrition of children, such as scurvy, rickets, scrofula, infected tonsils and teeth, and tuberculosis The public health workers also reached back to the child before birth, and pre-natal work is now a standard public health work procedure in an advanced department of health The public health workers also entered the field of the preventable diseases of adult life-the diseases classed largely are nutritional These include rheumatism, heart disease, diabetes, and Bright's disease Public health workers have thus entered the field embracing almost the complete span of life from pre-natal to old age

A study of the statistics of death and diseases also constitute a modern development of public health work The collection of statistics has usually been left to the departments of health, and the studies made by them have been extensive and complete in most lines of public health work This work will continue to be done by the State. for no other organization is so well fitted to take it over

Physicians are deeply interested in all the newer lines of public health work, but they have not practiced them to a great extent for two reasons



EDITORIAL



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THE MEDICAL NEW YEAR

Sickness is rapidly losing its seasonal character, and the promotion of health is a year-round activity. The physician is on duty every day in the year, and most of the nights, and is always ready to respond to calls for relief from danger and pain. There is no new year in his life of serving the sick, for every day is filled with good deeds and he is always on duty to relieve the suffering.

Yet a new year in the practice of medicine is apparent to those who practiced medicine a quarter of a century ago. The closed automobile brings comfort to the doctor, and relief to his companion, the horse. Instruments of precision take the place of guess work, and science brings certain relief where only blind hope was formerly felt. It is indeed a new year to both the doctor and the patient.

There is no escape from the alternative that physicians must either practice public health or permit the formation of another class of healers

-the professional public health workers

A large part of the activities of the Medical Society of the State of New York consist in developing the practice of public health and civic medicine by county medical societies. This practice is in a stage of development and evolution, and the direction which it will take will affect every physician in New York State. It once threatened to develop into socialism and state medicine in which some doctors would become

servants of political machines, and the people would be victims of exceedingly poor medical practice

The Committee on Public Health and Medical Education is charged with the duty of setting the standards of the practice of public health by physicians. Every doctor in New York State should be interested in its meeting of December fifteenth, an account of which appears on page 37. A reading of that account will explain why a considerable amount of space in every issue of this Journ al is on the subject of the discharge of their civic duties by county medical societies.

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Professor Lorenz — The frequent references to Dr Lorenz in the daily newspapers (seldom in medical journals) even unto the present day, render apropos the following editorial reference to the Herr Professor in this JOURNAL of January, 1903

"The visit of Prof Dr Adolf Lorenz, of Vienna, to New York City during the past month attracted much attention, both from the medical profession and from the laity. That medical men should be interested in seeing the leading exponent of bloodless surgery do his work was to be expected, but that the lasty should evince such an interest was rather surprising, unless one stops to consider the power of the press Professor Lorenz acted in an entirely ethical manner in all his dealings with the profession and the public is a source of congratulation to all those who believe that a Code of Ethics is a necessary part of the Rules of the American Medical As-He sought no interviews, he authorized no insertion of photographs of himself or his work, but was perfectly frank and courteous with the reporters, as every gentleman should be.

His relations with the profession admit of no criticism, but are deserving of great praise saw no patients except upon the request of their family physicians or consultants, and refused to see hundreds of applicants, who offered him thousands of dollars, because in their request for a visit or consultation they did not mention the name of their medical attendant and ignored the proper procedure in such cases When consultations were held he freely and frankly gave his opinion, always giving due credit to the doctor in charge and heartily approving all things that he could, and in a most modest way suggesting any changes he thought necessary or advisable He believed the rôle of a consultant to be that of adviser or guide, not that of critic whose sole interest is to find fault

'It is indeed a pleasure to find a man of whom we can say so much in praise and whose idea is that which this Association is striving for so earnestly and so successfully"

No such praise of the Professor has appeared in a medical JOURNAL since the publication of this fulsome eulogy



1 Patients do not like to go to the doctor for advice to prevent a disease

28

When they do go, they do not follow his advice, from unwillingness or inability to do so

The practice of the newer forms of public health work depends on educating the unwilling, helping those unable to carry out the doctor's advice, and compelling obedience from those who refuse when their refusal is dangerous to others. The doctor needs the assistance of both the State Department of Health and of the lay organizations, for the physicians are willing to supply the medical advice provided the other two organizations are willing to provide the means by which the patients, either individual or community, may carry out their advice

The practice of preventive medicine, public health, and civic medicine is a community problem. While individual doctors will practice this form of medicine in the future when the people are educated to seek their help, yet at present much educational work must be done, and much effort put forth to make it possible for the people to carry out preventive methods. The proposed county health department will go far toward solving the problem of teaching the people to practice the newer forms of public health work.

While much has been said regarding the theory of a county health department in New York State, yet the plan has actually been adopted in only one county—Cattaraugus There the department was organized and financed from outside of the county, and the plan of a large city health department was set in operation, and at the same time the local health departments and the physicians were left to continue their work as formerly The principal work of the county unit has been to practice the more modern forms of public health work by their own agents. The health unit has been a demonstration from outside the county, rather than an evolution of the medical forces within the county

Opinions regarding the success of the Cattaraugus County demonstration are various. On the one hand there are commendatory opinions

expressed by the promoters of the demonstration, of which one series was published in the New York State Journal of Medicine for July 1st, 1926. On the other hand, there was a condemnatory opinion by the Cattaraugus County Medical Society published in the Journal of September 15, 1927. One member of the trinity of public health workers representing the lay organizations, praised the work, one branch of the second member of the trinity, the County Medical Society, felt that the work has not been a success, while the third branch of the trinity of public health workers, represented by the State Department of Health, maintained a neutral silence

Past experience is prophetic regarding the future developments of county health depart-An increasing number of public health workers feel that any county health unit must be the evolution of medical forces within the county, and that the most important member of the trinity health workers in a county is its Moreover, there is a county medical society growing feeling that it is the duty of physicians to assume the leadership in the organization and management of county health departments Neither the individual nor the community can serve two masters There cannot be two sets of medical advisors. If either the health departments or the lay organizations set up the machinery for the practice of public health, it must employ licensed physicians to carry on the work-and two sets of medical advisors are unnecessary The members of the present county societies are well able to manage all forms of public health work in their counties, and experience in several counties of the State has demonstrated the willingness of physicians to undertake the work and to carry it on successfully

There is a growing conviction among the leaders of medical societies, departments of health, and lay organizations that the most desirable way by which county health units may develop is that the public health workers of some advanced county, led by the county medical society, shall establish a health unit fitted to its own needs and evolved from its present organization

COMMITTEE ON PUBLIC HEALTH AND MEDICAL EDUCATION

The Medical Society of the State of New York promotes all forms of the practice of medicine. There can be but one system of scientific medicine—that founded on investigation and experience. There can be but one standard for the practice of medicine—that proved by scientific research and test. Also there can be but one standard of qualifications to practice medicine—that of the graduate from a first-class medical school.

Physicians feel that the interests of the public demand that they alone shall be permitted to

diagnose human sickness and prescribe the remedies, and that in emergencies, while first aid should be given by any one, yet a physician should be called as soon as possible

If physicians exclude public health workers from diagnosing and treating diseases, then they must make provision to examine their patients and prescribe the treatments. Two classes of patients which were neglected a generation ago must now be treated by physicians.

I The case that is mild or incipient

2 The community in matters involving health

sorb 20 to 30 mg of nicotine—enough to produce a profound psychological effect, though, administered in this way, ten to fifteen times under the lethal dose. The amount of nicotine in cigar and pipe-smoking Cyanides and sulphocyais much higher nides are present in traces, and arsenic, Dixon says, is a constituent of American tobaccos in amount many times greater than that permitted in foods Tobacco-smoking has a definite action on the alimentary canal cording to Hurst, it causes hyperchlorhydria and favors the production of duodenal ulcer, and Wagner also insists that it can produce all the subjective and x-ray appearances of The considerable use of this condition tobacco in any form invariably produces an increase in pulse rate and a slight rise in blood pressure It sometimes produces palpitation and arrhythmia, especially in the young, these symptoms disappear if smoking is stopped In older persons it may produce anginoid pain There is a clinical consensus of opinion that immoderate smoking favors arteriosclerosis Tobacco has a sedative effect in conditions of irritation, and a stimulating effect in those of weariness and depression Its action on the central nervous system, on the whole, apparently does no Addiction does not occur in the sense that this term applies to heroine and morphine, though during periods of abstinence the smoker feels the want of the customary narcotic effect. The experiments of Lee and Dixon concerning the development of tolerance to tobacco show that repeated injections of nicotine into an animal gives to the tissues and especially the liver, an increased power of destroying the toxicity of this alkaloid, the process being probably in the nature of a ferment action It may well be that, living in a civilization such as ours, the ordinary man shows in his nervous responses variations from the normal, and on such tobacco may exert a beneficial action The vital question which requires an answer is to what extent the use of tobacco in strict moderation leads to vascular degeneration -British Medical Journal, October 22, 1927, 11, 3485

Thyroxin in Endocrine Disorders—A Schittenhelm and B Eisler of the Kiel University Medical Clinic, have made numerous tests of this active principle, in part with the purpose of comparing its action with that of thyroid tablets. In one woman of 30 years with precordial spasms, fainting attacks on slight excitement, insomnia from palpitation of the heart, great weariness, etc., with rapid taking on of fleshwithyroxin was firstingiven. The

woman lost a little weight and her basal metabolism, which had been minus 2 per cent rose to plus 3 per cent There were no unpleasant effects from the medication and this was continued until all symptoms vanished With the idea of continuing the treatment the authors then substituted thyroid tablets which quickly brought about a hyperthyroid syndrome tachycardia, palpitation, vertigo, prompt fatigue on exertion After about three days with these symptoms the patient's condition righted itself and thyroxin was then substituted for thyroid This mild yet active behavior of the former cannot be accounted for save on the supposition of a sensitizing component of crude thyroid not present in The smooth action of the latter is thyroxin not always seen after intravenous injection and now and then we must expect undesirable collateral activity. In one case in which intravenous thyroxin exerted a brilliant action on pronounced myxedema, diabetes occurred which did not subside on discontinuance of the drug The drug also produced fever, malaise, headache, and vomiting The possibility of accurate dosage with thyroxin makes the latter superior to thyroid substance in obesity, for the results obtained from the latter are inconstant. The same may be said of so-called benign hypothyroidism Symptoms referred to this origin are somnolence, headache, stenocardiac attacks, and numerous others varying much with the case -Klimsche Wochenschrift, October 8, 1927

Intermittent Claudication and Its Treatment by Diathermy - In a study of the etiology of intermittent claudication, A Wilson Gill and L Newell Moss (Lancet, October 29, 1927, ccxiii, 5435) find that although the cause is unknown, a great deal of stress has been laid on the importance of tobacco as a factor Other supposedly etiological factors include alcohol syphilis, gout, diabetes, infectious disease, tea, coffee, and the stress and strain of life The treatment of intermittent claudication in the past has been far from satisfactory Recently diathermy has been tried fairly extensively and apparently with great success, because of its vasodilator effects on the small arteries and capillaries In addition to diathermy, general hygienic measures should be carried out, foci of infection should be removed, and abstinence from tobacco should be insisted upon. The authors cite a case in which the regular treatment by potassium iodide potassium nitrate, nitrites, Bier's congestive treatment, and the drinking of two quarts of modified Ringer's solution daily was ineffectual With the onset of cerebral symptoms it was decided to try diathermy Exposures were given lasting 30



MEDICAL PROGRESS



A New Operation for Drop-Foot -C Lambrinudi, writing in the British Journal of Surgery, October, 1927, xv, 58, describes an operation which controls drop-foot even though the gastrocnemius is active and power-By this procedure the only joint arthrodesed is the subastragaloid A J-shaped incision is made, starting 4 inches above the external malleolus, close to the posterior margin of the fibula, carried down below the external malleolus, and ending at the center of the middle metatarsal bone. The dissection is carried down to the periosteum, so as to expose the front and back of the ankle, great care being taken to leave intact the anterior and posterior ligaments of the anklejoint itself. The peronei are divided low down The astragaloid joint is and dissected up opened, and the knife is carried under the head and neck of the astragalus into the front part of the subastragaloid joint The interosseous ligament is then divided, and the knife carried into the posterior compartment of that joint The soft parts are dissected from the inner side of the astragalus, and the cartilage is removed from the upper surface of the os calcis and the lower articular surface of the astragalus, and a notch is made horizontally from side to side in the posteriorinferior aspect of the scaphoid. The head of the astragalus is depressed to its utmost limit, and the neck is sawn through in the direction necessary to set the foot at the de-The foot is next dorsiflexed, so that the cut surface of the neck of the astragalus lies on the upper surface of the os calcis, and the sharp anterior margin fits into the notch made in the scaphoid. The angle between the articular surfaces of the os calcis and the astragalus is now filled up by a graft taken from the excised head and neck of the astragalus, this is designed merely to increase the anteroposterior thickness of the astragalus when placed in this practically vertical The first essential to success with this operation is that there shall be good power in the gastrocnemius muscle procedure has given completely satisfactory results in 7 of the 9 cases in which it was employed

Etiology and Serum Therapy of Hyperacute Appendicitis — Hilgermann and Pohl speak of the cumulative incidence of foudroyant appendicitis in the region of Deutsch-Krone where a large back country is served by the City Hospital with very poor transpor-

tation facilities Sometimes several cases are admitted in rapid succession Four cases came in from the local barracks in 20 days and within a week an assistant and nurse of the hospital were smitten. This sort of incidence suggests an epidemic and as a matter of fact most of the cases seemed to represent a metastasis of appendicitis secondary to angina In six months ending last February, 156 appendectomies were performed and in 107 the appendix was severely infected, 37 being examples of total gangrene and 22 others phlegmonous with free suppuration of the In ten patients there were several peritoneum general symptoms in the earliest stage of appendicitis Cultures showed that the pneumococcus was the chief offender among organisms with the streptococcus rather a poor second and other bacteria scattering does not seem that these severe acute cases should be left entirely to surgery without any attempt to give internal medication and the authors have sought to make routine use of a polyvalent serum prepared from pneumococci and streptococci The authors state that they lost but 3 out of 22 cases in which peritonitis of severe character had developed 10 cases everything pointed to a hopeless out-It is to be hoped that whenever a bacteriological diagnosis is possible the custom will become common of prompt injection of a specific serum based on this diagnosis The authors have found the bacillus of diphtheria present in a few cases and have then injected diphtheria antitoxin. Another means of identifying the nature of these cases is the angina so often present, which permits study of the bacterial content - Munchener medizinische Wochenschrift, October 7, 1927

The Tobacco Habit - In the Norman Kerr Lecture delivered before the Society for the Study of Inebriety, W E Dixon states that tobacco contains ammonia gas and pyridine or pyridine derivatives, and it is these substances which produce the irritation of mucous surfaces not infrequently observed in smokers, these bodies are responsible for the morning cough, the irritation of the throat and tongue, and the conjunctivitis of the cigarette smoker If these products could be excluded it would be to the benefit of the smoker Other dried herbs, as for example, coltsfoot leaves, once sold as a boy's tobacco, often produce more pyridine when allowed to smoulder than tobacco If a cigarette smoker were to puff ten cigarettes on end he would certainly ablike 99 per cent as the frequency of achlorhydria in Addison's anemia Achlorhydria allows the small intestine to become infected with swallowed bacteria and permits colon bacilly to invade the stomach Furthermore. the abnormally alkaline contents of the small intestine in achlorhydria form a particularly good culture medium In all patients with achlorhydria prophylactic measures against pernicious anemia should be instituted. These consist in the elimination of dental and nasopharyngeal sepsis and the constant use of hydrochloric acid Since achylia gastrica is often familiar, the near relatives of patients with Addison's disease and subacute combined degeneration of the spinal cord should have test meals and, if they are found to have achylia, should take acid for the rest of their lives The commonest cause of paresthesia of the feet and hands is subacute combined degeneration of the spinal cord These symptoms should at once suggest the desirability of giving a test meal and examining the blood discovery of megalocytosis strongly points to a positive diagnosis The treatment consists of the removal of foci of infection and the administration of large doses of hydrochloric acid Patients should be instructed to take 2 drachms of hydrochloric acid to a pint of water, to which the juice and pulp of an orange or other fruit and some sugar have been added should be drunk one hour before breakfast, at lunch and at dinner To prevent deleterious action of the acid the mouth should be washed as soon as possible with a weak solution of sodium bicarbonate A vaccine prepared from bacteria isolated from the duodenum should be administered, beginning with small doses and increasing very slowly The anemia should be treated by transfusion, arsenic, and diet The author's experience with the liver diet fully confirms the results obtained by Minot

The Silent Gap in Auscultatory Estimations of Blood Pressure -Paul C Gibson, writing in The Lancet, November 12, 1927, ccxiii, 5437, describes the silent gap in the ascultatory curve, which was first noted by Tixier about six years ago, and which under the term "trou auscultatoire" has had full recognition by French physicians The sounds of the auscultatory sequence can be more or less clearly divided into four zones, following one another in a continuous series (1) Constant in type and in extent, of short duration and easily missed as the sounds are soft and dull, the first sound in this zone marks the systolic (2) Variable in extent and in quality, the sounds being like murmurs (3) The sounds are loud and slapping and increase steadily to a maximum, when they suddenly change into minimal sounds (4) Short, dull sounds, usually of brief duration The silent gap always occupies the second zone, which it more or less replaces, sometimes appearing nearer the upper extremity and sometimes nearer the lower It may extend over a range of 20 to 60 mm Hg An important characteristic of the phenomenon is that when the sounds emitted by the compressed artery have ceased to be audible, the movements of the arterial wall below the armlet, as measured by an oscillometer, show no abatement, and the pulse wave may easily be felt at the wrist Gibson analyzes four cases in which a silent gap was noted to find, if possible, the clinical significance of this phenomenon, and concludes that, for the present, all that can be said is that the silent gap is in some way associated with hypertension, its bearing on diagnosis and prognosis still remains to be determined It is, however, undoubtedly a serious source of error in sphygmomanometry and sometimes accounts for great discrepancies in readings To avoid this source of error, after applying the armlet, the compression is rapidly raised to about 250 mm Hg, and then allowed to fall slowly and steadily while the observer listens with his stethoscope over the brachial artery at the lower margin of the armlet

Cerebral Manifestations of Cardiac (Left Ventricular) Insufficiency—A Dumas reports in detail nine cases of this heart lesion from which he draws the following conclusions. In association with the acute edema of the lungs which develops in these cases we often see nervous manifestations which dominate the clinical picture, so that the edema passes un-Moreover in hypertensive subjects the sudden lowering of the tension may likewise provoke nervous accidents of the same The author refers particularly to convulsive and syncopal attacks These convulsions might at first sight suggest uremia, but blood urea will be found in a proportion which is at least not much elevated. The fact that edema of the lung is present as a result of cardiac insufficiency indicates that the systemic circulation must also show a deficit and this is further complicated by the sudden lowering of tension, so that the cerebral centers are responsible for various symptoms Edema of the lungs also causes defective aeration of the blood, so that a third source of disturbance is added. The cerebral symptoms described in the author's cases include vertigo and there is some resemblance to the convulsions and other symptoms seen in heart block, etc -included under so-called cardiac epilepsy -although the author does not mention the latter condition -Le Journal de Médecine de Lyon, September 20, 1927

minutes, the maximum current used being 1,000 milliamperes At first treatment was given twice a week, but later the seance was repeated daily for 20 days Improvement was noted from the first, both in the general wellheing and in the local effects. Up to the present time no further attacks have occurred and the general health remains at a high level Lian and Descoust emphasize that strong currents are not necessary and advise 1200-1500 milliamperes If the plates are sufficiently large there is probably nothing to be gained by having one plaque over the seat of the arterial block, since the blood carries superfluous heat to the rest of the body

The Pathology of Charcot Joints-In the course of animal experiments Willis John Potts (Annals of Surgery, October, 1927, lxxxvi, 4) confirmed the work of Eloesser showing that, in addition to changes in the central nervous system, trauma is an essential factor in the development of typical neuroarthropathies Both atrophic and hypertrophic changes in the articulating bones have been described, one author claiming atrophy, another hypertrophy as the predominating pathological change Potts states that Charcot joints present variable pathological pictures depending upon the time of observation cites various cases, some illustrating the stage of atrophy, others the stage of sclerosis and hypertrophy, and one case illustrating both conditions in the same joint. While the knee is the most common site of neuro-arthropathy, any joint in the body may be affected, but the two conditions must obtain - a change in the sensory nerves and trauma. As long as the existence of trophic nerves is unproven, there is no reason to believe that this condition is due to anything but the destruction that must follow in a joint without its protective mechanism When the bones are deprived of the accurate weight-distributing power of the muscles and of the stabilizing protection afforded by an intact nervous system, minor stresses result in damage For this reason so-called spontaneous fractures in On this hypothesis tabetics are common neuropathic joints are simply changing pictures of destruction and erosion and nature's attempt to stop the process by sclerosis and repair the damage by building up new bone Because of the painlessness of the onset, the condition is rarely seen before marked bone changes have occurred The roentgenographic findings are of prime importance The first deviations from normal are increase in the joint space due to ligament relaxation and wearing down of the articular cartilage, roughening of the joint margins due to marginal fractures and joint lipping Occasionally an intraarticular fracture is the first evidence of neuroarthropathy. As the process advances sclerosis of the bone ends appears in the roentgenogram and bony islands formed from loose fragments appear in the joint and its capsule, later, complete disorganization follows

A New Sign of Pregnancy—Dr B Lorinez who has charge of a maternity institute in New Pest, Hungary, refers to an induced symptom provoked by pituitary extract, first reported by Hohne and Zorn as a sign of early gestation in 1926 If this extract is injected into the veins of a pregnant mother in the early months the fingers soon perceive slight contractions of the normally soft and relaxed womb. In from 10 to 20 seconds after the injection the entire organ becomes hard, firm and solid as a stone Before making the test, the bowels and bladder having been evacuated, the uterus must be carefully palpated in all available ways The drug is then injected into the cubital vein in dose of 1 cc, with the examiner's fingers in position The contractions having been perceived the fingers remain in situ and in certain spaces the hard tissues relax giving the uterus an uneven feel anywhere from 1 to 5 minutes the contractions begin to give way and soon the effects of the drug disappear The author has tested over 50 women thus far and is making new examinations almost daily There have been no bad effects on the uterus itself and the women mostly have no untoward results from the injection, although now and then he saw pallor, malaise, etc. The women were all asked to return in a month, but only 20 did so, and every one of these was found to be pregnant by other tests But one woman, a multigravida, failed to react to the injection although later shown to have been pregnant at the time The test is not only of value in the early months but whenever there is need of a differential diagnosis The author seems to have made no real addition to the work of Höhne and Zorn and no one seems to have preceded them in the discovery But Winter, it must be recalled, first discovered the general law that in a pregnant uterus in the early months local contractions followed by relaxation may sometimes be felt and that this is the surest sign of gestation—Munchener medizinische Wochenschrift, September 25, 1927

The Pathogenesis, Prophylaxis and Treatment of Pernicious Anemia—It is the belief of Arthur F Hurst (British Medical Journal, October 15, 1927, 11, 3484) that achylia gastrica is the one essential predisposing cause of Addison's disease and subacute combined degeneration of the spinal cord. The collected results of various investigators give something

arrested, 30 convictions were secured, 14 of the cases resulted in acquittal or dismissal, there are now 58 cases arrested and pending trial and there was one death before trial "Curiously enough" says Dr Rypins, "there is no one special group of illegal practitioners found either on investiga-They are tion or by classification of arrests widely distributed among chiropractors, naturopaths, physicians without licenses, foreign physicians who cannot obtain licenses, faith healers, druggists, laymen, herb doctors, naprapaths, bone setters, and licensed practitioners in the lesser allied fields of optometry and chiropody"

The result of all this work is that upwards of a thousand medical quacks and charlatans have been driven, during the past twelve months, from the state of New York, and the unauthorized use of the title "doctor" either by signs or on advertising literature has practically ceased more eloquent commentary on these activities can be found than in the bitter complaints which have come from officers of Pennsylvana, New Jersey and the Canadian provinces that the New York quacks have folded their tents and in large numbers are now found in those regions where quack-

ery is less sternly dealt with The report further speaks of the progress

which has been made in the control of physiotherapy But not the least interesting discussion contained in this valuable paper relates to the inauguration and operation of the Grievance Committee under the very able chairmanship of Dr Orrin Sage Wightman All and more than was predicted for this Coinmittee apparently is coming true. It serves to protect both the public and the profession Those with grievances have a forum in which to present them and are displaying a confidence in the decisions rendered These accusations against physicians are heard and determined and finally disposed of on the merits, thereby no doubt to a large extent, cutting down the likelihood of civil malpractice actions arising out of these complaints writer has been particularly interested in watch-

ing the working out of this feature of the bill

He has had many personal talks wth Dr Wightman on the subject and was the means of bringing Dr Wightman in contact with Mr Einar Chrystie, the attorney for the Grievance Committee of the New York Bar Association by conference and correspondence, Dr Wightman sought to derive all possible advantage from the experience gained by the Lawyers' Committee engaged in this similar line of work. In other ways your counsel has been familiar with the pains to which the Grievance Committee has gone to equip itself with the requisite knowledge in order understandingly to conduct the work which the statute has imposed upon it

In many other ways the progress of your Society during the past year has been notable Society especially has taken a position of strong leadership in relation to the public health it has been of incalculable worth in the distribution of medical knowledge through its Committee on Public Health and Medical Education system of graduate education by which instruction was taken to the doctors in the rural counties has been strengthened and carried on strides also have been made in the field of preventive medicine as illustrated by the success of the anti-diphtheria campaign, and the dissemination among the lay public of knowledge as to the protective value of toxin anti-toxin To an increasing extent there has been co-operation between the laymen and the physicians toward the elimination of the dread scourge of diphtheria

Let us face the new year then with confidence in the future Let us appreciate how great are the results of the combined efforts of your Society members and the indefatigable zeal put forth by your officers and committees The eyes of the country are turned upon New York State. especially is this true in the medical field than ever the New York State Medical Society has become an instrument for progress, for the good both of its members and of the lay public, and for the advancement of the great profession of the healing art

TONSILLECTOMY AND ADENECTOMY—DEATH

An administrator's action was instituted to recover for the death of his decedent claimed to have been caused by the alleged negligence of a The complaint charged that the deceased had been advised by his family physician to have his tonsils removed as a preventative of possible ailments, that shortly thereafter he presented himself to the defendant physician who specialized in operations of this nature charged that the defendant was engaged to perform a bloodless operation, it being claimed that he guaranteed the avoidance of a drop of blood It was further charged against the defendant

physician, that by reason of his improper treatment and negligence the deceased became sick, which resulted in the violent illness and death of the deceased

From the physician's records it appeared that on the 5th of June, the deceased, a boy about three years of age, was brought to the defendant's office for the removal of his tonsils and ade-Prior to the operation the child had played around in the doctor's office The doctor tested the child's heart and found it in good con-The defendant's assistant, a physician. administered an ether anaesthesia and in the per-



LEGAL



By LLDYD PAUL STRYKER, Esq. Counsel, Medical Society of the State of New York

THE NEW YEAR

In wishing to the medical profession a useful, a happy and a prosperous New Year, the writer in taking stock of what has gone before, feels confident that never in the history of the New York State Medical Society has there been a more undoubted basis for a just pride in what the medical profession of this state has accomplished, nor a firmer foundation for an intelligent optiinism of what the future holds in store

So rapid is the march of events in the busy, crowded lives which this feverish civilization causes all of us to lead, that in the onrushing train of time we sometimes fail to look out at the stations we are passing and only when the route is traced, appreciate the rapidity of the journey and the definite destinations we have attained

The writer recalls with infinite interest and now more than ever with a just pride the concentrated efforts put forward by this Society and its indefatigable officers and committees in furtherance of the preparation and the final enactment of the Medical Practice Act, under which not only the practice of medicine is regulated, but new safeguards of the public health are definitely set up

Our Journal for December 15th, 1927, contained an extremely valuable and highly interesting article by Dr Harold Rypins, the Secretary of the New York State Board of Medical Examiners, entitled, "First Year of the Medical Practice Act" This article was first laid before the Society of Medical Jurisprudence on December 12, 1927, and its reading was widely referred to with approval by the lay press throughout the The article is a conservative analysis of the work done and a careful statement of the conclusions which not only can be, but must be drawn from the experience derived from the first year of the operation of this law This measure, like all enactments of a far-reaching nature, was the product of the thought of many minds and was both ardently sponsored and opposed by those who believed and those who did not believe in the efficacy and propriety of its terms

The prognosis made by the advocates of the bill, like all forecasts, was necessarily somewhat speculative, despite the fact that the predictions for its success were put forward by those who had devoted days and weeks of study to the problem with all of their intellectual integrity favorable prognosis so sedulously expressed by all the friends of the measure, before the various legislative committees, the executive of the state,

within the editorial and news columns of this JOURNAL, and in the lay press, is more than jus-Happily, the forebodings of those not in sympathy with the measure have not been fulfilled

The general objects of the proponents of this legislation were briefly and accurately classified by Dr Rypins as follows

1 To drive out illegal quacks and char-

To create a Grievance Committee

(a) To discipline licensed physicians (b) To dispose of complaints against licensed physicians where no adequate cause of action is present

To establish and regulate the profession

of physiotherapy

To set up permanent administrative machinery for the enforcement of the

(a) To compile an annual, accurate registry of physicians

(b) To raise sufficient funds for the proper administration of the act

Dr Rypins asserts and then conclusively establishes "that a year's intimate association with this matter has satisfied the Department of Education, upon which the burden of this administration largely falls, that the act is doing at least as much, if not more, than was expected of it"

The Medical Practice Act is administered by the State Board of Medical Examiners under the supervision of the First Assistant Commissioner of Education, with the assistance of two fulltime deputy attorneys-general, a bureau for the handling of annual registration and a force of from five to seven full-time inspectors and the necessary clerical help

The \$36,000 derived from the annual registration fees of the physicians is a fund just about adequate for the carrying on of this valuable and as is now seen, indispensable machinery set up for the purpose of enforcing the provisions of the "It has been said" writes Dr Rypins, "that the object of this legislation was to put teeth in the Medical Practice Act Even more so, it was to create an organism which would intelligently and forcefully manipulate these teeth" With the direct aid of the attorney-general of the state and the able assistance of the various district attorneys, especially those in the greater city, during the past year 103 illegal practitioners were



NEWS NOTES



COMMITTEE ON PUBLIC HEALTH AND MEDICAL EDUCATION

A meeting of the Standing Committee on Public Health and Medical Education was held in New York City on December fifteenth morning session was held in the rooms of the State Medical Society in the building of the New York Academy of Medicine, 2 East 103rd Street, and a dinner and afternoon session was held in the Hotel Roosevelt, 46th Street and Madison Avenue There were present Dr Thomas P Farmer, Syracuse, Chairman, and Drs Chandler, Longstreet, Stanton, Polak, Greene, and Kosmak There were also present as guests Dr James E Sadier, President of the Medical Society of the State of New York, and Dr J S Lawrence, Executive Officer, Dr Frank Overton, Executive Editor of the New York State Journal of Medicine, and Dr Frederick P Reynolds, Assistant Secretary of the New York Academy of Medicine, representing the educational work of the Academy

The Committee has a dual function public health phases of its work were considered in the morning session and its educational work in the afternoon The discussions were full, free and friendly, and included all the activities of the Committee and their reception by the physicians and the public The Committee has been at work along the present lines for three years, and has developed its plans as they were indicated by the local needs of the County Medical Societies A high average of efficiency was shown by the reports of work done and by requests from County Societies that the work be extended into their districts

Five public health activities were discussed in the morning session 1, county health departments, 2, better maternity practice, 3, anti-diphtheria work, 4, child health consultations, and 5, orthopedic clinics

Regarding the movement to establish a county health department in every county, the members of the Committee with one accord asked, "What is a county health department?" The answers to this question were many and various and often conflicting (See Editorial, page 27)

The discussion of the county health department was confined to the plans which had been undertaken or announced, and the opinion of the members was that the whole movement was in a state of evolution in which an attitude of watchful waiting seemed to be assumed by all who are interested in public health

Dr E M Stanton moved that a sub-com-

mittee of four be appointed to study the problem of the county health department. This motion was carried unanimously

Better Maternity Practice was the second subject that was taken up Dr Farmer quoted Health Commissioner Nicoll as saying that the maternity death rate had declined 36 per cent in rural districts, but had risen 36 per cent in the cities Dr Polak said that the increase in New York City was among patients in private maternity hospitals which were unlicensed and uncontrolled Dr Sadlier said that the subject of the last meeting of the Tri-State Conference of New York, New Jersey and Pennsylvania had been the control of private hospitals, and that a committee of one from each State had been appointed to suggest a law on the subject

On motion the Committee voted that a subcommittee should study the subject

The third subject considered was the antidiphtheria campaign The discussion largely on the comparative merits of two plans which were conducted in Schenectady and Kings-Each city entered heartily into the plan that was devised by themselves, and the lay health organizations of both cities assisted the doctors in a satisfactory way with money, influence, and automobiles Kingston concentrated on free clinics for the school children and gained the advantage of a brief campaign with its attendant Schenectady did an extensive educational work in order to prepare the doctors to give the immunizations, and the people to seek them The physicians agreed on a satisfactory scale of prices with provision for free immunization to those unable to pay for it.

Both Kingston and Schenectady will require more money in order to conduct their educational campaigns, and the doctors of both cities will continue their interest in the immunization. The members of the State Committee on Public Health and Education unanimously agreed on the advisability that each city should continue its work in order that time might demonstrate the results of the two contrasting methods of conducting the anti-diphtheria work.

The subject of Children's Health Consultations was discussed only briefly, for the Committee recognized the success of the present system that the County Medical Societies should manage them in co-operation with the State Department of Health, after the plan of St Lawrence County

Help to crippled children was briefly discussed, and the assistance of the State was mentioned.

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formance of the operation, the doctor was as-Upon completion of the opsisted by a nurse eration, which was uneventful, the child was brought into the physician's rest room and placed on a hospital cot about twenty minutes after the operation had been commenced. He came out of the ether in about an hour and talked with his mother and those present. About three hours after the operation the child was sitting up The physician then left his office to make his While at the hospital he received hospital calls a telephone message from his office to the effect that the child was not doing very well physician immediately returned to his office and found the child in a weakened condition, with a poor pulse and no bleeding. The defendant physician and his assistant applied stimulants by subcutaneous injections of strychnine and digalin and also administered adrenalin direct into the heart muscles Injections of normal saline solutions were given subcutaneously. By the admin-

istrations of the medication the heart was stimulated for about an hour and a half, when the

heart suddenly stopped beating

The physician felt that the death was not the result of the operation as there were no hemorrhages during the performance of the operation or after. He also felt that the death might have been caused by an enlarged thymus. Several hours after the performance of the operation, the physician states that he was advised by the child's mother that about two weeks prior to the performance of this operation, the child had had a severe nose bleed which could not be stopped for thirty-six hours and that the child was a bleeder and that the whole family were bleeders. However, the defendant had no knowledge or notice of this fact prior to the performance of the operation.

During the pendency of this action, the defendant physician died, the action thereby abating

with his death

CLAIMED NEGLIGENT REMOVAL OF THE UVULA DURING TONSILLECTOMY

In an action brought against a hospital and an attending physician at such hospital, it was charged that on January 31st the plaintiff had submitted himself to treatment for the purpose of having an operation performed upon his ton-He charged that the hospital held itself out as competent to advise the plaintiff with reference to such operation, and assured and warranted to the plaintiff that the operation performed upon him would be done by skillful That he and competent servants of the hospital paid a fee to the hospital for such services and by the person in charge was directed to the defendant physician to have the operation per-That the operation was carelessly and negligently performed and during the course of the operation other organs in the plaintiff's throat were removed, which caused him to suffer extreme torture, inability to properly digest and to masticate, causing him at times to choke further claimed that he suffered great pain in his throat, suffered the loss of blood and spells of dizziness and was prevented from following his usual occupation

The hospital was a charitable not-for-profit corporation and had exercised reasonable care and diligence in the selection and engagement of its various physicians, nurses and other at tendants. The physician who was made a party defendant in the action was one of the examining physicians in the throat clinic of the defendant

He examined the plaintiff and advised him that he ought to have an operation on his When the plaintiff returned to the hospital on the day set for the operation the defendant physician was not in attendance at the clinic Another physician who was in attendance examined the plaintiff and found his tonsils inflamed Plaintiff was then placed upon the operating table and under an ether anaesthesia his tonsils and uvula were removed The hemorrhage subsided within a short period of time. The patient was placed in bed and kept under observation during the night There was no recurrence of the hemorrhage and the plaintiff left the hospital on There was no complaint the following morning made by the patient until the institution of this action many months later It was instituted on behalf of this patient, charging that there was no necessity for the removal of his uvula and damages were sought to be recovered for the alleged negligent removal of the uvula

The physician who operated upon him, not the defendant physician, stated that the condition of the uvula was such that it was absolutely necessary to remove the same in order to relieve plaintiff's condition and to prevent serious

result

The action came on for trial and after submission of the plaintiff's proof, the court dismissed the complaint, terminating the action in favor of the defendants

BRONX COUNTY

A regular meeting of the Bronx County Medical Society, held at The Bronx Professional Building, on November 16, 1927, was called to order at 9.20 P M, the President, Dr Friedman, in the chair

The following physicians were elected to membership Isidore Fischer, Edward Mandell, Henry Matez, David L Milliken, Arthur Schmorr

Dr Boas, for the Committee on Public Health and Medical Education, appealed to the members for further co-operation, with special reference to the folders advocating Periodic Health Examinations

Dr S M Jacobs reported on the efforts of the Building Committee during the past year

Dr Henry Roth, for the Relief Committee, reported that thus far there has been no need

for giving relief

Dr Weitzner, for the Social Committee, reported that the Committee, as instructed by the Society, is arranging a Beefsteak Dinner to be held on Thursday evening, December 15th, and urged all the members to attend the Dinner

Under Unfinished Business, the Secretary proposed the following Amendments to the By-Laws recommended by the Comitta Minora, Section

II—Standing Committees—Add.

" , a Committee on Public Relations of five members , * * *"

COMMITTEE ON PUBLIC RELATIONS

Section 81 (a)—The Committee on Public Relations shall cooperate as far as practicable with

the welfare and health agencies operating in Bron County It shall be guided by the suggestions of the Standing Committee on Public Relations of the Medical Society of the State of New York"

It was announced that the proposed Amendments will be printed in the December issue of The Bulletin and will be acted upon at the December meeting

The recommendation of the Comitia Minora, that a Resolution be forwarded to the Mayor suggesting that some plan be devised so that a freer use of the hospital facilities be accorded to those physicians working in the dispensaries and who are connected with the hospitals in other capacities, was then brought up for the consideration of the membership. It was moved and carned that this Resolution be approved

The Scientific Program proceeded as follows

Case Reports

"Three Cases Illustrating Some Unusual Manifestations of Tuberculosis—X-Ray Films," by Jacob Segal, M D

Papers

1 "The Clinical Diagnosis of the Various Types of Nephritis," by Wm Weinberger, M.D.

2 "Surgical Aspects of Borderline Thoracic Diseases, with Special Reference to Pulmonary Suppuration," by Harold Neuhof, M.D.

I J LANDSMAN, MD, Secretary

GREENE COUNTY

Special meeting of the Greene County Medical

Society at the Saulpaugh Hotel

Vice-President Persons called the meeting to order at 9 P M There were present Drs Honeyford, Branch, Goodrich, Atkinson, A O Persons, Van Hoesen and Rapp Dr Laidlaw, District State Health officer, and Dr Joseph S Lawrence, Executive Officer of the Medical Society of the State of New York were guests

The minutes of the last meeting were read for

information only

Dr Honeyford, chairman of the Hospital committee, reported that he had talked with one of the lay committee as to the progress that was being made, and that he replied that it was thought that the time was not opportune to start a drive for funds and so the matter was quiescent.

Dr Laidlaw, District State Health Officer, was introduced and expounded very thoroughly the proposition of employing two general nurses for the county instead of the one now employed, they

to be supervised by a committee composed of physicians and supervisors, and applying to the state for the expenses of one of them under the State Aid to Counties act.

Dr Lawrence also discussed the project and

urged its enactment

Dr Branch moved that the Chair appoint a committee of three members of the Society to appear before the Board of Supervisors at their present session and request the appropriation of sufficient funds to employ two nurses for the County It was seconded by Dr Honey ford and unanimously carried.

The Chair appointed Drs Branch, Daley and Van Hoesen Dr Honeyford moved that Dr A O Persons be added to the committee It was seconded by Dr Van Hoesen and carried Adjournment to the regular meeting in January was then moved by Dr Branch and seconded by Dr Goodrich and carried W M RAPP,

Secretary

NEWS NOTES

especially the appointment of four regional consultants in orthopedics whose services were available to physicians for the diagnosis and treatment of cases of crippled children. The suggestion was made that County Medical Societies should take an interest in the children when public provision for their diagnosis and treatment are needed.

The educational work of the Committee was discussed in considerable detail in the afternoon, with special reference to the counties in which the courses should be given. The Committee spent a large amount of its time in reviewing outlines for courses, with proposed lecturers for the same courses, which had been submitted by several teachers in the various medical colleges of the State, and that it was the opinion that these courses were most ideal, that they covered a large part of the field of medicine, and that the lecturers suggested were men most qualified to do the work

The methods of giving the courses were also discussed, especially the nature of the lectures and demonstrations. Their object is to enable physicians to improve their practice of scientific medicine. More knowledge of interesting facts is not sufficient—it is essential that the facts be such as the average physician can use

There is difficulty in devising a lecture which combines the three features of science, attractiveness, and practicality. The members of medical societies are not medical students who are compelled to adjust their thinking to that of their teachers. The obligation is the other way around—the lecturer must adapt himself to the habits of thought of the audience. Hence the qualities of attractiveness and clearness are essential in a lecturer or a teacher sent by the Medical Society of the State of New York.

Lecturers sometimes assume that the doctors know more than they really do A lecturer may adopt the device of giving a brief review of the elementary scientific principles on which his teaching is founded, thus giving his audience a subtle compliment

Talking "above the heads of the audience" is not conducive to either attendance or interest Doctors have a right to expect that instruction will be offered to them in a manner that is simple, clear, and interesting

The discussion of the Committee centered around two broad topics 1, the subjects of the lectures, the agreement being that they should meet a definite problem such as the reduction of maternal mortality through better obstetrics, and 2, The personnel of the teaching and lecturing staff, the Committee asking the co-operation of the physicians in securing those whose abilities are known and tried

Dr George W Kosmak said that some of the national medical bodies have committees to study teaching methods and to devise courses of instruction for doctors. The American Society of Obstetricians and Gynecologists has such a committee and is prepared to furnished concrete suggestions to State Medical Societies regarding courses of lectures and the personnel of the lecturers. These committees know the sources of success and failure in the practice of obstetrics and gynecology, and are prepared to give the doctors what they need and in a way that will impress the hearers.

The impression of those attending the meeting of the Committee on Public Health and Medical Education was that the three years of experience in pioneer work has demonstrated both the need of the work and its popularity among physicians throughout the State

TRI-COUNTY SOCIETY MEETING

A union meeting of the three medical societies of Orange, Ulster, and Dutchess-Putnam was held in Kingston, N Y, on the evening of Tuesday, November 22nd, with 64 physicians and 3 county judges present

A special supper was served, and good fellowship prevailed throughout the evening The toastmaster, Dr George F Chandler, introduced

the speakers

Dr Robert T Morris, of New York City, spoke on the Four Eras of Surgery—the Heroic, the Anatomic, the Pathologic and the Physiologic

Judge William D Cunningham spoke on the Relations Between the Legal and the Medical Professions in Local Communities

Professions in Local Communities
Dr James E Sadlier, President of the Medical
Society of the State of New York, spoke on two
phases of the work of the State Society—that of
graduate education and the correlation of the
medical work of lay organizations with that of
the family physicians

This, the second joint meeting of the three medical societies, was unusually successful in bringing together representative medical men from the Central Hudson Valley

pathy I hope Waterbury (of the Blond voice) will have aphonia If he "pipes," we may be forced to use emergency measures

The Hon J B Wilson Jr, ex-District Attorney of this County, will talk to us after the meal "Jack" Wilson is so well-known for his ability in this and legal lines, that anything I might say would be supererogation

The scientific session will start at two p m and we are to have the rare good fortune to hear James Vander Veer, M.D., Genito-Urinary Professor at Albany Medical College, talk about Prostates

All the old men will be there, and the young ones ought to—"A stitch in time," you know

"Jimmie" Vander Veer knows his groceries, and he knows how to tell what he knows. Those of us who have heard him before will be there if we have to borrow crutches. Those who haven't heard him are educationally undernourished.

A direct antithesis to Professor Vander Veer's address will be the President's address I feel sick now when I think of it—you may tooperhaps I shouldn't have mentioned it

Shelley (not the poet) always insists on featur-

ing something unpleasant in these letters. This time he says that the New York State Department of Education has notified him that only 60% of the Orange County men have registered this year. This means that 40% of the doctors in this County will commit medical suicide and have to look for employment if they don't send in their \$2.00 re-registration fee before the end of the year. It looks like a cataclysmic moment for those who fail to register—catastrophic also

Now for a little boasting At the last annual meeting there were 92 paid-up members in this Society. We will close this year with 103 paid-up members, unless some are mean enough to die

just to embarrass me

Once more let me remind you that if you bring in a new member at this meeting, you and the new member will be my guests at the dinner. If you bring two new members you are expected to eat two dinners

I am assuming that every member who does not turn out to this meeting is either bed-ridden or a chronic grouch so you better come out to save your reputation

OSCAR NORTHWAY-MEYER,

President

NASSAU COUNTY

Nassau County has joined the ranks of six other counties which are issuing their own county society publications. The new publication, which began in December, 1927, is called the Nassau Mcdical News, and its pages are about the size of this Journal. Its leading article is on "Progress—And an Ideal," and says

"This meeting notice marks another mile-stone in the march of the Medical Society of the County of Nassau towards a position of dominance in the medical affairs of the County A position of-dominance, not of domination, a position of respect and influence, merited and earned by

service to the community

"Who but a physician is better qualified to lead in matters affecting the health and welfare of a community? Who but a physician is charged with greater responsibility in matters of public health? Where is there an organization better qualified or more logically entitled to assume leadership in these matters than an organization which includes nearly 100% of the leaders in the Medical Profession of the County, or one from whom the people may more justly demand that leadership?

"As the first step in our attempt at a fuller realization of these ideals and recognition of our responsibilities, we shall inaugurate with the coming year a real mouthpiece for the Medical Society of the County of Nassau, a medium of publicity for all of our committees, and we hope

at the same time a mouthpiece for such other organizations concerned with public health as wish to avail themselves of our space.

"We hope to keep our readers informed of contagious diseases in the several communities of the county, to provide an opportunity for the State Health Department to discuss its problems as affecting our community, and in general to provide a medium for the dissemination of news and information on all matters affecting the health of the community"

The News also has announcements regarding Graduate Education and says concerning its program for January

'In line with the policy of your committee to arrange for clinics in groups or courses, the month of January will be devoted to a study of Tuberculosis. The clinics will be held at the Nassau County Tuberculosis Sanatorium at Farmingdale and will be in charge of Dr. A. J. Davis of that institution. The subject will be covered in a comprehensive manner and will be supplemented by material available at the Sanatorium. This is a rare opportunity to secure a broad bird's-eye view of this important subject. Additional details will be supplied on the customary post-card."

With the establishment of Nassau Medical News, every county of the Second District Branch is now issuing its own monthly publication

CLINTON COUNTY

The Clinton County Medical Society was sponsor for a course of six lectures provided by the State Committee on Public Health and Medical Education and given by Dr Harris A Houghton, on Monday afternoons beginning October 24th in the hotel of Plattsburg The subject was cardionephritis, and the lectures and descriptions were repetitions of those given in the course in Montgomery County in 1926, and published in this Journal for August 15, 1926

The attendance at Plattsburg was 50% greater than that at the average meetings of the Clinton County Medical Society, and at the close of the course those attending it passed a unanimous vote of thanks to the officers of the County Medical Society and of the State Society, and to Dr The meeting also voted to request Houghton that plans be made for further post-graduate courses annually

The resolution further states "Courses of this nature provide instruction that cannot be obtained well from books, and when given in this manner provide a means of post-graduate education for the rural practitioner who cannot always take the time necessary to attend more formal courses in the larger centers of medical education"

MONTGOMERY COUNTY

The annual meeting of the Medical Society of the County of Montgomery, held December 14 in the Barnes Hotel, Amsterdam, was a testimonial dinner to one of its members, Dr Charles Stover, who has practiced medicine in Amsterdam, Montgomery County, ever since his graduation from the University of Pennsylvania forty-

seven years ago

The principal speaker was Dr Horace M Hicks, who has been a neighbor of Dr Stover in the practice of medicine in Amsterdam for over forty years Dr Hicks reviewed the outstanding items of medical progress since 1880 and showed how Dr Stover had ever been active in not only acquiring new knowledge himself, but also transmitting it to his medical brethren and to the people Dr Stover had always been public spirited, and was endowed with an unusual sense of his civic duties, which led him to be active in medical societies and in other civic organizations. Among the positions which Dr Stover had filled was the presidency of the Medical Society of the State of New York, the Chairmanship of the Amsterdam Chamber of Commerce, Membership on the executive council of the State Charities Aid Association, and of the board of directors of the National Tuberculosis Association Whenever a project for improving the practice of medicine comes up, or securing the support of the people for a public health project, the name of Dr Charles Stover rises in one's mind This dinner

was the spontaneous tribute of the members of the medical profession of Montgomery County to one of their number who was the friendly leader of them all

Dr Hicks then called on each of the forty members present to say a few words regarding Dr Stover and the responses were both serious and entertaining

Dr Stover responded by recounting the outstanding medical accomplishments which he had friendliness among the seen in Amsterdam doctors, sewage disposal plants and water works, a lowered rate of deaths and sickness, and a growing support of public health work by both the doctors and the citizens

The Society elected the following officers for

President, David Wilson, M D, Amsterdam Vice-President, Charles E Slater, MD, Fort

Secretary, William R Pierce, M.D., Amster-

Censors Charles Stover, M.D., E. C. La Port, MD, E Harrison Ormsby, MD, Amsterdam Treasurer Seymour L Homrighouse, Am-

sterdam Delegate, State Society H M Hicks, MD,

Amsterdam

Alternate Delegate C F Timmerman, M D Amsterdam

ORANGE COUNTY

Presidents and Secretaries of County Medical Societies who are looking for something original and striking will find it in the following official announcement of the meeting of the Medical Society of the County of Orange -- Editor's note

The annual meeting of the Orange County Medical Society will be held in the Mitchell Inn, Middletown, N Y, Tuesday, December 13, 1927

The dinner will be at 12 o'clock sharp, and

Pete Mitchell says he is going to feed you so well on Turkey et al, that an appetite will be ashamed to show itself much before Christmas Tax \$1 50 per

There will be TRIMMINGS with this meal Those of you who attended the Spring meeting

will know what I mean

We will have singing also If you can't sing, you will have to listen and you have my sym-



THE DAILY PRESS



THE CANCER CAMPAIGN

A two-weeks' intensive campaign of popular education regarding cancer was inaugurated in the New York Academy of Medicine, November 22, at a meeting of prominent medical men. The important measure that was undertaken was the preparation of brief articles on cancer to be published in the New York City daily newspapers. How nobly the newspapers responded is shown by the following letter from Dr. J. C. A. Gerster, the Chairman of the New York City Cancer Committee, published in the New York Herald Tribune of December 14

"The work of the Herald Tribune and of other New York newspapers in the cancer campaign now drawing to a close is almost without precedent in the history of public health education, and its significance should be called to the attention of your readers

"The newspapers have long been recognized as among our greatest educational institutions Health education is a comparatively recent journalistic venture. It has come to stay. The public probably seeks medical advice from the news-

papers as eagerly as from the medical fraternity itself. The cooperation established between two such forces as the press and the American Society for the Control of Cancer is a milestone worth noting—an amazing contribution to the cause of public education. In seventeen New York City newspapers on twenty consecutive days 205 individual stories about cancer appeared, covering 2,118 inches of space, or one hundred newspaper columns. Moreover, following your lead, 114 newspapers throughout the country also carried the message

"From authentic sources I learn that there are now in our New York hospitals patients who applied directly because of what they read, were found to have early cancers and now possess the best chances of escape.

"In the name of these fortunates and in the name of the New York City Committee of the American Society for the Control of Cancer, accept our gratitude and thanks for your great contribution towards the relief of suffering humanity"

THE SMOKY CITY

Smoky air is one of the evils of the concentration of people and industries in a small area Hygienists have found difficulty in discovering harmful elements in smoke since the pigmentation of the lungs does not seem to be harmful, and soiled collars are harmless to health. But in recent years smoke has been indicted for two serious crimes against health, first, that of filtering out the ultraviolet rays of sunlight, and second, that of causing cancer. These two indictments are ample justification for the Department of Health of New York City to diagnose and treat the smoke condition.

The newspapers of New York have given full publicity to the smoke question, and have quoted the results of tests regarding the life-giving ultraviolet rays, and the millions of deadly particles of soot in every breath of inspired air. They have printed statistics on the percentage of carbon monoxide in the air, and the tons of unburned coal that float about the city. They have almost uniformly supported the Department of Health in its anti-smoke campaign and have printed some striking arguments. The New York

Sun of November 30, commenting editorially on "Lost Daylight," says

"No New Yorker needs expert opinion to assure him that the smoke nuisance in this city is deplorable, but our easygoing, leave-it-to-some-body-else patience has its limit and that has about been reached. When the United States Public Health Service gets down to facts and figures, as it has done in a recent report, and discloses in a way popularly comprehensible the extent of the city's loss from this cause it supplies to the average citizen reason for indignation which ought to give official complacency something to worry about

"If some sinister influence took away 42 per cent, of almost any other kind of property which belongs to the average New Yorker there would be a row about it which could be heard all over the world. Why, then, should the citizens tolerate unlawful deprivation of precious, health-giving daylight? Vigorous popular support of efforts to end the nuisance will bring it to an end, and that support will spur the officials of the town to the effort essential to clear the skies?



MEDICAL WARES



ASPIRATORS AND COMPRESSORS

Nature has adapted both aspiration and compression to the physiological functions of the human body Respiration is an alternation of aspiration and compression. Sneezing and coughing are adaptations of air compression for the removal of substances from the nose, throat and lungs. Swallowing is an act of efficient aspiration which affects the nose, haso-pharynx, and the ears.

Nature has developed an elaborate mechanism for the application of aspiration and compression, involving both the muscular and the nervous systems. The mechanism has preventive and therapeutic purposes as well as those which are physiological, and its efficient operation protects the air passages from injuries and infections to which their position and constant use especially exposes them.

Skilled physicians study the processes of nature and adapt them to the needs of the body with accuracy and precision. Sneezing and coughing and blowing the nose are comparatively crude acts which often lack efficiency and precision. The physician has developed instruments and machines for applying aspiration and compression in measured quantities, and directly to the pathological areas. These pieces of apparatus have their greatest use in the treatment of the nose and throat, and the ears, for these are the parts of the body in which the physician follows the indications and methods of nature.

The development of apparatus involving the use of compressed air has followed that of the evolution of most other therapeutic agents. First came the apparatus for applying curative substances to the nose and throat. The hand atomizer met this need in a crude way, but it was inefficient, and inexact, and was likely to produce infections. Moreover, it was only a compressor, and its field of usefulness was small, especially to the physician.

The universal availability of electricity has made possible the use of aspirators and compressors that are driven by small motors. The unit of these machines is the cylinder and piston, which supply either suction or compression. The cylinders may be arranged singly, or in pairs, or in batteries, they may be arranged for either suction or compression, they may be fitted with meters and manometers in order that their action may be gauged with accuracy. Bottles may be attached for collection of blood, mucus or secretion, or for spraying and anæsthetizing.

The earliest designers of apparatus made use of vacuum and compression storage tanks. These

became contaminated, and could not be cleansed readily. The air in them became damp, and bacteria growing in them produced unpleasant odors. The tanks were necessary when the power was applied by means of hand pumps, and in those days the physician was likely to use a prepared tank until it was exhausted, whether it lasted a day or a month. The use of electric motors has removed the occasion for the use of storage tanks, except possibly in emergencies at the bedside of patients remote from electricity.

Storage tanks have their use in physicians' buildings in which outlets for both compression and vacuums are available in every treatment room. Their advantage is their ready availability. They have the objectionable feature that the physician does not know the source of the air or its cleanliness.

The steadiness of the compression or vacuum delivered directly from the cylinders of a machine is ensured by the high speed of the pistons, and by a multiplicity of the cylinders. Modern machines also make provision by which a collecting jar may be attached and detached by the turn of the hand. The careful physician will prefer to use an apparatus in which every operation from the entrance of the air to its application to the patient is under his direct observation and control. The complete units which are located in the doctor's office have all the advantages of the central air supply system, with the added feature of known purity of the air.

The development of suction and compression in an office unit has a peculiar field in the treatment of ear conditions in which a vibratory effect is desired, as in the loosening of adhesions of the ossicles. A cylinder running at slow speed produces a series of impulses which may be applied to the ear drum or the eustachian tube, either in compression or suction.

An apparatus for the application of suction and compression is almost necessary for the general practitioner in these days A rhinitis with occlusion of the sinuses is one of the most common conditions for which patients seek relief, and the physician cannot give it without the proper ap-On the other hand, every physician is paratus now expected to have the ability to use an apparatus with skill in common conditions facturers of apparatus for suction and compression offer their products in every possible torm, from the small unit which may be carried to the obedside of a patient, to an elaborate outfit combining all the features which a specialist will use in this varied practice. -



BOOK REVIEWS



LIGHT TREATMENT IN SURCERY By Dr O BERNHARD Octavo of 317 pages, 105 illustrations London, Edward Arnold & Co, New York, Longmans, Green & Co, 1926 Cloth, \$750

The translation of this treatise by Bernhard has been most fortunate because one may feel that the statements contained therein are authoritative. Bernhard, a pioneer of heliotherapy, resides in the Alps His conclusions are based upon experience gained at a sanatorium at St Moritz

The treatise contains more than a discussion of light therapy. One hundred and fifty pages of introduction are devoted to the general discussion of biological an appear of light therapy. Then follows a description of this therapy applied in surgery, especially the surgery of tuberculous lesions.

In summary, one feels that the entire work is convincing because it is based upon the personal experience of the writer ROBERT F BARBER.

Muscular Contraction and the Reflex Control of Movement By J F Fulton, B Sc. Octavo of 644 pages, illustrated Baltimore, The Williams and Wilkins Company, 1926 Cloth, \$1000

This book deals with the mode of contraction and reflex control of skeletal muscle. Full description is given to the recent physiological advances made in muscular and neuromuscular activities. An exhaustive account is given of the phenomenon of the contraction of the individual muscle fibre. This is finally linked with the mechanisms of muscle tonus and general body posture. It is an exhaustive study covering every phase of the subject, and built on a rich personal experimental experience. The work is a highly scientific contribution to a most common phenomenon with which but few are acquainted. Despite the highly technical nature of the subject matter, the book is written in an interesting style. A bibliography of over one thousand references adds to the value of the book

IRVING J SANDS

HOSPITAL HOUSEKEEPING AND SANITATION By Nora P HURST, R.N 16mo of 155 pages St. Louis, The C V Mosby Company, 1926 Cloth, \$1 25

Miss Hurst has collected a large amount of information on Hospital Housekeeping and Sanitation and presents it in the form of a Manual containing 10 brief chapters

This book is intended for the instruction of probationers and pupil nurses and will be useful to instructors in Training Schools

It presents to the beginner in a concise and accurate way the fundamental principles and contains may prac-

tical and useful suggestions

At the end of each chapter a practical lesson is given for the class in which the pupils are called upon to perform the duties as described in the chapter

The index at the end of the Book has been carefully prepared and helps to make it a handy reference work Adam Eberle.

ELEMENTS OF HYGIENE AND PUBLIC HEALTH An Introduction to Preventive Medicine for Students and Practitioners of Medicine. By CHARLES PORTER, MD Second Edition 12mo of 425 pages, with 98 illustrations London and New York, Oxford University Press, [1926] Cloth, \$450 (Oxford Medical Publications)

As the subtitle states this handy volume of 393 pages with a very complete index of 32 pages is of particular value to medical students and physicians. The medical

profession today is realizing more and more its civic and personal obligations in the field of health conservation and those who desire a small reference work will find Dr Porter's book a real acquisition. It is comprehensive yet not so detailed as to appeal only to the expert For the physicians in this country the chapter on Sanitary, Law is of little value as that is written from the British viewpoint.

THE SPECIALTIES IN GENERAL PRACTICE. Compiled by Francis W Palfrey, M.D. Octavo of 748 pages Philadelphia and London, W. B. Saunders Company, 1927. Cloth, \$6.50

Any encouragement to the general practitioner in the acquisition of accepted knowledge is on the whole commendable, and while it is truly said that the subject of medicine is now so broad that no one mind can grasp it all, still the knowledge and appreciation of that knowledge necessary to the sane and economic care of the sick and injured may very properly be sought by many doctors of medicine who do not quite like to feel that they are only first-aid men, but are gratified in feeling that by reason of intelligent care from the first they are often privileged to conduct the patient through serious troubles sometimes with the counsel of experts and sometimes without Dr Palfrey and his group have furnished the doctor with an excellent work sympathetically presented, which we commend The compiler is certainly a doctor in a broad sense.

W S H.

Intracranial Tumors and Some Errors in Their Diagnosis By Sir James Purves-Stewart Octavo of 206 pages, illustrated. New York and London, Oxford University Press, 1927 Cloth, \$3.75 (Oxford Medical Publications)

This book, which discusses the histories of 117 intracranial new growths anatomically verified by surgical operation or autopsy, is constructed along the lines of thoroughness characteristic of the well trained Englishman

The subject proper is preceded by a reminder of the signs common to intracranial tumors in general

These lessons are surveyed according to the various regions of the brain involved, and not the least valuable section is that including the chapters on "Gross Errors in the Diagnosis of Cerebral Tumors," "Some Pitfalls in Diagnosis," and "Errors—Avoidable and Unavoidable."

There is a distinctive personal note of this monograph in the absence of quotations from other observers. The author's design in so doing was to stimulate a more definite reaction to supplement deficiencies of these histories by the students' independent observations. It is a practical contribution of value to the literature in this field.

H G Dunham

NORMAL MIDWIFERY FOR MIDWIVES AND NURSES BY G W THEOBALD, B.A., M D Octavo of 258 pages, illustrated. London and New York, Oxford University Press, 1927 Cloth, \$3 15 (Oxford Medical Publications)

Told in the simplest kind of language in a very engaging way, this little book might well be read by every midwife in this country. The overtrained nurse—we have many of them—will find here the answer to the many simple problems of normal obstetrics which so often confront her. The author would have midwives make no vaginal examinations, and teaches the practical value and ease of rectals. To those lecturing to nurses this book is highly recommended. It is never heavy, always simple and astonishingly well done.

C. A G

LICENSING DETECTIVES

The subject of licensing detectives was considered at a meeting of the Sub-committee of the Baumes Crime Committee, on December 15, in the rooms of the Bar Association, New York City Dr George F Chandler, of Kingston, is chairman of the Sub-committee He was formerly head of the State Police, and is therefore familiar with the system of crime investigation

The work of a detective is necessary and honorable. Much of it is done in secret, and with the cooperation of local police who have no means of identifying the men who claim to be detectives. At present any person may go to the police headquarters of a village or city and ask the assistance of the local authorities in discovering a criminal or getting evidence of alleged crime. The system lends itself to grave abuses which

the Sub-committee is seeking to prevent by requiring the State registration of detectives

The New York Tribune of December 16. de-

scribing the Conference, says

"The Committee is preparing resolutions to be presented to the full crime commission at its meeting in the Bar Association early in January Should these resolutions be adopted, bills covering their text will be introduced into the Legislature for enactment into law

"If judges and lawyers must pass examinations there is no reason why detectives should not do likewise. It must be recalled they are frequently called to the witness stand in most important cases, and they should have at least a smattering of law. There are also qualifications as to per-

sonal character"

THE CHEMISTRY OF MORALS

The doctrines of foreordination and freewill enter into scientific discussions of conduct or morals. It is well known that the endocrine glands—the adrenalin, the thyroid, the pituitary and others—have an influence on mental emotions and may even dominate mental actions. The unbalanced action of these glands, either of excess or lack, is evidence of the dominance of foreordination, in some persons at least

But the principle of freewill and of control of conduct is dominant in the normal human being, and it is in the normal person that the glands function the most perfectly. While it sometimes happens that unsocial acts are accompanied by endocrine unbalance, yet the restoration of the balance seldom cures the abnormal mental state. Both freedom of choice and predestination seem

to be mental actions originating in the brain, rather than physical phenomena produced by the endocrine secretions

The influence of endocrines on morals is discussed in an editorial in the New York Herald-Tribune, which concludes with the following remarks to which physicians will subscribe

"It is a complete misreading of the gland theories to imagine that they relegate responsibility for individual actions to some impersonal universal chemistry which has happened to mix the ingredients wrongly. Even in the most cold-blooded of scientific theories there is still room—and necessity—for the doctrine that how a man acts is pretty much his own merit or his own fault. This is both the moral of chemistry and the chemistry of morals."

IMMUNIZATION AND EDUCATION

The New York Times of November 28 discusses campaigns for the prevention of diphtheria and smallpox with reference to two methods of education and group immunization. It says

"Not long ago reports were published of a group of towns which had wiped out diphtheria and smallpox by an intensive campaign lasting a few weeks of each year for three or four years. In some places the diseases were absolutely eradicated, in others two or three cases were found last year, due to the presence of new families. The education of the public there will probably make further campaigns of equal vigor unnecessary, for the general feeling of the importance of immunization of infants and newcomers will have the desired effect.

"Such swift results as have been attained should be pointed out to the two communities where these scourges are reappearing" The editorial then mentions the increase of diphtheria in New Jersey and smallpox in England, and concludes

"Education is better than rigid rules for immunization. It is the plan successfully followed by some of our New York towns. Yonkers, Middletown, Syracuse, Rochester, Schenectady and Newburgh have splendid records for quick work with a permanent value. The pamphlets they published telling how they did it might be profitably studied by communities now suffering from a sudden increase in diphtheria or smallpox."

The daily newspapers have been loyal supporters of the anti-diphtheria campaign conducted by the physicians of New York State. They have carried on the educational side of the campaign while physicians have attended to the immunizations.

PRACTICAL LECTURES ON THE SPECIALTIES OF MEDICINE AND SURGERY Delivered under the Auspices of the Medical Society of the County of Kings, Brooklyn, New York (Second Series, 1924-1926) Octavo of 590 pages, illustrated, with 110 illustrations New York, Paul B Hoeber, Inc., 1927 Cloth, \$700

The second volume of the Practical Lectures for the Medical Society of the County of Kings carries on the publication of the lectures which have achieved so much success in Brooklyn Intensely practical, to the point, without a line of filler the entire field of general practice is well covered. Great names are to be found in the list of contributors-teachers talking, not writing, on the common problems of daily practice. The book is an excellent refresher for the average man, a post-graduate course in itself, as well as easy reading for the specialist who so often finds little time to read outside his own field. A valuable book which should find favor every-

Surgical Clinics of North America. Volume 6 No 4 August, 1926 (Chicago Number) Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$1200 net.

With a few except ons, most of the contributors to this number are men whose names are probably little known outside their own community Still, the quality of the Clinic is of the usual high order, and the reader will find many instructive case-reports, and excellent discussions of topics of great importance.

SURGICAL CLINICS OF NORTH AMERICA. Volume 6 No. 5 October, 1926 (Mayo Clinic Number) Published every other month by the W B Saunders Company, Philadelphia and London. Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$12.00 net.

The almost limitless amount of the clinical material of the Mayo Clinic naturally affords the opportunity of presenting an unusual variety of all kinds of interesting conditions The value of this issue is further enhanced by the statistical report of a large series of operative work on the biliary passages
In addition to the clinical work, we get a glimpse of

the extensive research studies carried on under the aus-

pices of the Clinic.

Surgical Clinics of North America. Volume 6 No 6 December, 1926 (New Jersey Number) Index Number Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$1200

One is quite favorably impressed with the New Jersey imber The bulk of the work comes from the various Newark hospitals, but a considerable proportion of the contributions emanates from other communities, as Cam-

den, Atlantic City, Jersey City, etc.
The case-reports are well selected, the discussions quite illuminating, while the illustrations indicate a high degree of surgical craftsmanship HERMAN SHANN

HERNIA AND HERNIOPLAST! By ERNEST M. COWELL, DSO, MD With an introduction by Sir Arthur Keith, FR.C.S Octavo of 128 pages, illustrated. New York, Paul B Hoeber, Inc., 1927 Cloth, \$3 50

This interesting little book should be read by every surgeon doing or attempting to do operations upon inguinal hernia. It is essentially an apology for the author's operation as are so many monographs on this and other surgical subjects but it consists, in the main, of a sketch of the operative treatment of inguinal hernia. This is broadly and thinly considered and most pages will suggest further consideration

The author introduces a method of fascial transplant combined with fascial suture which he offers as a surgi-cal panacea. "In the author's series two hundred flap operations have been performed without recurrence. The

patients have been carefully followed up (90%) The cases were in no way selected, no herma was refused hermoplasty and the flap operation was also done as a J E. J cure after strangulated hernia.

THE AMERICAN ILLUSTRATED MEDICAL DICTIONARY New and Complete Dictionary of the Terms Used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Nursing, Veterinary Science, Biology, Medical Biography, etc., with the pronunciation, derivation and definition By W. A. Newman Dorland, A. M.D. 14th Edition, revised and enlarged Octavo of 1388 pages, illustrated. Philadelphia and London W. B. Saunders Company, 1927 Flexible binding Plain, \$7.00 net. Thumb Lades, \$7.50 net. net, Thumb Index, \$7 50 net.

Although only two years have clapsed since the publication of the previous edition, the increasing volume of medical literature has made a new edition of this stan-dard dictionary desirable. The reviewer has put this volume to the test of many new words and in every instance found the definitions clear, exact and sufficiently comprehensive. We can heartily recommend Dorland's dictionary as a reliable reference work and thoroughly approve of the principle of publishing new editions at short intervals FREDERIC DAMRAU

Tuberculosis of the Lungs A Practical Guide for General Practitioners By H Hyslop Thompson, MD, and A. P Ford, MR.C.S Octavo of 179 pages, illustrated New York, William Wood and Company, 1977 Clash 6400. Cloth, \$4 00

This book is written as a practical guide for general practitioners It covers the whole subject of pulmonary tuberculosis in the usual routine manner. A careful perusal fails to reveal any particular new viewpoint

The impression on concluding a reading thereof is that it is just one more book on the subject, neither particularly good nor particularly bad

Approaching Motherhood Questions and Answers of Maternity B₃ George L. Brodhead, M D 3rd Edition. 12mo of 193 pages New York, Paul B Hoeber, Inc., 1927 Cloth, \$1 50

The third edition of this little book of Questions and Answers covers the field of approaching motherhood in a very simple and concise manner. It gives instruction to the prospective mother in a subject of vital interest to her and teaches her to be able to help herself

Dr Brodhead has used great judgment in selecting his questions and answers, so that they cover very completely the information which a mother should have, and they expose the fallacy of many of the popular ideas. The book is clearly and simply written, and it should

be of great practical value to the expectant mother WM SIDNEY SMITH

TEXT-BOOK OF BACTERIOLOGY By WILLIAM W FORD, M D Octavo of 1069 pages, with 186 illustrations Philadelphia and London, W B Saunders Company, 1927 Cloth, \$8 50

This text-book of bacteriology by Prof Ford is a high-grade work and should be widely used. While treating of systematic bacteriology in much the usual way, it has certain original features and presents other matter more fully than the usual one-volume work. The author describes an unusually large number of organisms found in medicine, comparative pathology and in hygiene and public health work. The chapters on staining and culture methods present many procedures not available in other works. He describes at length the anaerobes, aerobic spore-bearers, spirochetes and filtrable viruses, organisms which are being intensively studied at present and which physicians and public health workers are finding increasingly important. Throughout the text he uses the classification of the Society of American Bacteriologists The illustrations are numerous and ex-cellent and the bibliography is full and conveniently placed in the text. One can recommend this book with E. B SMITH pleasure.

TIGER TRAILS IN SOUTHERN ASIA BY RICHARD L. SUTTON, M D Octavo of 207 pages, with 115 illustrations St Louis, The C V Mosby Company, 1926 Cloth, \$2.25

This is a description of Dr Sutton's experiences and observations on a hunting trip to Indo-China and India It is written in a pleasant style by an experienced writer on a variety of subjects other than medical, and he adds to the interest of his narrative very much by his notes on the habits and characteristics of the tribes and peo-

ples of those countries

The text is illumined by about one hundred reproductions of interesting photographs, taken during the expedi-His description of the fauna and their habits. characteristics, and methods of hunting them is of much Some good advice is given to those who prointerest pose to take a hand in the rather rapid extinction of the big game of those far off parts of the globe. Based on his experience and observations he gives advice as to guns, equipment and stores which will be needed

The book is well worth reading not only as a book of travel but for its notes on anthropology and wild life of the region visited. E H BARTLEY

the region visited.

THE PRACTICAL MEDICINE SERIES Comprising Eight Volumes on the Year's Progress in Medicine and Sur-Comprising Eight gery Under the General Editorial Charge of Charles L. Mix, A.M., M.D. Series 1926. Chicago, The Year Book Publishers, 1926 General Therapeutics Edited by Bernard Fantus, M.S., M.D. 12mo of 399 pages, illustrated Cloth, \$2.25 Price of the series of eight volumes, \$1500

This volume is written on the same plan as its predecessors of this well known series, consisting of abstracts from the principal medical journals The first chapter is devoted to an evaluation of the newer drugs of the beliefs expressed here are that benzyl benzoate does not possess true therapeutic ment, that novasurol (merbaphen) renders its greatest service in those cases of edema not renal in cause, but due to circulatory disturbance or hepatic cirrhosis, and that no good case has heen made for the employment of insulin in non-diabetic conditions such as the treatment of marantic infants or in the pernicious vomiting of pregnancy Various therapeutic measures are discussed and some of the newer physical measures are described.

There is considerable space devoted to a discussion of oxygen therapy in pneumonia and this is worth while. for this procedure has probably never received the at-

tention it deserves

W E. McCollon

Surgical Anatomy of the Human Body By John B Deaver, M.D. 2nd Edition. In 3 volumes, thoroughly revised and rearranged

Volume II Upper Extremities, Neck, Shoulders, Back, Lower Extremities Quarto of 854 pages, illustrated Philadelphia, P Blakiston's Son and Company, 1926

Volume III Joints of the Lower Extremities, Chest, Thorax, Abdomen, Pelvis, Perineum. Quarto of 763 pages, illustrated Philadelphia, P Blakiston's Son and Company, 1927 Cloth, sold by subscription to the 3 volumes, at \$36 00

It was our pleasure, a few months ago, to review and welcome the first volume of the new edition of "Surgical Anatomy" by Dr John B Deaver Volumes II and III

are now with us

To meet the advances of modern surgery and to rearrange the contents into a more systematic scheme, was the aim of the author in his new edition. The satisfaction with which we noticed the new arrangement of subject matter in the first volume, is not lessened with the reading of the second and third volumes

Volume II contains both extremities, the neck, shoul-In the older edition, this matter was three volumes Volume III contains ders and back scattered through three volumes joints of the lower extremities, thorax, abdomen and

permeum.

The student, and teacher as well, will derive benefit from the changes in the new edition. Not only will the material under consideration be easier to find, but the student will feel that he has the last word of a master Surgeon on the surgical aspects of the various anatomi cal regions

We desire to state again, without any fear of tirms the reader by repetition, that this is a most substantial contribution to our work-shop. These volumes should always be at the elbow of the active surgeon. They seem to just cull what he needs in the anatomical prob

lems that confront him daily

The author has attained his aim in the new edition. The modern advances in surgery have been ably met and the new arrangement of material is highly satisfactory, and a great improvement. May the completed work receive the acclaim and support of the profession. It is the just due of a worthy labor

ROBERT F BARBER.

HEART AND ATHLETICS Clinical Researches Upon the Influence of Athletics Upon the Heart. By Felix Deutsch, MD, and EMIL KAUF, MD English translation by Louis M Warfield, AB, MD 12mo of 187 pages St. Louis, The C V Mosby Company, 1927 Cloth, \$250

This book is based upon work done at the "Heart Sta tion" in Vienna which has for many years been the cen tral place for the heart examinations of athletes participating in all kinds of sports. The size of the heart was determined by orthodiagrams and less often by teleroent genograms. The influence upon the heart of the various forms of exercise is discussed in separate chapters

As a result of their observations the authors believe that athletics brings about changes in the heart in a con siderable number of cases Among the various types of exercise which place the greatest strain upon the circula tion are rowing, bicycling and skiing, standing at the top, while boxing, football (soccer) and fencing rarely give rise to cardiac enlargement. In a middle position are swimming, hiking and most of the other sports believe that subjective symptoms do not help as much in the expression of an opinion concerning the heart as they are often lacking in cases of demonstrable cardiac en largement. It is often the case that complaints of nervous persons who have quite normal hearts are the same as those who have organic heart disease.

The book should prove of considerable value, especially to those physicians in colleges and elsewhere who are advisors in athletic matters

W E. McCollon

Textbook on Diseases of the Skin and Syphilis.

Designed for the Use of Students and Practitioners
By Albert Strickler, M.D. Octavo of 639 pages,
illustrated Philadelphia, F. A. Davis Company, 1927
Clash \$200 Cloth, \$8 00

What, still another textbook on Dermatology? Is there anything new in it to justify its existence? Well, yes there is The reviewer has found it very interesting. well written, well illustrated, concise in its descriptions, and slightly different in its arrangement of the subject, but still it must treat with the same old and new dis eases which are recounted in every text.

For those practitioners who have a moderate or slight acquaintance with dermatological diseases this book in cludes one feature that we believe is of great value. All through the text the author has included tables of These give the reader a more differential diagnosis definite idea of what factors in a dermatosis clinch its diagnosis, or direct the attention toward a different disease. In addition to this he has included various prescriptions which may be used, and after each drug has signified its purpose in the prescription

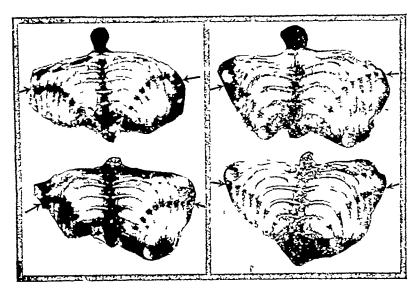
It is certainly a book worth having in your library

E. ALMORE GAUVAIN

Roentgenographic Evidence Confirms the Antirachitic Potency of



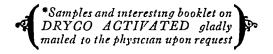
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OUR NEIGHBORS



STATE DUES

The Wisconsin Medical Journal for November			Colorado	5	00	6,000
contains the following table of dues in the State			Delaware	5	00	800
Societies		m	Georgia	5	00	8,000
Society	Dues	Total Received	Kansas	5	00	8,000
District of Columbia	\$20 00	\$11,000	Kentucky	5	00	10,000
Arizona .	15 00	3,000	Montana	5	00	2,000
Minnesota	15 00	30,000	New Mexico	5	00	1,000
California	10 00	43,000	North Dakota	5	00	2,000
Florida	10 00	10,000	Ohio	5	00	<i>26,</i> 000
New York	10 00	111,000	Pennsylvania	5	00	38,000
Michigan	10 00	30,000	South Dakota	5	00	2 000
New Jersey	10 00	23,000	Utalı	5	00	2,000
Rhode Island	10 00	4,000	Virginia	5	00	9,000
Texas	10 00	36,000	Washington	5	00	6,000
Vermont	10 00	3,700	Connecticut	4	00	5,000
West Virginia	10 00	11,000	Louisiana	4	00	5,000
Wisconsin	10 00	20,000	Maine	4	00	3,000
Illinois	8 00	58,000	New Hampshire	4	00	2,000
Missouri	8 00	26,000	Oklahoma	4	00	<i>7</i> ,000
Nebraska	8 00	3,000	Tennessee	4	00	6,000
Massachusetts	8 00	35,000	Alabama	3	00	5,000
Indiana	7 00	19,000	Arkansas	3	00	4,000
Nevada	7 00	600	Mississippi	3	00	3,000
Idaho	6 00	1,000	North Carolina	3	00	5,000

LIVER FOODS IN PERNICIOUS ANEMIA

The November issue of the *Illinois Medical Journal* contains the following article on the preparation of dishes of liver for those taking the liver treatment for pernicious anemia

While liver seems to be presenting increasing evidence of its value in the treatment of anemia, physicians everywhere are finding it difficult to keep patients contented and happy while they are taking it. One patient who was told that she must continue indefinitely to consume about a pound of liver daily, said. "Doctor, it can't be done. I can't even take liver every day, and certainly not for every meal." This state of affairs is due partly to the fact that few people can cook liver in any other way than by frying, and the following recipes are presented in the hope of alleviating this truly monotonous and not very appetizing dietary.

The recipes are taken from English and French sources, as in these countries liver is a much more popular article of food than it is in the United States

FRENCH WAYS OF COOKING LIVER

1 pound of liver

1 slice of bread grated—this means grated, not crumbled

1 tablespoonful of chopped parsley

½ teaspoonful of salt ¼ teaspoonful of pepper

A very thin slice of ham

Wash the liver well and cut into thin slices, put into casserole, sprinkle the bread crumbs over it, then the parsley, pepper and salt. Cut the ham into strips and lay it on top, then pour in one teacupful of cold water. Bake in oven for half an hour

Another French recipe is as follows

1 pound of calf's liver

3 tablespoonfuls of grated bread crumbs

4 large mushrooms, chopped

1 medium-sized onion finely chopped 2 sprigs of parsley finely chopped

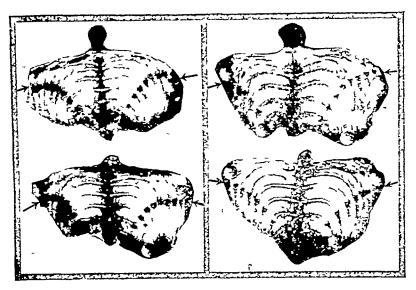
1/2 teaspoonful of salt and a pinch of pepper

Cut the liver into slices half an inch thick, and sprinkle each slice with the mixture of bread crumbs, mushrooms and seasonings, put in a casserole, pour over it one-half pint of cold water or good soup stock, and bake in a slow oven for three-quarters of an hour (Continued on page 50—adv xiv)

Roentgenographic Evidence Confirms the Antirachitic Potency of



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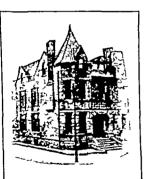
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Co-operation with members of the medical profession desired

CHESTER FORD DURYEA, MD. DIRECTOR

(Continued from page 48)

LIVER MOLDS

This is an English recipe

Take 1 pound of liver, boil it and grate it with three strips of bacon Mix it with about one-fourth of the amount of bread crumbs, the yolk of two eggs and seasoning to taste. Steam in buttered molds

LARDED LIVER

This recipe is taken from a Scottish cook-book

Take a lamb's liver and lard it in rather close rows, covering the whole upper surface. Place it in a deep casserole with chopped onions, carrots, slices of fat bacon, salt, pepper, and sweet herbs (sage, etc.) Cover with water or a good soup stock. Cook in a moderate oven for forty or fifty minutes. Turn out on a hot dish Thicken the liquor slightly with flour and butter, adding a small amount of lemon juice and paprika.

MINCED LIVER

This, also, is a British recipe.

Boil 2 pounds of liver till it is firm enough to chop easily, then mince it rather fine with a little bacon. Chop a Spanish onion and fry slowly in butter or bacon fat—just long enough to make it soft, then add the liver, season very slightly with salt and pepper and cook slowly, stirring continually for ten or twelve min utes Then add a cup of soup stock and a tablespoonful of chopped parsley and a very little Yorkshire relish (this last item may be omitted) Cover closely and let simmer gently for about an hour Serve on toast.

CALF'S LIVER WITH FINE HERBS

This is a French recipe taken from an old English cook book

calf's liver

bunch of savory herbs, including parsley

2 chopped shallots (onions may be used instead, but they should be parboiled before chopping)

1 teaspoonful of flour

1 tablespoonful of vinegar 1 tablespoonful of lemon juice

1/4 pint of water Pepper and salt to taste

Cut the liver into slices, dip in flour, and fry in butter till a light gold color Take out of pan and keep

Mince the herbs very fine, put in frying pan, add a little more butter, add the remaining ingredients, simmer gently until the herbs are cooked, and then pour over liver

CALF'S LIVER LARDED AND ROASTED

Take one calf's liver and lard it. Put it into vinegar with an onion cut in slices, parsley, thyme, bay leaf and a little salt and pepper Let it remain in this pickle for twenty-four hours, then roast and baste it frequently with the vinegar Serve it with brown gravy or a sauce made with chopped herbs The time required for roasting is rather more than an hour

MOCK DUCK

This is a Canadian recipe

Take a fresh calf's liver and stuff with duck dressing (sage and onions, which should be parbolled before being mixed with the other ingredients). Put the stuffed liver in a pan, cover with strips of bacon and bake for two hours, basting frequently with the fat J.A.M.Afrom the bacon strips

(Continued on page 51-adv xv)

(Continued from page 50-adv xiv)

Liver cocktail Liver in edible form for pernicious

anemia patient.

An edible liver cocktail is prepared by William Thomes Wilkins, Jr., Piqua, Ohio (Journal A M A, Sept. 17, 1927), as follows After having scraped the liver it is run through a meat grinder twice, the finest cutter being used, and placed on ice immediately One-half pound of liver makes four tablespoonfuls of crushed product. Prepare a sauce as follows Tomato catsup (Heinz), ½ cup, lemon juice, ¾ cup, Worcestershire sauce, 2 teaspoonfuls, chives (finely chopped), ½ teaspoonful, and salt and pepper, to taste. Mix the liver and sauce in the proportion of one part crushed liver and two and a half parts of sauce. Chill thoroughly and serve in a cocktail glass with salt crackers or wafers

KETOGENIC DIET FOR EPILEPSY

The leading article of the Rhode Island Medical Journal for November is on the treatment of epilepsy by the ketogenic diet by Dr F R Talbot, of Boston, and from it the following extracts are taken

"The ketogenic diet results in complete symptomatic relief of the epileptiform symptoms in at least 33 per cent of children, and it is followed by definite improvement in nearly three-quarters of the cases Results are equally good in petit mal and grand mal They are less satisfactory

in the adult than in the child

"Twenty-four children underwent various penods of fasts in the Children's Clinic of the Massachusetts General Hospital with relief of symptoms during the fast, but in all cases the administration of food was followed by a return of the attacks within a few days or weeks ketogenic diet was then instituted, and it was found that the same chemical changes took place in the body as did during fast. The most striking changes were a lowered blood sugar, a moderate ketosis-acidosis as shown by a large amount of acetone in the blood, breath; and urine, and a slightly lowered carbone-dioxide combining power of the blood It was thought that the clinical improvement was due to some of these chemical changes Although it is not clear which factor is responsible for this, it is possible that the anaesthetic action of acetone may be the cause of the improvement

"Carbohydrate is necessary for the complete oxidation of fat, and if sugar is not present in sufficient amounts, the metabolism of fat only progresses to the stage of ketones. The antiketogenic element is found principally in carbohydrate, and the ketogenic element is mainly in fat So long as the proportion of ketogenic food as compared to the antiketogenic food is less than 1½ 1 a ketosis will not develop, but when it is 2

or more to 1 a ketosis is to be expected

"It is difficult to say what should be included as cure. Some cases are free so long as they obstain from carbohydrate, but have attacks when-

(Continued on page 52-adv xvi)

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Patch's Nepto Lotion

will keep them soft

Surgeons, Physicians and Nurses are obliged to wash their hands very frequently Mothers, too, who have children to care for or housework to do, must have their hands frequently in water

You know how hard it is to keep them from chapping during the cold weather. Here at last is the lotion that gives the desired protection

NEPTO LOTION is different from other lotions. It is made with a base of Irish Moss, combined with glycerin and alcohol in just the right proportions to keep the skin soft and smooth. It relieves chapping and protects the soft texture of the skin.

chapping and protects the soft texture of the skin Just a few drops of NEPTO LOTION, applied right after drying the hands, will work wonders! You'll be surprised how soft and pliable your skin

will keep

A bottle of NEPTO LOTION Lept on hand, on the wash stand or in the office, will save you that uncomfortable feeling which rough chapped hands always cause It is fine after shaving

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But what about fitting the stump? What about the alignment of the artificial limb? What about pressure at the sensitive points? Not to mention such important matters as the special care of the stumps of diabetic patients

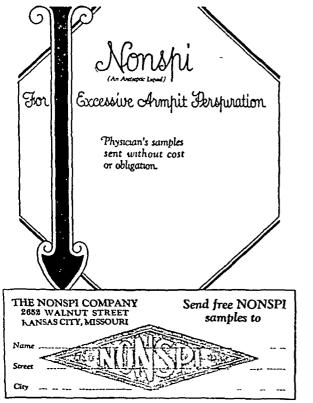
The manufacture of artificial limbs is a science as well as an art Mastering it is the work of a lifetime. The house of A A MARKS, Inc., has given three generations to this work, and respectfully places its skill at the disposal of your patients.

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Crutches — Accessories

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NEW YORK CITY



(Continued from page 51—adv xv)

ever they break the diet An example of this is a boy of the Massachusets General Hospital group who had been free from attacks for fifteen months. He then ate considerable amounts of candy, and the attacks returned. They were quickly relieved by returning to a strict diet Such cases apparently can be kept free from at tacks so long as they refrain from extra carbohydrate. Many cases have now been entirely free from attacks for several months.

"The proportions of ketogenic to the antiketogenic foods of the usual normal diet are about 1.4. The patient is first put on a 1½ 1 diet, which is a marked increase in fat and decrease in carbohydrate. The proportions are such, however, that the ketones, acetone, B-oxybutyric acid and diacetic acid should not appear in the unne

"This diet may be given for ten days to two weeks until the body adjusts itself to the unusual amount of fat and the diminished carbohydrate. The proportions are then changed to 21 The sodium nitroprusside test for the ketone bodies appears in the urine, but the burgundy red color of the ferric chloride test is negative until the proportions of the diet are increased to 21/2 1 This and subsequent changes to 3 1, 3½ 1 and 4 1 are made at one to two week intervals The tests of the urine give checks of how well the diet is being followed. In nearly all instances it is necessary to increase the diet to the proportions of 4 1 before the symptoms completely disappear This can usually be done in two months' time. The patient is kept on the diet until he is free from The diet is then symptoms for six months gradually relaxed by increasing the carbohydrate ten grams at a time and reducing the fat in corresponding amounts so that the total food intake contains the same number of calories changes are made until the child is on a normal diet with a limited amount of carbohydrate. Candy and other sweets must always be excluded from the final diet

"In the preparation of the diet certain needs must be supplied in order to keep the child healthy. The total amount of food given must be enough both to prevent loss of weight and allow for normal growth. The protein must also be supplied in amounts that will allow for repair and growth. In the majority of instances the requirements will be fulfilled if one gram of protein is given for every kilogram of the expected body weight (weight for the height).

"Twenty-four hour amounts of urine should be examined at intervals and the protein (nitrogen) excretion from the body quantitated A' negative balance takes place when more protein is excreted than is taken in the food. If this should happen over a long period the health would eventually suffer. In most instances, how-

(Continued on page 53-adv vvii)

(Continued from page 52-adv ven)

ever, the amount of protein recommended is sufficient to prevent this. All my cases except one have had protein retention

"Since milk, one of the main sources of calcium, is nearly eliminated from the diet, and since calcium excretion is increased during an acidodis, it is well to supplement the food calcium by calcium in some other form. Our routine is to give two or three teaspoons of calcium lactate daily with the meals. It is very soluble in water and may be so given, or it can be mixed with the food. Copious water drinking is desirable to ensure free elimination. A minimum of six to eight glasses of water should be drunk daily."

THE TRI-STATE CONFERENCE

Concerning the Tri-State Conference of the Officers of the Medical Societies of New York, New Jersey, and Pennsylvania, the *Journal* of the Medical Society of New Jersey says editorially

"Under 'Current Events' we are publishing in this issue of the Journal a complete report of proceedings of the most recent session of this 'Conference,' believing that the subject dealt with is of sufficient importance to justify the amount of space allotted Enlightened action upon any public question, especially one calling for the passage of additional laws, can only be had when those interested and the lawmakers have made themselves familiar with all its detail. It is surprising how many points of contact, how many farreaching ramifications, an apparently simple question may have A mere review of the need for 'state control of private hospitals' disclosed the fact that there are a number of sides to this question which had not been evident at first As further legislation upon this matthought ter will doubtless be asked for in these three states, our members would do well to study the question and express their views thereupon

"It is a pleasure to report, in this connection, that the plan of holding periodic conferences of the officers of medical societies in adjoining states, which originated in New Jersey, was the principle topic for discussion at the recent Annual Meeting of Secretaries of State Medical Societies, and that it met with general approval. The New England States have organized a similar body, and we anticipate the formation of other State groups, since it is perfectly natural that state societies whose members have the same interests and have normally to deal with exactly the same problems should confer as to uniform methods of procedure.



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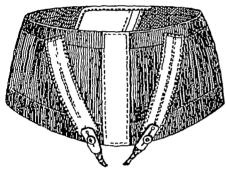
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HOLIDAY GREETINGS

The green cover of the December issue of the Journal of the Michigan State Medical Society carries the following holiday greetings from the president, Dr H E Randall

"Ebenezer Scrooge, the hero of A Christmas Carol, by Dickens, was a tight-fisted hand at the grindstone—a squeezing, wrenching, grasping, scraping, covetous old sinner! Hard and sharp as flint from which no steel had ever struck out generous fire, secret and self-contained and soli tary as an oyster The cold within him froze his old features, nipped his pointed nose, shrivelled his cheek, stiffened his gait, made his eyes red, his thin lips blue, and spoke out shrewdly in his grating voice A frosty rime was on his head and on his eyebrows and his wiry chin He carried his own low temperature always about him, he iced his office in the dog days, and didn't thaw it one degree at Christmas

"Scrooge, after being visited by three ghosts the ghost of Christmas past, the ghost of Christ mas present, and the ghost of Christmas yet to come, and after seeing his own name on a neglected grave, he reforms and amply makes The lessons of his dream are not forgotten He sends a prize turkey to the Cratchits, twice the size of Tiny Tim, and gives a crown to the boy that goes and buys it for him He surprises his nephew and next day raises Bob Cratchit's salary He becomes, in short, as good a friend, as good a master, and as good a man as the good old city knew, or any other good old city, town or borough in this good old world

"If this good old world could have the Christmas spirit the year around, the millennium would Christmas is the time of gladness and good cheer, sunniness and gladness, friendliness and fellowship, the time of well-wishing and remembrances, and of peace and good will

towards all mankind

"Fortunate are the doctors of Michigan who live in its 'Thirty-seven Million Acres of Diamonds' Michigan, with its good roads, its inland lakes, its great lakes, with its maritime commerce, its great factories, of food, furniture, automobiles, and with such natural resources make Michigan, while not the most populous, the most prosperous state in the Union 'If you seek a beautiful peninsula, look about you'

"The State Society is in happy, working harmony with its great institutions of learning

"There is no more high-minded, loyal and devoted profession than the medical profession of Michigan, whose services are at the call of the rich and of the poor, throughout twenty-four hours of the day

"To the members of this noble profession ! have the pleasure to wish you, one and all, a Merry Christmas, a Happy New Year, and long life and health?

EDUCATION BY THE ILLINOIS STATE MEDICAL SOCIETY

The Educational Committee of the Illinois State Medical Society has a report in the December issue of the Illinois Medical Journal describing the work of the Committee for the three months ending November 30, 1927 The report says

"1,510 press articles were released to newspapers in Illinois These included the regular health column used by 52 papers over the signature of the local county medical society, articles on diseases prevalent in certain communities, and news items regarding the regular and special medical meetings held in the state

"50 press articles were written and censored by the Educational Committee

"350 physicians spoke before lay organizations representing all sections of Illinois These physicians brought the message of preventative medicine to universities, high schools, teachers' institutes, women's clubs, all types of men's service clubs, Parent-Teacher Associations, Y M C A's, Y W C A's, business and industrial groups

"Several organizations in the state have asked for a health program once each month. The public is becoming conscious of the fact that if they wish competent and authoritative speakers to talk on subjects pertaining to health, application should be made to the Educational Committee of the Illinois State Medical Society

"30 radio talks were given over stations WGN, WJJD and WLS Ten-minute talks were given every Tuesday morning at 11 45 over WGN

"29 moving picture films were ordered for hospitals, schools and churches, also to illustrate special talks given before men's and women's clubs

"Thousands of posters and educational pamphlets were secured for distribution at special meetings

"A Colored Speakers' Bureau has been organized which will enable the Committee to schedule speakers for the colored men's and women's clubs in Illinois

"The Committee assisted three communities with Toxin-Antitoxin educational campaigns

"The Committee co-operated with other agencies during National Education Week On Health Day talks were given by Chicago physicians before 8,000 Chicago High School students, and newspaper articles were released to one paper in each county of the state

"Physicians scheduled to speak before lay audiences may be able to secure outlines and reference material through the office of the Educational Committee"

PHOS-HEPATIC EXTRACT

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Supplied in 12 oz. bottles

HOMES FOR COUNTY SOCIETIES

Pennsylvania is noted for the activities of its county societies. The majority of them publish their own bulletins. Many of them also plan to own their own buildings according to the following item from the December issue of the Atlantic Medical Journal.

"The October number of the Lyconing County Medical Bulletin is a 'Permanent Home Number' From its pages we learn that York County is making plans, Montgomery has a fund of \$5,000 for the project, Fayette is housed in fairly comfortable quarters at Uniontown Hospital, Lancaster will meet in the 'Home of Lancaster Medical Club,' recently purchased for \$11,000, and alterations are now under way, Berks paid \$20,000 for their home ten years ago, and it is now valued in excess of \$40,000, Luzerne, with a building completed about 1913 and now clear of debt, estimates its present value at \$40,000. Their library, under the guidance and care of Dr. L. H. Faylor, is already of good proportions

"Dauphin has outgrown her present quarters, valued at \$25,000, and has a committee on the lookout for a more suitable location. Philadelphia purchased a home in 1925 at a cost of \$125-

000, alterations, \$63,000, but recent real estate appraisement by two different viewers placed it at \$240,000. Allegheny County has a Committee on Permanent Home, and has accumulated a growing sum of money. Lehigh County is also active in this respect, has a committee at work, and we feel sure that its project will receive quite a boost after the next annual session. Lackawanna County has under active consideration the proposition of a medical-arts building for the medical society.

"We shall be pleased to hear of the activities of any other county society in respect to this laudable enterprise. In these days of financial prosperity it is well for all to put forth constructive work that shall result in permanent improvements, so that if lean days should come the pinch of money stringency would not be so keenly felt. In addition, the sense of pride that comes from ownership of a home brings out the best side of any men or group of men who may be so fortunately situated.

"We congratulate these many societies upon the splendid activities, and wish them great success"

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TWENTY-FIVE YEARS AGO

California and Western Medicine, the organ of the Medical Societies of California, Nevada and Utah, announced in its November issue the adoption of the plan of the New York State Journal of Medicine to quote from the Journal of twenty-five years ago Concerning the appropriateness of beginning the new department at this time, the announcement says

"Twenty-five years ago the California Medical Association, then known as the Medical Society of the State of California, upon the nutrative of one of its younger members, the late Philip Mills Jones, established its official publication, the California State Jour

nal of Medicine

"The California Medical Association may well be proud of the vigorous manner in which its journal sprang into existence and for the valiant and efficient way in which it battled for a wide-spread organization of the medical profession and the elevation of the standards of medical education, licensure and practice.

"Its founder, Philip Mills Jones -for if this journal had a founder, he more than any other one man was its sponsor — was no mollycoddle type of man He was a clear thinker, a clever editor, a He was human, very human, both in his weaknesses and in his strength He made enemies, but he likewise had strong and devoted friends He was proud of the profession of medicine, loyal to its principles and to its members, and his beliefs, as printed in the columns of this publication, played a very considerable part in the upbuilding of our State Medical Society at a crucial time in its existence

"In November, 1902, just twenty-five years ago this month, Volume 1, No 1, of this JOURNAL was printed and mailed. The memory of our older members will carry back to that time in recollection of its advent among them. Yet how few, how very few among them have bound volumes thereof As a matter of fact, Volume 1, No 1, has even disappeared from

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the file in our central office, and the editors would be glad to acknowledge the gft from any member who could again re-establish for the Association the complete sequence of the file of its official publication

"These remarks suggested themselves as a prelude to the introduction of a new column which is inaugurated in the Miscellany department of this issue, and which will appear under the caption 'Twenty-Five Years Ago'

We commend this column to our members both old and new It will harm none of us to know the stand colleagues who are still with us took on this, that and the other subject. And if it remind some of us who had the pleasure and honor of knowing some of the stalwarts who are no longer with us, of what was the attitude of those colleagues, now dead, on the issues of their day, that also will be good and heart-satisfying

For member colleagues who have not been long in California, and for recent graduates from both in and out our state, the column will be worthy of perusal as showing that twenty-five years ago the California Medical Association was functioning in much the same way as at present, with equally high ideals and record of good work, and that its members of that time, in measure equal to that of today, were performing their duties in civil and hospital practice, painstakingly, alertly, and by the standards and knowledge of their day, quite as scientifically and as efficiently as we do today who still carry on, whether we be members of this California profession a few or many years

"The Twenty-Five Years Ago-To-day column will be a quotation of what our colleagues at that time felt and did And because of such literal quotation it will be worth just that much more to all those who believe that a knowledge of the past makes for a better present and future"

The first installment of the new department fills nearly three columns with quotations from the editorial and news columns

LIVER FOR ANEMIA

The value of liver for anemia having been established, the question of how to get as much as possible of the liver element into the diet has become a problem for the physician

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the medical profession.

The incorporation of the blood regenerating fractions of liver extract into a tonic is now attracting the interest of

the medical profession.
PHOS HEPATIC EXTRACT, a tonic stimulant containing beef liver extract in a palatable form, has been prepared for cases in which a general tonic and stimulant is indicated, furnishing as it does the stimulating influence of a high vitamin content, together with the red blood regenerative factors of the liver elements

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Our readers' attention is called to the advertisement of C. M. Soressen Company on page xx of this Journal. They will be pleased to send you, upon request, folder fully describing their equipment. Every unit is sold under the firm's full guarantee.—Adv

DIABETIC DIET READJUST MENTS

Some foods cannot be allowed in diabetic diet at all and others only This means a readjustment sparingly in dietary habits that is difficult for the patient and trying for the physician. Practically all of the restricted foods may be duplicated by using Lister's Flour Each of these starch and sugar free foods looks like and tastes the food that it replaces in the diet. With the variety of foods, possible through the use of Lister's Flour, the patient is satisfied There is no temptation to 'cheat" and the case is the better kept under control Some of the Lister foods are

Bread, Biscuits, Cheese Biscuits, Lunch Biscuits, Drop Cakes, Cookies, Spice Cake, Charlotte Russe Lady Fingers, Bread Pudding, "White" Bread, Nut Bread, Spiced Bread, Gold Cake, Pie Crust Pie Fillings, Filled Doughnuts Meringue, Muffins, Pan cakes, Waffles, Salmon Croquettes, Fried Noodles, Fluff Cakes, Bread sticks, Doughnuts, French Toast Spiced Muffins.—Advertising page xii -Adv

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DANGERS OF METASTASES FROM INCOMPLETE REMOVAL OF MALIGNANCIES OF THE SKIN*

By ALBERT R. McFARLAND, MD, ROCHESTER, N Y

THE subject of malignancy and metastases is anything but new. In fact, quite a considerable part of medical literature is made up of some phase of this subject. We believe there are, however, certain points in connection with the subject chosen which warrant additional emphasis.

About three years ago, I had the unpleasant experience of seeing a friend of mine die from carcinomatous metastases after I had treated a pigmented lesion on his foot. Since then, five other cases of a more or less similar nature have come under my observation. I wish, therefore, to review briefly the salient points in these six cases which will form the basis of my comments and conclusions.

J M, male, aged 28, was first seen in 1923 with a history of having sustained a stone bruise on the heel two years previously while in bathing A tender spot remained for some weeks after which it apparently cleared up for about a year A pigmented calloused area then developed which had gradually spread to the size of a silver dollar and which was slightly tender upon walking Examination showed a dusky purplish area about 4 cm in diameter on the heel and sole of foot. It was irregular in outline and slightly tender on hard pressure Hemangioma, nevus and sarcoma were considered in the differential diag-A section was removed and sent to Buffalo, where a diagnosis of nevus was thought most likely In view of this, radium applications were used The lesion responded well and seemed to be practically clear in February, 1924, about one year after the onset of trouble, except for one small area the size of a pea. It was intended to apply more radium when the patient began to complain of severe headaches Examination of the fundus showed 2 diopters choke disc and the neurological examination showed some abnormalities He went to Johns Hopkins,

* Read at the Annual Meeting of the Medical Society of the State of New York at Niagara Falls, N Y May 10 1927 where a diagnosis of brain tumor was made Strange as it may seem the primary lesion on the foot was not even taken into consideration in spite of the fact that there was inguinal adenopathy. An operation was performed which revealed an inoperable brain tumor. The patient died a few days post operative, and autopsy showed extensive metastases in the brain, liver, mesenteric and inguinal glands. Microscopic diagnosis was melano carcinoma.

Case 2 Mrs F T, age 58, was first seen in March, 1925, complaining of a growth on the dorsum of the foot She stated that she had had a black mole in this area for several Within the past year it had been rubbed by her shoe lace and had become ten-Examination showed a verrucous pigmented area on the dorsum of the foot about the size of a half dollar The center was beginning to break down and ulcerate inguinal glands were palpable Because of the rapid growth and tendency to ulceration, it was thought probably to be malignant Biopsy was considered inadvisable, but the entire lesion was coagulated by diathermy, going well beyond the margin of the growth The slough separated and healing took place in about six weeks Two months later she returned with a small pigmented recurrence about the size of a large pin head at the margin of the scar This was destroyed by diathermy About six months later I was called to her home because she was vomiting blood A gastro-enterologist was consulted who thought a gastric ulcer likely. She was put to bed and morphine administered She gradually became cachectic, was unable to retain food, and died three weeks later was not obtained, but before death definite inguinal adenopathy was noted I have no doubt but that she died of abdominal metastases from the lesion on her foot

Case 3 W M, male, aged 60, came to the office in October, 1925, with the history of having noticed what he called a wart on the

scalp just below the occiput. It became irritated in combing his hair, and after having it cauterized by a barber, went to a chiropodist who used electrolysis but did not succeed in removing it Following this, the lesion enlarged until when seen first by me it was an irregular thickened patch about 2 cm in dia-No glands were palpable in the cer-The lesion was destroyed by vical region diathermy and a specimen sent to the Buffalo Cancer Clinic A report was returned of carcinoma containing pigment The lesion healed locally and was followed up by X-ray treat-In March, 1926, five months after operation, he returned with large glands on both sides of the neck One of these was removed and found to be malignant therapy was applied to the neck, but the patient died several weeks later in a cachectic condition and evidently with widespread metastases

Case 4 P F, male, aged 38, was referred to me in February, 1925, because of a small pigmented area just in front of the left ear at the hair margin According to the history, he had had a small pigmented area there for about 15 years Six months prior to consulting me, he had noticed it beginning to grow, and had gone to his family physician, who had excised the entire area. A report on the specimen from the Buffalo Clinic was pigmented carcinoma Shortly afterward there was some recurrence in the scar When I examined him, the entire lesion was not more than quarter of an inch in diameter. I used bipolar diathermy and there was no recurrence locally I did not see him again for about eight months, when I accidentally noticed him while making rounds in the wards of one of the hospitals I looked up his chart, and much to my surprise, found that the diagnosis was metastases of the lungs He had been admitted complaining of dyspnoae developed a mass in the upper abdomen and Autopsy showed metastases in practically every organ of the body Until I called the attention of the attending physician to the scar on his temple, which showed no evidence of recurrence, it had been a mystery where the primary focus was located In fact, it had not occurred to the patient himself to mention to the admitting physician the fact that he had this "mole" removed

Case 5 Mr J T, aged 59, was seen November, 1926, presenting a mass of glands in the left axillo Eight months prior, his physician had excised what was called a "black mole" on the top of the left shoulder At the time of examination, there was apparently no recurrence at the site of this lesion, but the scar was somewhat keloidal One of the axillary glands was removed and found to be

a melano carcinoma X-ray pictures of the chest showed probable metastases to the left left lung Deep X-ray therapy was instituted as a palliative measure The patient is still alive, but no doubt will eventually succumb to the disease

Case 6 Mr L, aged 61 Gave a history of having had rough, scaly lesions on the backs of his hands for many years In 1924, one of the lesions began to grow and was slightly tender He went to a physician who cauterized it with nitric acid. It did not heal and it was then treated about six months later by X-ray Response was unsatisfactory and an attempt was made to destroy it by bipolar diathermy About the time healing was complete a small nodular recurrence was noted at the border of the scar Up until this time no axilliary adenopathy could be palpated now had, however, very definite glands in the axilla One gland was removed which proved to be carcinoma on frozen section The surgeon then proceeded to do a radical operation and cleaned out the axillary space and amputated the hand Three months after operation there is apparently no recurrence, but the outcome is, of course, doubtful

While this series is not large from a statistical point of view, yet it is quite formidable for an observation period of three years. In fact, it is a series which recalls very vividly to my mind a group of untimely and very tragic deaths. Two of these cases were among my own personal friends and the subject has, therefore, so impressed me that I hope to bring out some points by way of discussion which

may be helpful in the future

In the first place, it is to be noted that all these lesions, with the exception of Case No 6 were pigmented The clinical appearance varied in the different lesions, but the common factor of pigmentation was present. One resembled a birthmark, two a mole, one simply a brownish patch and one a verrucous ultera-This, I believe, should impress us tive mass with the potential malignancy of pigmented growths of any character By way of comparison, I may state that during this threeyear period of observation, with the exception of case No 6, I do not recall a single case of non-pigmented epithelioma of the skin surface which has resulted in metastases or death following attempt at removal

A second factor which these cases had in common is that all had been more or less ineffectually tampered with. One was treated by radium after a faulty diagnosis based upon clinical appearance and laboratory findings. One was treated by diathermy without leaving a wide enough margin at the periphery. One was cauterized by a barber and later treated by a chiropodist. Two were biopsied

and later excised by the scalpel, and one was cauterized by nitric acid. I am well aware of the fact that it is often difficult because of the location to completely destroy a given lesion and it is also easy for the physician to minimize the importance of innocent looking cutaneous growths, but I do feel we are playing with fire when we ineffectually tamper with these pigmented lesions. Let them alone or do a complete job

In the third place, this series would tend to show us that most of these pigmented lesions are slow growing if not irritated. All of them had been present for years before they showed any signs of activity. The basal or even squamous cell epitheliomas of the skin usually give warning by a fairly rapid local growth which attracts the attention of patient and physician and usually an effectual removal is accomplished before metastases occur. This series of pigmented lesions, however, have laid dormant for years and then with slight provocation have struck like the copperhead before anything could be done.

In the fourth place, it will be noted that there is little relation to age incedence in this series. The cases are about evenly distributed between the ages of 28 and 61. Basal cell, squamous cell and basal-squamous cell epitheliomas of the skin are more commonly found in the later decades of life, but the pigmented carcinoma starting in the mole, nevus or pigmented patch may occur at any age

All the cases in this series were found pathologically to be carcinoma and not sarcoma. The melanotic sarcoma arises from deeper tissues, starts without any provocative factor and is usually very malignant from the onset. These melanotic carcinomas however are superficial, may be dormant for a long time and appear to be very innocent lesions, but when irritated may metastasize rapidly

In closing, let me say it would seem to me advisable that great caution should be used in treating pigmented lesions of the skin. I do not doubt but that the dermatologist, seeing a large number of various kinds of pigmented lesions, eventually develops an intuitive sense which helps him to tell on sight the obviously malignant and the obviously benign with a fair degree of accuracy. However, there are certainly border line cases where this cannot be done. At least we feel that if we do decide a certain lesion should be removed, it should be destroyed very thoroughly and not irritated by ineffectual methods of treatment.

THE DOCTOR AND THE INSURANCE ADJUSTER *

By ALBERT L HALL, M.D, FULTON, N Y

PERSONAL experience compels admission that too much friction exists between physicians who engage in compensation practice and the adjusters who represent the insurance carriers, which might be avoided if proper consideration were given by both to the cause of their misunderstandings

The adjusters have certainly been very patient with the physicians, most of whom fail to comply with the requirements of section 13 of the Compensation Laws, which in part provides as follows "Nor shall any claim for medical or surgical treatment be valid and enforceable, as against such employer, unless within twenty days following the first treatment the physician giving such treatment furnish to the employer and the Industrial Commissioner a report of such injury and treatment, on a form prescribed by the Industrial Commissioner"

A considerable number of physicians have been interviewed with the result of finding that not one of them have complied with the law in the filing of their reports as attending physicians in compensation cases Their usual

*Read at the meeting of the Fifth District Branch of the Medical Society of the State of New York at Watertown, N Y October 14 1927

practice has been to wait until blanks from the office of the insurance carrier have been received for the making of these reports, which, when completed, they have quite invariably filed with the carrier and, as invariably, omitted to file with the employer and the Industrial Commissioner, as required by section 13 of the Compensation Act Many times these blanks have not been received by the attending physicians until considerable time has elapsed and in some instances, which have come under observation, the twenty day period for filing has passed and the physician relying upon the carrier for the necessary blanks has failed to comply with section 13 and his claim for services is not legally enforceable.

On page 117 of Special Bulletin No 140, issued by the Department of Labor December, 1925, the following case is cited as exemplifying the status of the physician with respect to the filing of his report as attending physician in the case of an injured employee under the Compensation Laws

"On August 9, 1924, a girl employee in a dressmaking establishment fell over a broken water bottle. It gashed her right leg, severing tendons and causing her foot to drop Her employer's physician authorized the serv-

scalp just below the occiput. It became irritated in combing his hair, and after having it cauterized by a barber, went to a chiropodist who used electrolysis but did not succeed in Following this, the lesion enremoving it larged until when seen first by me it was an irregular thickened patch about 2 cm in dia-No glands were palpable in the cer-The lesion was destroyed by vical region diathermy and a specimen sent to the Buffalo Cancer Clinic A report was returned of carcinoma containing pigment The lesion healed locally and was followed up by X-ray treat-In March, 1926, five months after operation, he returned with large glands on both sides of the neck One of these was removed and found to be malignant therapy was applied to the neck, but the patient died several weeks later in a cachectic condition and evidently with widespread metastases

Case 4 P F, male, aged 38, was referred to me in February, 1925, because of a small pigmented area just in front of the left ear at the hair margin According to the history, he had had a small pigmented area there for about 15 years Six months prior to consulting me, he had noticed it beginning to grow, and had gone to his family physician, who had excised the entire area. A report on the specimen from the Buffalo Clinic was pigmented carcinoma Shortly afterward there was some recurrence in the scar When I examined him, the entire lesion was not more than quarter of an inch in diameter. I used bipolar diathermy and there was no recurrence locally I did not see him again for about eight months, when I accidentally noticed him while making rounds in the wards of one of the hospitals I looked up his chart, and much to my surprise, found that the diagnosis was metastases of the lungs He had been admitted complaining of dyspnoae He later developed a mass in the upper abdomen and Autopsy showed metastases in practically every organ of the body Until I called the attention of the attending physician to the scar on his temple, which showed no evidence of recurrence, it had been a mystery where the primary focus was located In fact, it had not occurred to the patient himself to mention to the admitting physician the fact that he had this "mole" removed

Case 5 Mr. J T, aged 59, was seen November, 1926, presenting a mass of glands in the left axillo Eight months prior, his physician had excised what was called a "black mole" on the top of the left shoulder At the time of examination, there was apparently no recurrence at the site of this lesion, but the scar was somewhat keloidal One of the axillary glands was removed and found to be

a melano carcinoma X-ray pictures of the chest showed probable metastases to the left left lung Deep X-ray therapy was instituted as a palliative measure. The patient is still alive, but no doubt will eventually succumb to the disease

Case 6 Mr L, aged 61 Gave a history of having had rough, scaly lesions on the backs of his hands for many years In 1924, one of the lesions began to grow and was slightly He went to a physician who cauterized it with nitric acid. It did not heal and it was then treated about six months later by X-ray Response was unsatisfactory and an attempt was made to destroy it by bipolar diathermy About the time healing was complete a small nodular recurrence was noted at the border of the scar Up until this time no axilliary adenopathy could be palpated He now had, however, very definite glands in the axilla One gland was removed which proved to be carcinoma on frozen section The surgeon then proceeded to do a radical operation and cleaned out the axillary space and amputated the hand Three months after operation there is apparently no recurrence, but the outcome is, of course, doubtful

While this series is not large from a statistical point of view, yet it is quite formidable for an observation period of three years. In fact, it is a series which recalls very vividly to my mind a group of untimely and very tragic deaths. Two of these cases were among my own personal friends and the subject has, therefore, so impressed me that I hope to bring out some points by way of discussion which may be helpful in the future.

In the first place, it is to be noted that all these lesions, with the exception of Case No 6 The clinical appearance were pigmented varied in the different lesions, but the common factor of pigmentation was present One resembled a birthmark, two a mole, one simply a brownish patch and one a verrucous ultera-This, I believe, should impress us tive mass with the potential malignancy of pigmented growths of any character By way of comparison, I may state that during this threeyear period of observation, with the exception of case No 6, I do not recall a single case of non-pigmented epithelioma of the skin surface which has resulted in metastases or death following attempt at removal

A second factor which these cases had in common is that all had been more or less ineffectually tampered with. One was treated by radium after a faulty diagnosis based upon clinical appearance and laboratory findings. One was treated by diathermy without leaving a wide enough margin at the periphery. One was cauterized by a barber and later treated by a chiropodist. Two were biopsied

and later excised by the scalpel, and one was cauterized by nitric acid I am well aware of the fact that it is often difficult because of the location to completely destroy a given lesion and it is also easy for the physician to minimize the importance of innocent looking cutaneous growths, but I do feel we are playing with fire when we ineffectually tamper with these pigmented lesions Let them alone or do a complete 10b

In the third place, this series would tend to show us that most of these pigmented lesions are slow growing if not irritated. All of them. had been present for years before they showed The basal or even any signs of activity squamous cell epitheliomas of the skin usually give warning by a fairly rapid local growth which attracts the attention of patient and physician and usually an effectual removal is accomplished before metastases occur series of pigmented lesions, however, have laid dormant for years and then with slight provocation have struck like the copperhead before anything could be done

In the fourth place, it will be noted that there is little relation to age incedence in this series The cases are about evenly distributed between the ages of 28 and 61 Basal cell, squamous cell and basal-squamous cell epitheliomas of the skin are more commonly found in the later decades of life, but the pigmented carcinoma starting in the mole, nevus or pigmented patch may occur at any age

All the cases in this series were found pathologically to be carcinoma and not sarcoma The melanotic sarcoma arises from deeper tissues, starts without any provocative factor and is usually very malignant from the onset These melanotic carcinomas however are superficial, may be dormant for a long time and appear to be very innocent lesions, but when irritated may metastasize rapidly

In closing, let me say it would seem to me advisable that great caution should be used in treating pigmented lesions of the skin I do not doubt but that the dermatologist, seeing a large number of various kinds of pigmented lesions, eventually develops an intuitive sense which helps him to tell on sight the obviously malignant and the obviously benign with a fair degree of accuracy However, there are certainly border line cases where this cannot be done At least we feel that if we do decide a certain lesion should be removed, it should be destroyed very thoroughly and not irritated by ineffectual methods of treatment

THE DOCTOR AND THE INSURANCE ADJUSTER *

By ALBERT L HALL, MD, FULTON, N Y

ERSONAL experience compels admission that too much friction exists between physicians who engage in compensation practice and the adjusters who represent the insurance carriers, which might be avoided if proper consideration were given by both to the cause of their misunderstandings

The adjusters have certainly been very patient with the physicians, most of whom fail to comply with the requirements of section 13 of the Compensation Laws, which in part provides as follows "Nor shall any claim for medical or surgical treatment be valid and enforceable, as against such employer, unless within twenty days following the first treatment the physician giving such treatment furnish to the employer and the Industrial Commissioner a report of such injury and treatment, on a form prescribed by the Industrial Commissioner"

A considerable number of physicians have been interviewed with the result of finding that not one of them have complied with the law in the filing of their reports as attending

physicians in compensation cases Their usual

* Read at the meeting of the Fifth District Branch of the Medical Society of the State of New York at Watertown N Y October 14, 1927

practice has been to wait until blanks from the office of the insurance carrier have been received for the making of these reports, which, when completed, they have quite invariably filed with the carrier and, as invariably, omitted to file with the employer and the Industrial Commissioner, as required by section 13 of the Compensation Act Many times these blanks have not been received by the attending physicians until considerable time has elapsed and in some instances, which have come under observation, the twenty day period for filing has passed and the physician relying upon the carrier for the necessary blanks has failed to comply with section 13 and his claim for services is not legally enforceable

On page 117 of Special Bulletin No 140, issued by the Department of Labor December, 1925, the following case is cited as exemplifying the status of the physician with respect to the filing of his report as attending physician in the case of an injured employee under

the Compensation Laws

"On August 9, 1924, a girl employee in a dressmaking establishment fell over a broken water bottle It gashed her right leg, severing tendons and causing her foot to drop Her employer's physician authorized the services of three other physicians for treatment of Two of these physicians failed her injuries to file the required report (Form C-4) and one furnished it after the expiration of the twenty-The girl's father paid their bills. aggregating \$1,00700, in full and the Board awarded the amount to him against the employer's insurance carrier along with some other care and treatment expenses Upon appeal by the carrier, based upon the physicians' failure to report, the Attorney-General contended that physicians recommended and authorized by the employer, through its physician or otherwise, are not obliged to make the report, that only physicians procured by the employee in event the employer fails or neglects to provide care and treatment need make the report and that the twenty-day provision is directory rather than mandatory, otherwise it might be unconstitutional as depriving a party of property without due process of law"

"The carrier argued that, on the contrary, the provision for report is a mandatory limitation properly imposed in the effort to cure a notorious evil in compensation practice and that it is applicable to all physicians, whether (a) provided directly by the employer, (b) authorized, i e either called in by the employer or by the employee on the authority of the employer, or (c) self-selected by the employee, without the intervention of the em-

ployer at all"

"The Appellate Division sustained the carrier's contention by striking out the physicians' bills and affirming the award as thus modified

with per curiam opinion"

"Upon further appeal, the Court of Appeals on Jan 22, 1926, affirmed the Appellate Division's order, not upon the ground that the physicians had failed to report, but upon the ground section 13 does not permit award to an employee for medical treatment furnished by the employer"

The Appellate Division's opinion is as follows

"Sandberg v Seymour Dress Co, 215 App

Div 728, Nov 20, 1925

"Opinion Per Curiam Under section 13 of the Workmen's Compensation Law no claim for medical or surgical treatment is enforceable, except (1) as incidental to, or a part of, an award to an injured employee, and (2) unless, within twenty days following the first treatment, the physician or surgeon furnishing the treatment shall furnish to the employer and the Industrial Board a report of the injury and treatment on a form prescribed by the Industrial Board This applies to every claim by a physician or surgeon for services rendered to an injured employee, payment of which is sought through an award by the Industrial Board and whether employed by the employer or employee, this, of course, has no application to the right of a physician or surgeon to recover at law from the employer for services

rendered at his request"

"Award modified by striking therefrom the amounts awarded as compensation to the claimant on account of medical bills of physicians, as follows Dr Roth \$185. Dr Roth \$20, Dr Grossman \$75, Dr Grossman \$400, Dr Schwartz \$327, and as so modified unanimously affirmed"

The physicians were paid by the girls' father, in full, and the court decisions, which upheld the carrier's contention that every physician furnishing treatment to an injured employee must, within twenty days, furnish to the employer and the Industrial Board a report of the injury and treatment on a form prescribed by the Industrial Commissioner, in nowise adversely affected their interest, but showed that their laxity in failing to file the attending physicians' report within the twenty day period had deprived the father, who paid their bills, of legal redress for the amount expended

The carrier characterized the failure of physicians to file their reports "as a notorious evil in compensation practice" which the statute Whether the action of the sought to cure carrier was a bona fide attempt to cure this evil or to evade payment of a liability, through legal technicality, may fairly be questioned The fact is that the legal technicality is in the law and the adjuster may use it to the carrier's advantage whenever an opportunity of-It, therefore, behooves the physician to comply with the requirements of section 13 of the Compensation Law and not rely upon the insurance adjuster to file copies of his report with the commission, as now, is the almost universal custom to the exclusion of the employer who is legally entitled to such report, but he should file them with the employer and the Industrial Board within the twentyday period He is not legally bound to furnish the carrier with such report Undoubtedly, it is to the physicians' interest to file a copy of his report with the carrier However, he should not rely upon the adjuster to perform a duty which the statute requires him to per-He should file his reports with the employer and the Industrial Board within the twenty day limit, if he would protect himself

Further, the physicians' report must be "a report of such injury and treatment on a form prescribed by the Industrial Commissioner" In attempting to literally comply with this requirement, the physician finds himself up against a barrier. He must make his report on a form prescribed by the Commissioner Several years ago, this form, known as C-4, called for a brief outline of the treatment

Now, this form does not call for a statement of the treatment and if you would conform fully with the requirements of section 13 you should insert, somewhere on Form C-4, a brief description of the treatment. If you do not, you run the risk of whatever detrimental consequences may follow the omission are friendly with the adjuster he will not obstruct or interfere with the payment of your bills for services for failure to comply with section 13 in detail. On the contrary, he may not insist upon your filing a report as required by section 13 If, however, you have antagonized the adjuster by standing for a deserving claimant in a controversy before the Industrial Board you may find that he will hinder or prevent, if possible, the payment of your bills for services and in some instances he has been known not to hesitate to resort to dishonest and tricky methods to accomplish his purpose There are honest and dishonest adjusters just as there are honest and dishonest claimants and physicians If the dishonest adjuster and dishonest claimant could be eliminated there would be no field for the dishonest doctor, but just so long as dishonest adjusters and dishonest claimants exist there will always be The disroom for the dishonest physician honest adjuster will find, without much seeking, a dishonest doctor who can easily fail to visualize the extent or degree of the employee's disability and return him to work at an earlier date than his disability warrants The carrier will thus early relieve himself of the burden of compensation payments and shift the load to the shoulders of the employer who finds employment for a workman who cannot fully earn his wages This practice is a very prevalent one and is made possible, largely, by inducing the employer to send their injured employees to a physician who favors the carrier and who directs the workman to resume work sooner than he ought to physicians are known in insurance circles as preferred physicians, a few of whom may be found in almost any small city, and if they cannot be found, in some instances, the adjusters have been known to offer inducements to physicians of their choice to locate there The dishonest claimant and the dishonest

The dishonest claimant and the dishonest doctor may for a time successfully elude detection and swindle the insurance carrier, but not for long Sooner or later they are found out and are eliminated, as they should be

The majority of adjusters are undoubtedly honest and upright in their methods and the same can be said of claimants and doctors. It is the dishonest ones who interfere with the successful administration of the Compensation Laws and resort to dishonest methods. The ones who usually suffer most from such methods are employees who have received in-

juries which ultimately culminate in a continuing disability of long standing and which must necessarily require the payment of large compensation awards. It is this class of cases which the insurance adjuster seeks to "unload" and he sometimes makes use of questionable methods to accomplish it. In such cases he may call in his trusty medical experts to aid him. Apparently, he does not find any real difficulty in obtaining physicians who readily come to his assistance and who are willing to furnish testimony which shall relieve the carrier from the payment of long continued compensation

Again, they may seek to unduly influence the State Examining Physicians and that they do so in some cases to the disadvantage of the claimants is apparently true. The same, also, may be said of some of the Referees, who in many ways can lessen the burdens of the carriers at the expense of the disabled employees. However, there are honest referees who protect the interest of the employee and prevent injustice being done to him

The Industrial Board has rendered a decision to the effect that the insurance carrier has no voice in the selection of the physician which has been unanimously affirmed by the Appel-That some of the carriers do late Division have a voice in the selection of the physician They induce the employer is beyond dispute to call certain physicians who are known to favor them when injuries are sustained by any of their employees and the employers post the names in their plants of the physicians designated by the carrier which the employees are directed to call in case of injury In many instances, where prolonged disability is liable to occur, the adjuster writes the injured employee requesting him to visit the carrier's physician for examination and further tells him to come to his office and he will be given his transportation expenses If he goes to the carrier's physician he may be told not to return to the physician who has been designated by the employer, but directed to another physician who is more to the liking of the carrier Sometimes the employee complies with the carrier's request and goes to the physician whom the carrier designates, and sometimes he refuses to do so and returns to the physician who has been treating him. In the event he does not comply with the wishes of the carrier he incurs the displeasure of the adjuster who may cut off his compensation and cause him to be subjected to other annoyances This is not an infrequent occurrence. In every instance of this kind the adjuster has usurped the authority conferred upon the employer by section 13 of the Compensation Laws State Industrial Board should prevent such interference as this and discipline the adjuster

who may undertake it If the insurance carrier was given to understand that its license would be revoked if it permitted its adjuster to interfere with the physician designated by the employer to treat one of his injured employees this practice would be effectually stopped

There can be no question, but that most of the physicians of this State are properly equipped and competent to render any service ordinarily required to properly treat an injured employee and the efforts of the adjuster to have the injured employee treated by a physician whom they may induce the employer to call are specious and are intended solely for the benefit of the carrier and naturally work to the injury of the employee in more ways than is generally known or suspected

This subject is too broad for more than a cursory presentation under the limitations imposed by the rules of this Society and I leave it with the feeling that it has not been handled as it should be, and might be, if ample time were accorded However, I hope that it may be productive of some real benefit to those who have listened to it and may have been instructive concerning some features of medical compensation practice

DOES PSYCHIATRY NEED HELP?*

By HERMAN G MATZINGER, MD, BUFFALO, N Y

T is not overstating facts, nor is it extravagant praise to say that of all the learned professions, medicine has made more real advance and served the public better than any other. It is also true that progress is continuing to be made in the scientific study of the nature of disease as well as in its prevention and cure. Extraordinary things have been accomplished which have not only enhanced and prolonged life, but which have made possible much of the advance in our civilization.

But this eager quest has led the profession so far into the scientific study and investigation of disease processes, so fascinating in themselves, that it has all but lost sight of the important fact that the pathological processes are going on in a thinking, feeling organism, thrown out of gear, anxious to return to normal functioning and to again take its place in the normal order of things Conscious of dangers ahead and valuable time lost, the patient is not interested in the scientific demonstration of why he is ill, nor does he desire offering himself for special investigation and later verification by autopsy He wants to get The physician usually comes to a realization of this when he himself or a member of his household becomes ill, while too often his hospital work is purely scientific or perfunctory

To understand this one needs but to recall how profoundly the emotional state affects physiological functioning in the normal human being in the way of raising or depressing the level of activity of the entire body through the influence of the sympathetic nervous system. The entire autonomic system seems to be sensitive and responsive to the emotions

This mental side of sickness has been deplorably but quite unavoidably neglected in the scientific drive which has so long monopolized medical thought and endeavor. We hope that before long,

*Read at the Annual Meeting of the Medical Society of the State of New York at Niagara Falls N Y, May 11 1927

when the medical profession will be forced to become interested in human behavior by the insistence of the psychiatrist, the emotions and their part in human disease and its cure will also get scientific attention. When this time comes, physicians will find that the intelligent public will be ready and that the psychologist will be able to offer him all the necessary data on normal behavior for his study.

The natural result of this present day attitude is the prevailing lack of interest in and even neglect of mental diseases and the borderline disorders, in which, up to date, no distinctive pathology has been demonstrated. The scientific trend is still focused on the trail of bacterial and chemical, more or less localized tissue change. This is, of course, important, but why not investigate some other leads as well?

Few physicians know anything about the prevalence of mental disease They exhibit surprise and incredulity when told that the last United States census shows that at least as many beds-perhaps more—are supplied in hospitals of this country for the care and treatment of mental diseases as for all other diseases combined citizens of this state know that the cost of maintenance of our state hospitals amounts to 1/12th to 1/13th of all money expended by the state, and is the second largest item of cost in the entire Only the Educational Department costs It must be remembered that not all menmore tally diseased and disordered citizens are to be found in the state hospitals Many are in retreats, private hospitals, sanatoria, or health resorts and we all know that many are at large who should be under care and supervision Then there are the borderline cases, the psychoneurotics of various types, whose needs are rarely understood and properly met, until they have been in the hands of surgeons, specialists and cultists before they are referred to a psychiatrist or are

committed It is plain that psychiatry needs help here

Your attention is called to the singular circumstance that the mental training of our children and the care of those who are losing or who have lost their mind have become our greatest expense. Is there any relation between them? Is it possible that there are defects in the former which open the way for the development of the latter?

There are now at hand and recorded a sufficient mass of studies of human conduct to draw the conclusion that personality is made up of learned or conditioned reactions on the part of the individual to his environment and to his organic needs The manner in which such habits of adjustment have been made and the kind of integration of the dynamic forces of the body which has thus been accomplished, determines not only personality but also the somatic and psychic status of the body It is fair to assume that for many and obvious reasons this integration, this formation of a personality, which becomes the individual's stock in trade in meeting the unusual as well as the ordinary situations of life, is not well done. In consequence there is danger of personality disorders which become apparent or are developed, so commonly, in the child's school experience Breaks and splittings now open the way to the schizophrenias, real mental disorders and common ones, which psychoanalists have shown to be all too frequently begun or induced by misunderstandings and maladjustments in the primary grades and on throughout grammar school past puberty into the high school Very often the individual manages to make some temporary adjustment early, but can not weather the pressure of new urges and new needs of a different kind of adjustment which comes at puberty and characterizes the adolescent period which is shot through with emotional unrest

In the nature of things there is very little opportunity to study personality and to evaluate child conduct in a system which demands that a teacher pass a certain proportion of pupils into the next grade each year—like so much material going through a mill to be delivered as a finished, standardized product at the expiration of a certain period of time and at a fixed cost.

It must be admitted that educators are aware of this defect of our school system. Especially is this true among those concerned with higher education. They have found that the results obtained by educational training as it is administered now, are on the whole disappointing. So often our most valued citizens come from a group who have had little early advantage to go to school or to get a systematic education and yet they outstrip the others and occupy positions of trust, responsibility and honor in much greater proportion than is obtained from the educated

With this in mind, educators are trying out new methods and plans to meet this situation They know that there is something wrong with the system Private schools are doing much valuable experimental work in the hope of discovering some better way to prepare the coming generation for better citizenship and for greater success in the pursuit of happiness Much of education has been little better than animal training in which the objective was the acquisition of some certificate or diploma which the general public was willing to recognize as a symbol or proof of having completed a certain course of training, not unlike the hall mark of ancient guilds and which has become as popular and useful as a trump card

We are witnessing, at the present time, what might be called a revival of learning which is primarily conditioned by this artificial value placed on the worth of such credentials Applicants for such competition far outnumber our facilities To meet this discrepancy, standards are raised and admission put out of the reach of any but those who have been thoroughly licked into shape by the system and have or can obtain the required certification In the exposure to this system and the stigmatizing effects of failure to become docile and receptive like a sponge with readiness to disgorge on pressure, inferiority complexes with revolts and rebellion develop and mental disorders become common Psychiatry needs the support of the medical profession here in an effort to salvage the minds of human beings and to assist in the reorganization of educational methods

But the schools are not by any means entirely to blame. To them comes annually a heterogeneous mass of children, from all kinds of homes, with and without traditions, principles or ideals. In the fewest of them is there any interest in or plan of training the child and teaching good habits of adjustment and emotional poise. Almost all of this is too commonly left for the schools to do

It is well understood now that all the basic habits which determine successful human behavior in the later years are begun and established in the first six years of life How many homes are there in which this is likely to be well The problem child comes from homes that fail in this training for personality In too many homes, any form of coercion may be substituted for thoughtful time consuming unselfish interest in the child's personal difficulties and needs In these days of emancipation real homes and real family life are passing Long before the children are well started, a large proportion of homes are broken up by separation and by divorce after long periods of domestic troubles which the child hears and sees What chance is there, under such circumstances, for developing a personality which will be of help in meeting the

difficult situations of life? Here again the way is opened for developing not only unsocial and anti-social habits, but for mental disorders and disease as well. The entire matter of juvenile delinquency with all its cost to society and misery for those concerned, hinges on early home care and training. Psychiatry needs help here from the family physician who comes in more immediate and frequent contact with early behavior problems in the home.

Heredity must, of course, be considered as a factor in the incidence of abnormal conduct and mental disease. Heredity determines a potentiality, but is by no means as important a factor as environmental influences in producing unfavorable results.

Children are born with a definite stock in trade of intelligence and emotions and with them, environmental influences work to produce behavior The big thing in heredity is the amount of intelligence with which a child is born Intelligence determines common sense behavior and can not be increased by any system of education, but is susceptible of development within its limitations If this were recognized, educational methods would be made so flexible that the special needs of each child would be more nearly met and so be better prepared to live a useful and successful Moreover, there would be a much smaller number of failures, insane and criminals now intelligence can be measured and the emotions will soon be well enough understood to be properly evaluated Whatever advance in educational methods may come will depend largely on psychiatric study and observation of behavior reactions between intelligence and emotions on the one side and environmental conditions on the other

This calls for psychiatric clinics, nursery schools and behavior study in the primary grades. All such work, at least its supervision, belongs to the medical profession. There are too few psychiatrists to man the 30 clinics, in as many large cities, which are now doing work. Only a very small number of the balance of the medical profession know the first thing about or show the slightest interest in it. Yet they must depend upon individual intelligence for the success of their campaigns against physical disease and in their efforts to prevent disease. Legislation can do little to help us here, if there is no intelligent public.

The reason why the medical profession has shown so little interest in mental disorders and human behavior as a whole is the ancient and arbitrary division of functions and diseases into two groups—mental and physical—each independent of the other. Today we think of the mind as a body reaction, or the effect of the combined effort of all the dynamic forces of the body in adjusting it to conditions inside and outside of the body. We think of man as an organism with

more or less perfectly integrated functions, and which act as a constructive or destructive unit No part action being possible without in some way involving, to a greater or lesser degree, the rest of the body

Unfortunately the average physician, though he knows his anatomy and physiology well, can not yet get the idea of the body being like a highly complicated machine, in which all the sources of power are or should be so perfectly integrated that they function as a unit. If he did, he would be keenly interested not only in mental mechanisms and human conduct, but also in prevention and treatment of mental disorders. All illness involves the so-called mental functions and they are always part of the disease picture.

Once the physician becomes as interested in regulating mental functions as he is interested in regulating organ functions, he will gain a control over disease which he has not dreamed of before He will add to his knowledge of physical hygiene as much as he can have of mental hygiene and so get a better understanding of the protective as well as the constructive forces of the body

Every thoughtful observer must be aware that there is in progress today, what seems to be a reorganization of society Ever since the world war there have been startling dislocations of human conduct Old and tried methods of adaptation and restraint are ignored or forgotten and in their place have come what seem planless adventures in living Everyone is involved in this apparently reckless and thoughtless desire for more freedom in the pursuit of happiness manity seems to be breaking through the barrier of "thou-shalt-nots" and appears to be reverting to the more direct and primitive ways of reacting without conditioning the response Most of us are busy rationalizing our own indiscretions and departures from the beaten track, while we stand apart, screened by a thicket of pretenses, watching the reckless procession of emancipated humanity rush by, we know not whither

In our profession only the psychiatrist is interested in studying this movement in a dispassionate, perhaps scientific way. He is certain that in such a widespread readjustment there will, in the nature of things, be much need for mental hygiene, skilful and in preventing failures and breakdowns and wise treatment of so-called mental diseases. Plastic youth, still able to learn new ways of integration of habits will make the grade, but in many past 25 or 30, when the plaster is set, there will be serious breaks of personality and melancholy despair.

In all these matters, so vital in the further progress of civilization and so pregnant with possibilities for mental and physical disease and disorders, the medical profession should become more interested and aid the psychiatrist by diverting some of its interest in technical controversies, in laboratory methods and scientific interpretation

of disease processes, into the study of mental mechanism, human conduct and mental hygiene

We have temporarily lost sigh of the ancient aphorism sit sana mens in corpore sano, and are still treating mind and body as separate almost unrelated battle fields of disease existing together as tenant and host This can only be changed by demanding of the prospective medical student a fair knowledge of psychology as a requisite for admission, by adding to the study of organ and tissue physiology a course in psycho-biology, which will acquaint the student with the functions of the body as a whole, as an organism which is trying to adapt itself to difficult and often unfavorable environmental conditions in its desire to live successfully and to have descen-It will further teach him that such commonsense action is predicated by normal intelligence and is the evidence of mind If this can be done right, the student will not be hypocritical

about psychiatry and mental disorders in general but will appreciate the inter-dependence of mental and physical phenomena in health and disease

Surely psychiatry needs help—Its sphere of work is rapidly broadening and growing in importance so rapidly that the physician of the future must be a good psychiatrist—When this comes about, the incidence of mental disease will be controlled, education will become more human, more sane and more practical and the law will be shaken out of its archaic ways of dealing not only with the so-called insane, but in interpreting abnormal human behavior in general

If the medical profession will realize these immense responsibilities and obligations and try to prepare its coming members to meet them, it will not only conserve and perpetuate its good reputation for invaluable altruistic public service, but deserve more

THE DANGERS OF SURGICAL MOVIES AND HOW TO AVOID THEM By JACOB SARNOFF, MD., BROOKLYN, N Y

VERY new and useful invention brings with it some dangers which one must guard against In order to obtain the greatest benefit from such devices with the least possible harm, time and experience tend to outline methods, rules and regulations in order to guard against such dangers The automobile, the aeroplane, the radio and the cinema well exemplify this principle No one questions their great aid to civilization in the work accomplished and the pleasures derived. However, the loss of life and limb in the former and the liquidation of morale in the latter would be appalling were it not for the judicial methods instituted for their preven-The traffic cop and the speed laws, the movie censor and the radio commission, all dictated by the public sense of decency, are safeguards in that direction

What has all this to do with the title of the subject? In the latter part of the last decade, great strides have been made in the teaching of subjects requiring visualization by means of motion pictures. Anatomy, physiology and surgery naturally furnish the most fruitful field in that direction. What can be more lucid than the action of the living heart as seen at normal rate and in slow motion and how much easier can anatomical dissections and operative procedures be followed by means of motion pictures as compared to the mere descriptive text?

The adoption of motion pictures for teaching purposes has been slow in its progress. Only a few years ago when the writer became enthusiastic over the production of a series of films "The Human Body in Pictures," to demonstrate the anatomy and physiology of the human body,

he was met with a great deal of criticism and even ridicule. As an instance, before these films were accepted in the various schools and colleges of this country as well as in foreign lands, one of my colleagues, a surgeon of prominence and chief of the surgical department remarked. "I would advise you to give up the movies before the medical societies question the ethics of medical motion pictures," to which I replied, "I am willing to stand the consequences, believing as I do that such methods of teaching will become practical and of great importance." It is the belief of the writer that it was the first time a systematic study of anatomy and physiology had been presented by the combined aid of anatomical dissections, animated drawings and the action of living organs.

Now after a lapse of five years, we hear of great enthusiasm among the medical profession about films of this nature and the eagerness to develop visual texts in the form of motion pictures on the subjects of surgery The best example of such interest is the establishment of a special department by the American College of Surgeons in conjunction with the Eastman Kodak Co to develop such films The committee is composed of men of international prominence in their respective fields such as Will Hays, Mayo, Crile, Martin, Squier, etc Even the lay press is devoting many columns to the discussion of this Frequent statements such as "The subject Mayos are to perform operations which are to be filmed for teaching purposes" are cited

As one of the pioneers in that field, I greatly appreciate its many advantages, but am also aware of its shortcomings and dangers. The purpose of this short discussion is to point out these

difficulties and to show how they may best be obviated

No one will question the fact that anatomical movies are best obtained from dissections on the cadaver. But what about operative procedures? Should they be filmed from actual operations performed on the living or should they be obtained from the same operations performed in the anatomical laboratory—the dissecting room—whenever feasible? Before answering this query, let us take up the difficulties as well as the advantages encountered by both

The advantage that one may claim for filming actual operations is that the surgeon and assistants are accustomed to the regular routine of asepsis and technical procedures. Also that the pathological findings are real and therefore impressive. But what about the difficulties and disadvantages especially in so far as they concern

the patient?

No one in the medical profession would be accused of human vivisection nor would such be In order to obtain the proper filming, it is necessary to have an unusual amount of light, a full and clear exposure of the field of operation and slow and deliberate surgical technique, all of which are not as a rule conducive to the best interests of the patient. The intense light tends to injure the exposed tissues, the proper exposure demands at times unnecessary large incisions and the slow and deliberate motions are time consuming, all of which work to the detriment of the wound and the patient In addition to these, the field of operation is quite often obscured by the oozing of blood, the drapings, the instruments and the hands of the surgeon and his Also, the camera cannot always be placed in the best position for filming because of the fear of contamination

What is the result? Of the many surgical films which the writer has seen taken from actual operations, very few indeed, except for their animated portions, are clearly portrayed. In most of them the light is poor, the field of operation is not in clear view and the technique of the surgeon is not of as high a standard owing to the strain and difficulties incident to the filming of the picture. What is the solution?

Many of the shortcomings and dangers may be obviated by filming these operations on the cadaver. One may then have all the necessary light, ample incisions with proper exposure, no bleeding, deliberate motion and proper position of the camera for filming the various steps of the operation. Operations such as tendon transplantation, bone grafting, amputations, intestinal anastomosis, gastric resections, repair of hernias, removal of gall bladder or appendix, rib resection, hysterectomy, oophorectomy, vaginal repair, etc., all can thus be clearly shown to the great advantage of the student and teacher without any risk to patient or legal complications to surgeon

Certain phases of operative procedures and findings however, especially those showing pathological conditions, are best filmed from the living This should be done in order to clearly demonstrate the pathology, whether it be an inflamed organ, a traumatized structure, a new growth or an anomalous condition of deformity. Even in cases such as these, the preliminary and final steps of the operation may in most instances be filmed on the cadaver, thus eliminating to a great extent undue exposure of the patient to trauma. The various steps obtained by the combined material may be so arranged and interposed as to give a complete and clear presentation of the operative procedures and findings.

To make the story of the operation most effective, anatomical dissections and animated drawings are of great value in conjunction with the actual operation. A preliminary presentation of the anatomical dissections relative to the field of the operation, clarify the necessary steps of the operative procedure. The fine details of operative technique can very often be brought home more

clearly by means of animations
Undoubtedly in the course of time, the lighting
and photographic devices may be so perfected as
to eliminate many of the dangers and difficulties
above mentioned

In conclusion, I should like to emphasize a few of the important points

- (1) There is a great demand and a useful field for the development of motion pictures for teaching purposes especially in the field of anatomy, physiology and surgery
- (2) The filming of operations on the living has its dangers and should be done with a great deal of care and caution as it may subject the patient to unnecessary trauma
- (3) The filming of operations can and should in most instances, be performed on the cadaver as the photographic results are better and the difficulties are fewer
- (4) A great aid in teaching in conjunction with the motion picture films is the addition of still pictures selected from the same films which may first be presented to the class as a forerunner of what will be shown in the films. These together with an illustrated manual prepared on the subject will enable the teacher to enter into a more detailed and thorough discussion of the subject
- (5) Such teaching films are in reality visual texts and as such the author should receive due recognition in order to encourage such efforts
- (6) A cinemagraphic medical society composed of those men interested in the production of teaching films would be most useful. Their experience and knowledge along such lines could thus be interchanged to mutual advantage, thereby obviating many of the mistakes heretofore made and mapping out the best procedures for future work along such lines.

THE PROBLEMS OF ADOLESCENCE

By HERBERT J CRONNIN, M D, and ELIZABETH ANN SULLIVAN, CAMBRIDGE, MASS

DOLESCENCE is that decade of life between puberty and maturity in which the instinctive and emotional strivings are The procreational instinct which has lain dormant during childhood bursts into activity at puberty, and with the advent of puberty there is initiated the first great epoch of development Closely associated with the physical changes that occur at that time there are, also, manifested by behavior or attitude, many psychic or mental changes with resulting maladjustments which concern parents and From the manifold problems arising during adolescence the maladjustments springing from the lower strata of the child's mind and subject to successful redirection will be considered here These maladjustments arise from conflict between the instinctive strivings and the intellectual or cognitive control

An understanding of the normal but poorly adjusted child has recently been evolved from studies of abnormality which, although once considered to be definitely demarked from normality, is in fact but deeper shades of processes contained in the normal. The original endowment of the child, his early training, his environmental influences and his guidance during adolescence are now stressed as paramount for the development of a healthy mentality equipped to meet satisfactorily adult situations.

The plastic mind of early childhood is susceptible to injury and it is in an understanding and avoidance of such injuries that mental health in maturity may be expected During adolescence many problems arise which form the nuclei of future maladjustments with associated social and economic failure. From these many problems five have been chosen for discussion first, the necessity of adequate emotional control, second, unrestrained phantasy or day dreaming, third, feelings of inferiority, fourth, escape from reality, and fifth, overattachment to the parent.

TANTRUMS

The infant is guided to the satisfaction of his wants by the instinct of self-preservation. If he is hungry, cold, or in pain he cries until relieved. As the intelligence develops the child acquires an understanding of situations and thus the normal child by controlling the bursts of primary emotion waits for his food or bears slight discomfiture without crying. However, the child of intense emotional unbalance is governed entirely by these primary strivings and he soon finds that by an emotional explosion (or tantrum) he is able to

dominate his parents and to gain immediate gratification of his desires. These affective or emotional reactions which later mould the personality make-up are manifested in the young child by his mood reactions to unpleasant situations.

When affective reactions of anger are coupled with physical manifestations such as dancing, violence or destruction, we designate them as tantrums. Hence a tantrum is an uncontrolled affective explosion in which the child is guided by primitive instincts, reacts with primary affects and for the duration of the attack the higher intellectual faculties which ordinarily through logic or other cognitive qualities direct behavior, are inhibited or blocked. Tantrums, instigated by a thwarting or frustration of desires, are directed toward the parent with the intent of domination.

A child of overindulgent parents may dominate his environment by these explosions. The parent, on the other hand, desires to satisfy every passing whim of the child and thus hinders the development of intellectual control. The tantrum habit is formed because by it the child is always victorious and finds that he is the center of attention.

To illustrate, I will describe the following episodes

David is lying upon the sidewalk clutching the curb, kicking at his mother with both feet and bellowing

"I won't get up, I won't go home Get a policeman if you want I won't, I won't," screams David to the insistent pleading of his mother who looks appealingly at the growing crowd

"Please do what mother asks, dearie. That's a nice boy Give you nice candy, ice cream and cake when we get home," she urges with a rising voice, as she avoids his kicking feet, for David is a strong boy and his kicks hurt

Ten minutes pass, the crowd increases David's howling grows louder, his kicking more furious, he scratches, bites and rolls about the sidewalk

"I cannot do anything with this boy," she confidently wails to a friendly adviser who suggests a good thrashing "Oh, no! He must not be punished that way If his father were only here!"

At this point, attracted by the crowd, a policeman did appear and David leaped to his feet, dashed across the street and home while the crowd debated heatedly on the method they would use if they were given the opportunity

The following case is that of a child ac-

customed from babyhood to dominate the household and resist by tantrums and physical

violence any thwarting of his desires

Johnny Jones, a healthy youngster, had the constant and undivided attention of his father, mother and grandparents. All day long the mother and grandmother closely followed every movement that Johnny made, talked with him incessantly and played his games sprawled over the floor. Johnny must be assured of every comfort, every pleasure, and because of "his nervous temperament" should never be crossed or forced to do anything he did not wish

"I shall allow Johnny to grow up unrestrained and unhampered He must assert himself in order to develop," declared his mother to a neighbor who suggested that the child might be hurt if he continued to jump on the running board of the automobile when it was starting "Johnny is a sensitive and nervous child with a keen appreciation of values and I could not injure his budding feelings with a reprimand I am sure that if you speak to him kindly he will willingly listen to you"

Johnny certainly was developing along paths chosen by himself and whenever his desires were frustrated he threw himself into a fury of rage, screamed, bit, kicked and pounded his parents until they eagerly leaped to obey his

every wish

One of Johnny's delights was to watch the iceman chop ice, and he always ran out to watch the process "Any ice today?" Johnny heard the iceman call one day, and with the cry the boy raced to the door. His grandmother was there ahead of him and said, "No, no, my baby must not get his feet wet. Get nice rubbers for good Grannie."

With a savage howl, Johnnie pummelled Grannie with both fists, tried to tear her clothes and then butt her away with his lowered head. Finding himself unsuccessful, he dashed from the hall to the front room with its low windows, paused for a moment and then plunged through the large pane of glass.

several feet to the ground below

When he was removed from the mass of broken glass it was found that he had a large abdominal wound that required surgical treatment. Hardly was the child out of the ether when the family with fresh zeal began playing games in the bed with the child, begging him to make some request for them to grant

"Yes, we shall do anything in the world for Johnny," chorused the mother and grand-mother

And yet, when he climbed out of bed an hour after the ether the doctor was informed that while Johnny's wounds might heal better if he remained quietly in bed as had been

ordered, Johnny desired to play on the floor, and a child with such a nervous temperament must, under no circumstances, be crossed

A' tantrum, then, is an affective explosion based upon primary instinctive trends and is designed to control the environment. The tantrum habit must be broken by the parent by proper training if the cognitive or intellectual functions are to be supreme. Civilization results when the primary instincts with their affects are directed by the intellect, and if a child is to benefit socially from civilization he must be taught early to master the emotional explosions which have been described as tantrums.

PHANTASY OR DAY-DREAMING

In adolescence with its physical changes based upon glandular activity there are coexistent mental changes which encourage phantasy formation or day-dreaming. During the interim between childhood and maturity the individual lives in a state of uncertainty for which he compensates by the elaboration of phantasies, phantasies of power, wishes, hopes and aspirations for the future. The maturing child peers with apprehension into the future and finds solace by turning his thoughts inward on himself, shutting off the outside world of reality.

In maturity it is difficult to retrace one's steps through the period of adolescence because in maturity the individual has had to face reality, and has found his position in the economic world. In adolescence maturity is approaching, soon to engulf the child in its activities. Love, marriage, social position, economic status, these and many other activities appear. Happiness or misery, success or failure, an early death or a long life, all these eventualities are contained in the future. Thus with the uncertainty of the future speculation begins, reality is ignored, the wish becomes supreme and so the meshwork of phantasy is spun

The boy wishes to become a sailor, soldier, pirate, robber chief, the girl a beautiful princess. To gratify these wishes it is only necessary to open the door to phantasy

Phantasy formations are moulded by the instinctive strivings of both sexes and the drama enacted contains the buried wishes of the individual. There are many phantastic formations which recur with frequency in the race and are similar in content. One of these phantastic elaborations is that one is not the child of one's parents, that the true parents are only foster-parents, that some rich, distinguished, noble figure is the actual parent, and thence from these desires there is evolved an actual dislike of the real parent, combined with depreciation, intolerance and disrespect

In this astounding condition progressing secretly in the child's mind parents might well feel chagrined until it is appreciated by them that the ideal figure created by the child, these kings or queens, are merely phantastic presentations of the real parent

From the elaboration of phantasy have sprung myths and legends. In the birth accounts of many legendary heroes it is often noted that the hero is the son of a deity, left to be nurtured by shepherds and later recognized and claimed by his divine parents. The fairy tales with the princess in disguise, with riches and marriage to the prince concluding the story, are the products of the same phantasy elaboration and delight the youthful reader because in them is found the consummation of his own desires.

Hence in myths, legends and fairy tales with their rich symbolism is exemplified or dramatized the unreal

In the adult the exaggeration of this same phantastic process is manifest when the mentality becomes impaired. In such cases of mental impairment the phantasy develops into delusion or false idea as measured by normality. Their content is, however, the same as in the past for we find our deluded patient claiming to be an heiress, a descendant of nobility, an emperor or a divinity.

In the studies of dementia pracor, the commonest and most serious form of mental disease, a history of the early life of the patient discloses day-dreaming, seclusiveness and disinterest in reality. As dementia pracox progresses there is formed for the individual another world in which he lives, while the world of reality for him is gradually obliterated.

In the correction of abnormal day dreaming the child should be kept in contact with reality by work or play and other methods that will force him to occupy himself with the outside world

In the following case unrestrained daydreaming was carried so far that it proved disastrous both at school and in later economic life

During the greater part of every recitation hour Ruth listlessly played with her book, or sat abstractedly with her eyes fixed upon the red roses on the teacher's desk. The brisk discussion in which the other high school students entered with animation brought forth no evidence of interest from Ruth

"What is your opinion, Ruth?" suddenly queried the teacher, who had been observing the girl's distraction "You may take up the discussion at this point"

Rising automatically to her feet, Ruth fumbled, her little color vanished, her tremgling hands dropped the book as she attempted

to find the place Then she stood silent until excused

"There is no need of these failures, Ruth," said teacher that afternoon after the session ended "Until recently your standing in the class was excellent, but now you are out of contact most of the time You must keep your attention focused upon the work and stop day-dreaming"

Chagrined at the justified rebuke Ruth became resentful, rebellious and taciturn. Her family had already gently chided her for spending so much time alone in her room musing rather than taking part in the activities of the other girls. Once she had ended further discussion of her behavior at home by refusing to eat for two days and ignoring the family completely. When Ruth returned home after her interview with the teacher, she fled to her room, locked the door and considered how she might punish the teacher as she had already punished her family.

for a long period prior to this incident Ruth had alarmed her parents. Her appetite was capricious, her manners insolent. She remained indoors most of the time, avoided all social contacts, talked little and spent her time apparently in idle reverie or lonely walks. She read books far too advanced for her years, the family thought, but whenever friendly suggestions were offered, Ruth retaliated by irritation or contempt. Her parents considered that it was best to allow Ruth to develop along her chosen lines and not to thwart her desires. Hence, next morning when Ruth appeared at the breakfast table with an ultimatum concerning school, the family assented without protest.

"I have decided to leave high school, father," she began calmly "The course of studies there does not fit in with my plans for education From now on I shall remain at home and follow the line of study which I shall select"

Ruth was a bright girl and because of her training in preparatory school was able to enter college. For a time she concentrated upon her studies but soon her interest flagged, day-dreaming became rampant. Social activities disturbed her. She became seclusive, tacitum and unsocial. Her plays of phantasy absorbed her completely, her academic progress diminished and dismissal in the second year followed.

FEELINGS OF INFERIORITY

The inferiority concept was first elucidated by Adler in his well known book, "Constitutional Inferiority" Adler's theory in brief is as follows When there is some defect in the individual's physical or mental equipment feelings of inferiority are engendered. The patient in order to overcome these feelings of inadequacy often compensates by a protest. This protest reverses the mechanisms which produce the feelings of inferiority and the person then substitutes in their place a guiding fiction, an unattainable goal, for the direction of his efforts. For example, a person with a dull mentality has in the presence of educated people strong feelings of inferiority which result in shyness or reticence. However, when the reversal or protest occurs he may compensate by aggressiveness

Feelings of inferiority may be confused with the instinct of negative self-feeling described by MacDougall. In gregarious animals leadership falls upon the older members of the herd who have strong positive self-feeling. Where there are several males in a herd leadership rests with the strongest and the others must accept. This ability to accept the leadership of another is brought about through negative self-feeling which is a measure of protection for the herd, otherwise damaging combat might destroy their unity

During youth the activity of the instinct of negative self-feeling is essential if the child is to maintain the proper attitude toward teachers. However, it is easy during the period of childhood for feelings of inferiority to become established and acquire increased potency through their combination with the instinct of negative self-feeling. These feelings may be promoted by the possession of some physical or mental defect, real or imagined, that decreases the child's worth among his fellows. The undertaking of tasks too difficult with resulting failure may motivate these feelings of inferiority.

In the following case feelings of inferiority were engendered because of failure based on an

unrecognized physical defect

"When I was twelve baseball absorbed me," said Mr Brown "After school hours and on Saturday I practiced batting, pitching or catching I could throw farther and swifter than the other boys, could run the bases faster, but when it came to batting in a game I could not hit anything"

"Oh, here's Brown's turn to bat!" I would hear

my team mates moan

"However, try as I would, I could not hit the ball and when I did, I knew that it was an accident In my ignominious position as right fielder I had little work, for the center fielder never trusted me to catch a high fly It did seem strange to me that I could not judge those high flies accurately for although I was sure that the ball would fall in my hands, it would descend onto the tips of my glove and thence to the ground"

"Years after," continued Mr Brown, "I found that my baseball difficulty was due to defective vision With this defect of course I could not

follow a curved ball, nor could I accurately judge a fly In every sport where keen eyesight was a requisite, I failed, but in water sports I excelled It was through my success in those sports that my earlier feelings of inferiority were resolved."

It is apparent that the organic defect in the case of Mr Brown developed his feelings of inferiority However, a compensating spirit of success grew out of his mastery of water sports a compensation that later assisted him in solving

the intricate problems of business

We all remember when we were in the fourth or fifth grades the older children who were with us because thy had been forced to repeat grades These older children with their maeach year ture bodies and childish minds felt out of place, hated school and were a source of daily ridicule because of their duliness. Their feelings of inferiority were increased by stupid blunderings, and to compensate for these feelings of madequacy, many of them became disturbers or trouble-makers If we examined them we should probably find an intelligence quotient of from 60 to 75 However, with the low school age these children in the past went to work and found satisfaction at their level Hence, in the prevention of feelings of inferiority in the subnormal it is essential that academic progress should not be insisted upon beyond the mental endowment of the child, and that a successful adjustment in some line of physical endeavor be promoted

The child of normal intellect, with feelings of inferiority caused by some physical defect or imagined mental inadequacy, for there are many who undervaluate their abilities, needs encouragement in the development of self-assertion. Feelings of inferiority in the intellectual field may arise in the normal as well as in the subnormal. The mentally surnormal child is unable to cope in school with the brighter children, and great unhappiness may result from the development of feelings of inferiority. This occurs in particular when mental defect is not recognized in a child and the child is consequently harassed, punished

or caricatured because of poor rating

By the use of the standard psychometric tests a child's mentality may be measured and the possibilities for school progress estimated. By these tests the mental age of the child is arrived at. To go to high school a child needs an intelligence quotient of 100, to go to college 130. If a child has an IQ of 75, then according to the Fernald predictions the sixth grade is the limit of academic progress and if further school advance is desired then it must be in the field of vocational training. Hence it is apparent that every child has a definite mental endowment with limitations for academic or intellectual effort which cannot be passed.

ESCAPE FROM REALITY

The desire to escape unpleasant reality is accomplished by the formation of a defense attitude

called "the escape mechanism" and these escape mechanisms, of physical or mental character, are shown by a large number of children at adolescence. In the physical sphere, for example, the feigning of illness, nausea, vomiting or fainting attacks may be motivated by a child's desire to avoid examinations at school or to win the sympathy of an exacting teacher. By these simulations there results a focus of attention by the parent or teacher upon the eventualities of the illness and a mitigation of demands on the child. Thus through the escape mechanism the child is able to avoid some disagreeable situation and become the center of solicitous regard.

When the difficulties arising from some degree of mental madequacy motivate the child's desire for escape, the goal may be achieved by the simulation of physical disease or the development of behavior problems The defective child, sensing his mental limitations, must compensate for his feeling of inferiority by the production of defense mechanisms and then choose the method best adapted to help him to escape from unpleasant Discontinuance of school for defective children is the natural escape, and desirable when other training is substituted. However, a certain proportion of dull children through the stimulation given by parents and the low standards of some schools continue as students in order to escape the reality of economic and parental independence

Unsatisfactory school progress is caused by some physical or mental disorder. The physical disorders are easily eliminated and mental defect may be determined by the standard tests. Other mental disorders characterized by fears, inferiorities, resistances and the like may be resolved by psychiatric methods.

The training of dull children should be definite and along lines suited to their abilities or disabilities, because desultory academic training is disastrous to the poorly endowed child as it delays the day when he must make his adjustment to reality Parents who oppose the idea that the child may be limited academically because of inferior mental endowment readily recognize the limitations of inferior physical endowment Thus it is that many parents encourage a child with poor mental equipment to undertake too great mental tasks The following case, that of Andrew, a boy with an intelligence quotient of 85, who was encouraged by his parents to go to college, will illustrate some of the following points, the escape from reality and phantasy formation in a boy with dull mentality, the parents' refusal to recognize the boy's limitations and their neglect to train him in manual work, the boy's refusal to accept reality by striving for high position without corresponding effort, and his continuance of the adolescent state with its parental dependence and freedom from the economic problems of maturity

At the age of thirty Andrew was still a student at a local university where he was taking special courses to enter the freshman class without conditions. For twelve years Andrew had been a special student at several colleges, a state normal school and two medical schools without ever attaining a regular standing

Andrew lived at home with his adoring mother who saved just enough from her husband's small salary to finance her son these many years in his college activities. There were few such loyal college boys as Andrew even though he was only a two course special. Flowing banners of the college were tacked upon the walls of his room, massive piles of unopened books lay upon his table for he always bought the required equipment and more.

Sprawled in an arm chair sat Andrew, dressed in his natty tailored suit, a cigarette in the yellow stained fingers of his left hand and a pack of playing cards in the yellow stained fingers of his right. Across the table sat a freshman, twelve years Andrew's junior who was glad to accept the attentions of the older student for to the inexperienced eyes of the boy, Andrew was a man of the world and any recognition from him was to be encouraged

"No study for me tonight Let us go to the movies or a dance I have the money," said Andrew as he took from his pocket a five dollar bill which his mother had given him that day to buy another new book "The instructor in English is a real dub. Why, you know he wrote on my composition today that I should study spelling and punctuation. I have forgotten more English than that prig ever knew. As soon as I get my points at this little college I shall enter a real school, become a doctor, buy a big car and then what a life! Lots of money, a swell house and everything"

It was eleven thirty the next morning when Andrew finally opened his leadened eyes, and yawning wearily he slowly dressed

"I can cut these courses easily," he announced to his mother as she prepared his breakfast. I know that stuff better than the instructor I guess I shall go to the ball game this afternoon I don't have to study until the mid-year exams"

When the mid-year marks were posted Andrew received a note from the dean informing him that because of his low grades he was dismissed from the school

"Just read this note," Andrew bellowed to his parents that evening "I told you that the instructors in that school were against me and that the school is in the control of a group that tries to keep poor boys from receiving an education I'll become a doctor or burst"

His mother was momentarily crestfallen as she had only just finished telling her husband of the attractive future ahead for their son as a prominent physician "If these schools are in the hands of a despotic group," she said, "they should be exposed. They cannot stop me from giving him what he wants. Tomorrow will bring me another plan. My heart aches when I think of the odds that boy has had to face since he was in the eighth grade."

Fifteen years earlier when Andrew had been threatened with demotion in the eighth grade his mother's denunciations of the teacher's lack of sympathy and unfairness were increased to vehemence when the teacher suggested that the boy enter a vocational school as the teacher questioned the boy's ability to make further academic prog-His mother then entered him in private school after private school with the constant repetition of an enthusiastic start, indolence, lethargy and finally dismissal With each new school, its recreational activities, its campus life. Andrew's ambition became more buoyant His roommates were all familiar with his glowing hopes which he unfolded to any listener while puffing out clouds of cigarette smoke Fortune, fame, and social position were never far distant

In spite of his mother's hope that the morrow would bring another plan many days were required to find a solution for Andrew's latest school difficulty Turning the pages of a magazine her eyes danced with joy Here it was "Learn medicine by mail Become a doctor at home Join our correspondence course" Andrew was not to be thwarted He was again a college student A new banner was hung on the wall, a new lot of books were purchased Flecking his ashes with his yellow stained fingers, he murmured, "I'll get there yet This is the best of all No teachers this time to bore me"

FIXATION

The emotional over-attachment of the child to the parent if continued into maturity results in the state designated as "fixation". This state, contrasted to those emotional disturbances considered under temper tantrums and motivated by the instinct of self-preservation, is dependent upon the unconscious activation of many instincts. Jung vigorously condemns promotion of such emotional attachments between parent and child, because the child is fixed to the parent so strongly that he is unable in maturity to adjust to adult situations. Unless resolved, the continued overattachment emotionally cripples the individual and is an obstacle to family growth.

Historically, fixation of the child to the parent was understood centuries ago by the Greeks and the Romans They encouraged the early separation of the boy from the parent, his attendance at gymnasium, and the development of independence and self-reliance. With the decadence of Greece the rigorous discipline of youth was discarded and there was a return to parental dependence with its resulting effeminacy and a stunting of emotional development Throughout history we

recognize that there is national strength where there is appreciation of the value of freedom from fixations. While fixation in the child is motivated by instinctive strivings there are many psychic forces working in the parent such as self-love or self-indulgence which may be assumed in this discussion.

Nature planned that, in the developmental stages of child growth, there should be a gradual separation of the emotional attachments binding child to parent. It is only in the human species that parent fixation or what is technically termed the oedipus complex arises, an emotional crippling for which the unwise parent is responsible and for which the child is the unfortunate recep-In the animal world there is no oedipus complex and one wonders at the forces of nature operating instinctively in a wire-haired fox terrier who had several litters of puppies and whose behavior towards them never varied. Jealously guarding them, fiercely protecting them, and carefully nurturing them during their early weeks of dependence, her attitude gradually changed as they grew older She would then no longer play with them, growled disapprovingly at their continued presence, snapped at their heels to disperse them, and was not happy until they all had left her to continue of their own accord nature's

The following case illustrates the stages in the formation of a fixation. There is an over-attachment to the mother, correlated with an antagonism to the father, identification of all authority to the father, and therefore resistance to all authority.

Seven-year-old Gerald Smith was finishing breakfast as the nearby school bell sounded its warning strokes. His mother was hastily dressing to accompany him to school, for as usual, after she had washed, dressed, carefully combed Gerald's smooth black hair, found the particular cereal that might please his capricious appetite that morning, and had urged him to eat a big breakfast to please her, there was little time remaining to prepare her own toilet.

"My little boy must hurry or he will be late," his mother gently admonished as she pulled on his overshoes

"You do not feel well? There is a sore place on your lip? You may stay home if you wish, my dear You think that you will be able to remain for half the session? Now, aren't you the brave boy! Mother will kiss away all the pain," replied Mrs Smith as she fondled Gerald in her arms, stroked his smooth hair and smothered him with kisses

On their arrival late at the school there was another exchange of caresses combined with a short instruction to avoid the rough, boisterous boys of the school, not to enter their games and to keep himself clean

"Those rough boys have no manners, my dear," repeated Mrs Smith "Mother wants all her

little boy's love and if he became interested in the things those rough boys do, her sweet child might forget her"

When Gerald was twelve Mr Smith decided to send the boy to boarding school ten miles from

home

"I think that Gerald needs boys to play with and should take part in boys' games," he replied to his wife's objections "He is too much about the house and although you say that the cakes he makes are excellent, I should rather have him play on the boys' baseball team"

Gerald's departure to the boarding school was finally accomplished with a flood of tears, prolonged caresses and last minute admonitions

"I don't like this school, mother," telephoned Gerald the next day "They have rules for everything and I won't obey them The other boys are rough, mother, and they plague me They call me 'sissie' and ask me if I am tied to my mother's apron strings"

"What a shame, my perfect dear," weepingly replied his mother "Of course, come home im-

mediately"

Mr Smith did not approve entirely of this sudden return, but it was finally agreed by Mrs Smith that Gerald should live at home and attend the day session of the same boarding school

"Yes, I admit that Gerald's conduct is exemplary," replied the school principal to Mrs Smith's question "However, he is failing in several subjects and I shall have to demote him Do you know that he does not mix well with the boys of his age? They are all manly little fellows,—good stuff in them all, but Gerald confided to me that he thought them rough and unmannerly"

Peeking through a window a few days later, Gerald observed some school mates surreptitiously playing cards, "High, low, jack and the game" Of course card playing was strictly against the school rules, so Gerald promptly reported and with delight heard the reprimands administered to the culprits. However, the informer was soon known to the boys and that evening Gerald was soundly trounced by a group after dark. Next

day he was removed by his infuriated mother from that school amid heated denunciations directed toward the faculty

Mr Smith, perturbed at this unexpected event, insisted that Gerald must develop as other boys do and sent him to a camp

Gerald viewed the camp with suspicion, disapproved of the rough dining hall and shivered at the idea of sleeping in a tent. He shyly watched the exultant groups of boys plunge into the ocean, dive off the raft, or leap from the boats

"Don't leave me here alone," he moaned to his mother, who quickly promised to remain for a week at a nearby hotel

When taps sounded "lights out" a camp councillor heard Gerald weeping bitterly

"I won't stay here, I am unhappy, lonely and

you can't keep me here"

And true it was, for on the early morning train back to the city sat Mrs Smith patting Gerald's smooth black hair and drying his wet cheeks

The results of the parent fixation on maturity could be extensively elaborated by discussion of the mechanisms of identification, parent image and the disturbances of the instinct of procreation with resulting neuroses. Freud asserts that the oedipus complex or parent fixation in the nuclear complex of all neuroses.

In reference to the desirability of facing reality and understanding human motives, the following is quoted from "The Meditations" of Marcus Aurelius

"The healthy eye should see all that meets the sight, and not say 'I want things green,'—the confession of weak eyes. Healthy hearing and healthy smell should be prepared for every sound and every scent, and the healthy stomach too for all kinds of food, no less than the molar for everything which it was made to grind. So too the healthy understanding should be prepared for all that befalls. The mind that cries 'Save my little ones' or 'Let everyone applaud each thing I do' is the eye that wants things green, or the tooth that wants them soft."

ERECT PERCUSSION PAIN METHOD OF ABDOMINAL DIAGNOSIS By L WINFIELD KOHN, MD, NEW YORK, N Y

T HE abdominal wall is a muscular and aponeurotic structure supplied by nerves which are in physiological relation to the different organs underneath, through the medium of the vegetative nervous system. The lower intercostals especially are concerned in abdominal expression of cutaneous hyperesthesia, muscle rigidity and referred abdominal pain. These nerves are intimately connected with the sympathetic system which supplies the abdominal viscera.

In acute abdominal conditions, cutaneous hyperesthesia and muscle rigidity are often the chief abdominal features but in the chronic or subacute conditions this is not usually the case and an effort is made to elicit tenderness through palpation or pressure. A study of palpatory tenderness proves valuable in many instances

In this article the subject of percussion is the special method of diagnosis under consideration, not, however, in the sense of its ordinary employment in the past but rather as a means of eliciting abdominal tenderness which in turn is to be interpreted in relation to the disordered condition within the abdominal viscera

Franz Ehrlich*, in 1923, in a paper entitled "Ueber die diagnostische Bedeutung des Faustschen Klopfschmerzes im Stehen am Abdomen." attracted the writer's attention to the possibilities that may be derived from an examination of the abdomen of patients in the upright position From the results of the study of the abdomen by the simple percussion method, much valuable data has gradually been accumulated, leading to the conviction that the percussion method of studying abdominal sensitiveness has, at times, certain advantages over the pressure method percussion is done only while the patient is in the erect position



Normally, stimuli from the visceral organs are not of sufficient intensity to cause the perceptive centers in the brain to take notice of them, hence no pain is appreciated. When, however, stimuli from a visceral organ are sufficiently intensified above the normal to cause the brain centers to perceive them, a disordered sensation is experienced—usually pain. This disordered sensation will, as a rule, manifest itself in that portion of the body which corresponds to the centers in the spinal cord affected by the abnormal stimulus. It

will follow to a great extent the segmental relationship determined during embryological development

Pottenger states that "as a matter of differential diagnosis between organic and functional disturbances, it may be broadly stated that a motor secretory disturbance in any important organ belonging to the enteral system, unless accompanied by sensory, motor or trophic reflexes in the skeletal structures, is not due to inflammatory organic change in the tissues of that organ." The author despite this assertion believes that certain functional states as pylorospasm, gastrospasm and bile duct spasm may be sufficiently stimulating to render the nerve cells and fibres of the sympathetic system irritable, in consequence of which a painful sensation is conveyed to those tissues supplied by the spinal nerves which mediate with the sympathetic elements the other hand, he also believes that there are instances when organic disease does not furnish the stimulus necessary for a production of pain within the body wall, this being the result of a lack of intensity in irritability of the diseased process or possibly because of a conditioning or modification of the reflex through gradual adaptation of the nerve centers to the stimuli furnished by the diseased process

It is to detect such concealed lesions and to elicit abdominosegmental tenderness where many other methods fail, that resort is made to the use of the percussion pain sign normally sensitive segments are a rather important key in the solution of abdominovisceral Disease of any of the upper digestive organs may produce segmental irritability in any of the areas governed by centers within the spinal thoracic segments — fifth to the This is plainly manifest in the acute conditions but in the chronic diseases, these clinical manifestations are not pronounced and it is in such instances that strong percussion in the erect position will through its suddenness and sharpness of impact, send a stimulus to the spinal centers which will bring out the tenderness that signifies the existence of an irritable or sensitive abdominal segment tenderness usually implies an organic affection

The patient being percussed in the erect position, is unable to protect the tender area through the medium of abdominal muscular contraction, and the transmission of an impulse to a diseased focus by percussion is far more satisfactory when the patient stands erect than when he is lying down Especially is this true of the upper abdomen. In the erect position, the organs of the upper abdomen uncover themselves to a certain extent. This is especially true in the atonic abdomens. Valuable information may be gleaned from the degree and extent of the sensitiveness of a segment and it is from this angle that intelli-

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gent conclusions should be formulated. In a subsequent paper, the writer expects to present his findings in a large group of cases and to co-ordinate them with other symptoms and the diagnosis

In conclusion, it must be emphasized that this method of diagnosis finds its particular field of application in ascertaining the existence of a tender abdominal organ whose impressions are transmitted to a certain segment This being established, its relation to other signs and symptoms that may manifest themselves must be based on personal experience with this Erect Percussion Pain Method. The writer is led to believe that it indicates the existence of an organic affection in nearly all cases. It may especially prove of value in detecting early ulcus.

EXAMINATION OF THE CONTENTS OF THE ABDOMEN BY AUSCULATORY PERCUSSION

By ELIZA M MOSHUR, MD, BROOKLYN, NY

THE writer is surprised to discover that so few physicians accustom themselves to the use of auscultatory percussion of the abdomen in their efforts to discover the condition of its contents

Twenty years of routine examination of the abdomen—the really most important laboratory of the human body—have proved the value of this method in the practice of the writer

Preliminary to such an examination it is important to ascertain the distance between the tip of the ensiform cartilage and the upper border of the pubis, since a short sternum—5½ to 6 inches—indicates a long abdominal wall 12 to 15 inches

It is a well known fact that the greater the distance between two points of support the weaker at its middle will be the part supported

This rule holds good here Ptosis of the transverse colon is seldom found except in persons having an abdominal wall of exaggerated length

Next to this measurement in importance is the location of the attachment of the splenic colon to the side wall of the body easily be found by placing the stethoscope in this region and tapping lightly off and on the colon from the navel to its attachment which normally is found about midway between the lower border of the ribs and the crest of the When attached higher the stethoscope oulines a sharp angle where it turns down-In these cases the splenic colon will nearly always be found to be wider than normal due to repeated distension by the damming back of its contents Such patients complain of pain which they locate in the heart or lungs, both of which, however, are usually found to be normal

After locating the colon it is easy to outline the stomach by the same method. When not empty, under gentle pressure of the hand the gurgle of its contents can easily be heard as they pass the pylorus

The gall bladder, if distended, can be outlined by this method also. It is well to administer a Seidlitz powder when after free movement of the bowel its contour will be lost if its outlet is not obstructed and it contains no stones.

The ileum in the ileo-cæcal region can also be outlined by auscultatory percussion, especially if from any cause it is overdistended. It is important to locate the caecum, as in some individuals its loose or high attachment to the side wall of the body permits it to swing almost to the median line. In such cases the ileo-cæcal opening is so displaced that damming back of the contents of the canal is very marked and displacement of the cæcum has, in some cases, seemed to favor the occurrence of acute appendicitis. Wherever continued, or off-repeated overdistension occurs in any part of the canal, more or less pain is felt and tenderness to manual pressure is present.

The descending colon is more or less permanently dilated by continued constipation and the frequent use of high enemata. If fecal matter, or even water, fills the sigmoid flexure, and remains there unduly, not only overdistention occurs, but a lengthening downward of the loop which becomes a permanent obstacle to the normal onward movement of the contents of the canal. This elongated flexure, or kink, can be outlined by stethoscope, though with some difficulty

Marked delay in the normal movement of the intestinal contents permits the bacteria always present to multiply Absorption of their contents frequently results in lowered general health

In making a general diagnosis it is most important to outline the location and condition of the abdominal viscera. This requires but a few moments of time and should never be omitted.

RECORDED CAUSES IN FIVE HUNDRED STILLBIRTHS IN NEW YORK CITY* By LAURA W NATHAN and GODIAS I DROLET.* NEW YORK N Y

INCIDENT to the collection of data referring to stillbirths occurring to residents of its District only the Bellevie-Yorkville Health Demonstration in New York City also noted the record of the causes of death as listed on the certificates for all the stillbirths reported in hospitals or homes in the District regardless of residence of the mothers. The material covers some 500 cases of stillbirths in a district which includes in its boundaries some of the largest hospitals rendering obstetrical services in New York City

The stillbirth certificate records the immediate cause of death and also predisposing causes. For this study only the immediate cause, as reported by the attendant in each case, was utilized

The causes as presented by the attendants have been listed and classified as is usually done in the Birth Registration Reports of the U S Bureau of the Census While this study does not attempt to do more at present, it still seems worth while so that other possible and broader phases may be developed, even from the data on the certificate alone period of gestation, influence of sex, color, race of mother, predisposing causes, with division into antenatal, intranatal, and postnatal stillbirths

A stillbirth as defined by the Bureau of Records, New York City Department of Health, covers any non-viable product of conception de-

livered at any time during gestation

Following is a list of the causes of the stillbirths in the Bellevue-Yorkville District with numbers and percentages of the total, classified as in the reports of the Birth Registration Area of the U S Census Bureau—with a few changes and additions to fit the particular material on hand

TABLE I

Causes of All Stillbir Bellevue-Yorkvili			THE Per
		Number	centage
All causes		498	100 0
Syphilis		14	28
Extra-uterine pregnancy		1	.2
Toxemia and nephritis		33	67
Nephritis	3		
Toxemia	30		
Hemorrhages	-	4	8
Accidental	2	•	Ū
	2		
Others	2	2	1
Inertia of uterus		2 4 15	4 8 30
Rupture of uterus		4	20
Malformations	_	15	30
Hydrocephalus	5		
Spina bifida	1		
Anencephalic	5 1 6 3	,	
Other malformations	3	•	
Placenta and membranes		40	80
Placenta praevia	7		
Separation of placenta	29		
Diseases of the placenta			
Diseases of the placenta	1 3		
Infraction of placenta	J		

^{*} Statistical Division Bellevie-Yorkville Health Demonstration. Based upon a study from the stillbirth certificates at the Bureau of Records, New York City Department of Health

AS J DROLET,* NEW Y	ORK,	N Y	
Atantan		Number	Per centage
Abortion, miscarriage, and premature births Ditto therapeutic	2	68	137
Ditto inerapeutic Ditto spontaneous	2 3		
Other abortions and miscarriages	5		
Prematurity	58		
Prolapse and compression of cord		34	68
Compression of cord	3	01	
Cord around neck Knot in cord	6 1		
Prolapsed cord	20		
Short cord Pressure of cord wound	1		
tightly about body	3	6	12
Malpresentation Breech	4	O	12
Shoulder	1 1		
Other and unspecified Difficult labor	-	35	70
Contracted pelvis Instrumental delivery	7 7 3 2 11		
Version	3		
Prolonged labor Dystocia	2 11		
Delayed labor	1		
Dry labor Obstruction a 1 o n g	3		
course	1		
Asphyxia of child (cause not stated)		7 5	151
Hydramnios		3	6 67
Death in utero Maceration	32	33	0,
Other deaths in utero Traumatism and overwork	1	2	4
Overwork	1	2	•
Fall Other diseases or condi-	1		
tions of the mother	_	4	8
High blood pressure Influenza of mother	1 2		
Obesity of mother	ī		
Therapeutic induction of labor		3	6
Acute nephritis with eclampsia	1		
Toxemia of pregnancy	1 1		
Abdominal hysterotomy for pulmonary tuber-			
culosis in mother	1		_
Overdue Injury to child		3 10	6 20
Intracranial injury and fracture of neck	1	••	
Craniotomy	1 4		
Cerebral hemorrhage Intracranial hemorrhage	4 1		
Other diseases or condi-	-		
tions of child Atelectasis	6	11	2.2
Asthenia Non-viability	1		
Congenital endocarditis	3		
Foetal edema Causes not specified and	1		
unknown		97	195
CC1			

The causes arranged in the order of frequency are given in Table II Asphyxia (cause not

stated) heads the list with 15 percent Prematurity with about 14 percent follows. If we combine difficult labor with malpresentations and injuries to child, the total complications of labor become 12 percent of all causes. Diseases of the placenta and membranes claim here 8 percent of the causes.

TABLE II

STILLBIRTH CAUSES IN THE ORDER OF FREQUENCY						
All Cases Institutional At Home						
,	Num	Per	Ca Num	ses Per	Num	ses Per
Causes	ber	cent	ber	cent	ber	cent
All causes	498	1000	442	1000	56	1000
Asphyxia of child						
(cause not						
stated)	75	15 1	67	152	8	143
Abortion, miscar-						
riage, and pre-					_	
mature births	68	13 7	64	14 5	4	71
Diseases of the						
placenta an d					_	4.0
membranes	40	81	39	88	1	18
Difficult labor	35	70	31	70	4	71
Prolapse and com-	٠.		21	7.0	,	г э
pression of cord	34	68	31	70	3	5 3
Toxemia and	22		20	<i>c</i> 0	2	5 3
nephritis	33	67	30 29	68	3 4 2 2	71
Death in utero	33	67 30	13	66	4	36
Malformations	15 14	28	12	29 27	2	36
Syphilis Other diseases or	14	20	12	21	2	30
Other diseases or conditions of						
child	12	2.2	12	27		
Injury to child	10	20	8	18	2	36
Malpresentation	Ğ	1.2	Š	īĭ	2 1	18
Rupture of uterus	4	8	5	- ō	_	
Hemorrhages	4	8	4	9		
Other diseases or						
conditions of						
mother	4	8	1	.2	3	53
Hydramnios	4 3 3	6	3 2	.2 7 5		
Overdue	3	6	2	5	1	18
Therapeutic induc-	_	_	_	_		
tion of labor	3 2	6	3 2	7 5		
Inertia of uterus	2	4	2	5		
Traumatism and	_			_		1.0
overwork	2	4	1	2	1	18
Extra-uterine preg-	1	.2	1	.2		
nancy	T	.2	1	.2		
Causes not speci- fied and un-						
known	97	195	80	18 1	17	30 5
AHOWH	,,	1, 3	-00	101	.,	000

A study of the 498 cases of stillbirths shows that 56 occurred at home and 442 in institutions, details of which are also shown in Table II It must, of course, be remembered that often hospital cases, especially at Bellevue Hospital, the municipal institution in this District, are emergency cases that have not been under the care of prenatal clinics

A comparison of the relative frequency of various causes of stillbirths recorded in hospital or institutional cases and at-home cases shows that there is practically an equal proportion of asphyxia of the child, difficult labor, and death in utero

On the other hand, abortion, miscarriage, and premature births are more than twice as frequent among hospital cases as among home cases Dis-

eases of the placenta and membranes are also considerably greater Prolapse and compression of cord are slightly higher as are also toxemia and nephritis

All stillbirths due to diseases of the child occurred among hospital cases. The same group includes all stillbirths due to hemorrhages, rupture of the uterus, hydramnios, therapeutic induction of labor, inertia of uterus, and extra-uterine

pregnancy

Malformations and syphilis in this series of stillbirths are greater among the at-home cases. Injury to child with but two cases is still twice as great among at-home cases. Other diseases or conditions of mother, such as influenza and high blood pressure, are considerably more frequent among the at-home patients, while traumatism and overwork are also greater. Causes not specified and unknown are naturally higher among the at-home cases than those under institutional care.

The causes due to conditions of the mother cover 202 stillbirths, those due to conditions in, or injuries to the child, number 188 and those due to either or both are 108. They are grouped accordingly in Table III.

TABLE III

CAUSES OF STILLBIRTHS ACCORDED TO CONDITIONS DUE TO MOTHER OR INFANT

Causes Due to Conditions of Mother	
Abortion, miscarriage and premature births	68
Diseases of placenta and membranes	40
Toxemia and nephritis	33
Difficult labor	24*
Syphilis	14
Hemorrhages	
Rupture of uterus	4 4
Other diseases or conditions of mother	
Therapeutic induction of labor	3
Overdue	3
Traumatism and overwork	2
Inertia of uterus	4 3 2 2
Extra-uterine pregnancy	1
·	
Total	202

Causes Due to Conditions of or Injuries to Asphyxia (cause not stated) Prolapse and compression of cord Death in utero Malformations Other diseases or conditions of child Injury to child Malpresentation Hydramnios	75 34 33 15 12 10 6 3
Total	188

Causes Due to Conditions of Mother and	Infant
Dystocia Causes not specified and unknown	11 97
Total	108

A recent U S Public Health Report‡ listing the causes of stillbirths in the 1924 Census Bureau Report from selected sections in the Birth

^{*}Exclusive of dystocia

[†]March 18, 1927 Vol. 42, No 11

Registration Area says that "the actual diagnoses made by the attendants who reported—18,634 stillbirths under consideration,—may be considered as representative of the knowledge of the causation of stillbirths of the average accoucheur in the selected area"

For purposes of comparison, the percentages found in the Bellevue-Yorkville District of New York City are herewith given for each cause

TABLE IV

Causes of Stillbirth	Bureau of the Census Study Per Cent	Bellevue Yorkville Study Per Cent
All causes	100 0	100 0
Prolapse and compression of		100 0
cord	91	68
Diseases of placenta and mem-		
branes	89	8 1
Difficult labor	86	70
Abortion, miscarriage, and pre-	•	
mature birth	82	13 7
Malpresentation	5 3	12
Albuminuria and other diseases		
incident to pregnancy	52	6 7†
Asphyxia of child (cause not		
stated)	4 1	15 1
Malformation	4 1	30
Traumatism and overwork	3 7	4

†Toxemia and nephritis only

Syphilis	26	28
Death in utero	28	67
General diseases	3 1	
Other specified causes	40	90
Causes not specified and un-		
known	30 2	19 5

It would seem in both series that the frequency of stillbirths being due to diseases of placenta and membranes, syphilis, and possibly malformations occur at a fairly equal rate. On the other hand, the greater percentage of un known causes in the Bureau of Census study—namely, 30 percent as against 20 percent in Bellevue-Yorkville, raises serious doubts as to how correctly comparisons of the two can be made Further, the possibility that in New York City an earlier reporting of stillbirths is made, would also tend to bring out different causes in each series

While it seems impractical at present from the limited facts at hand to uncover the generally common causes of stillbirths, it is still felt that a careful recording of all the information available should ultimately permit the throwing of additional light on this little recognized serious condition, and assure in some degree a more adequate registration of stillbirths

TREATMENT OF THE TOXEMIAS OF PREGNANCY*

By H J STANDER, M D, BALTIMORE, MD

(From the Department of Obstetrics, John Hopkins University & Hospital)

BEFORE attempting to discuss the treatment of the toxemias of pregnancy it is well to have before us a workable classification of these complications of the gravid state By studying and correlating the findings in a large series of patients we have been able to arrive at a rather simple and definite classification and this was only possible by observing repeated pregnancies in the same individual. This grouping, which is now in force in the Johns Hopkins Hospital, is as follows

- 1 Eclampsia
- 2 Pre-eclampsia
- 3 Chronic nephritis
- 4 Eclampsia superimposed on chronic nephritis
- 5 Low reserve kidney

Eclampsia This is a definite entity associated with one or more convulsions, usually a very high blood pressure, a large amount of albumin in the urine and certain changes in the blood constituents. The outstanding chemical findings in the blood of eclamptic patients are a high uric acid, and increased lactic acid, a decrease in the CO₂ combining power, which is very pronounced in

* Read at the Annual Meeting of the Medical Society of the State of New York at Niagara Falls N Y May 10 1927 certain cases, and a tendency towards hyperglycemia From work at present in progress in our clinic it appears that eclampsia may also be associated with changes in the higher proteinsplit products, but these we are not as yet in a position to discuss. In addition to those chemical changes noted in the blood, there are the pathological changes observed in the eclamptic liver. The eclamptic group constitutes a definite entity and further discussion as to its classification hardly seems necessary

Pre-eclampsia There is a small group of patients, about 5 per cent of all toxemias, who present a picture almost identical with eclampsia, but who have no convulsions or coma eclampsia is the stage preceding the outbreak of convulsions or eclampsia I believe that preeclampsia is an early manifestation of eclampsia and differs from it only in so far as that it has not yet reached the convulsive stage eclampsia, then, we also encounter a great amount of albumin in the urine and a high blood pressure level In both eclampsia and pre-eclampsia there is a complete disappearance of the abnormal find ings within two or three weeks following delivery or successful treatment I wish you to bear in mind, however, that eclampsia and pre-eclampsia are not always accompanied by a large amount of albumin in the urine and a very high blood pressure, although the cases with a small amount of albumin and a slightly elevated blood pressure are decidedly the exception

Chronic Nephritis It is exceedingly iniportant that one be able to diagnose and evaluate this complication of pregnancy in order that the proper treatment may be instituted. If accurate information regarding previous pregnancies is available, one notes that the last pregnancy showed more renal involvement than the one preceding it, in that a rising blood pressure and the presence of albumin in the urine are observed far earlier than in the previous pregnancy There is often nitrogenous retention in the blood as well as a disturbed nitrogen partition in the urine, as is evidenced by an increased ammonia nitrogen and a change in the amount of urea nitrogen Perhaps the most outstanding characteristic of this group is the fact that at the end of the puerperium the blood pressure, and especially the diastolic, has not returned to its normal level, and the albumin in the urine has not disappeared The chronic nephritis may have developed from such causes as scarlet fever, tonsillitis, myocarditis or infectious diseases, or repeated pregnancies may have played a role in its development In the diagnosis, therefore, of this condition the patient's past medical and obstetrical history is of great importance

Eclampsia Superimposed on Chronic Nephritis It appears to me quite feasible to have typical eclampsia in a woman who is already suffering from a chronic nephritis. This does not mean that nephritis predisposes to eclampsia, for the incidence of eclampsia in nephritic women is about the same as in women without any sign of chronic From the clinical, pathological and nephritis chemical findings up to date, I am inclined to believe that changes in the kidneys are not associated with the etiology of eclampsia Eclampsia does not usually damage the kidney, but in a small percentage of cases, the eclamptic condition is superimposed on a chronic nephritis In this group the outstanding characteristics at the time of the attack are those of eclampsia, but as the patient improves during the puerperium we note more and more the signs of the underlying chronic nephritis

Low Reserve Kidney In a certain number of patients we observe an elevated blood pressure of about 150/90, which at the end of the puerperium drops to a normal level Associated with this elevated blood pressure there is a small amount of albumin in the urine, which also disappears as the end of the puerperium approaches. In subsequent pregnancies the patient is as well as, or better than, in the preceding pregnancy. The kidneys have not been damaged, there is no progressive process and there is no sign of

chronic nephritis It seems that the kidney reserve is too low to meet the extra demands of the last stages of pregnancy, as is shown by the passage of a certain amount of albumin through the glomerular epithelium and by the moderate elevation of blood pressure.

DIFFERENTIAL DIAGNOSIS

Before intelligent treatment can be instituted in a patient suffering from a toxemia of the latter half of pregnancy, it is necessary that we know the type of toxemia, and, therefore, be able to differentiate between the following groups

- 1 Eclampsia
- 2 Pre-eclampsia
- 3 Chronic nephritis
- 4 Low reserve kidney

The eclamptic and pre-eclamptic conditions are readily diagnosed. In the former we have one or more convulsions, usually a high blood pressure, appearing often quite suddenly, and as a rule a large amount of albumin in the urine, while blood analysis reveals an increase in uric and lactic acids, a tendency towards a hyperglycemia and a low CO2 combining power Ophthalmoscopic examination may show detachment or edema of the retina These findings, as well as the edema of the face, extremities and other parts of the body, disappear completely during the puerperium. You are well acquainted with the manifestations of this dreaded disease In pre-eclampsia, on the other hand, there are no convulsions but the other features of the disease are almost identical with those described as characteristic of eclampsia. We may perhaps regard pre-eclampsia as the condition immediately preceding the convulsive stage of the eclamptic en-

In chronic nephritis the patient's past history is of utmost importance. Each subsequent pregnancy is associated with an increasing degree of renal damage Chronic nephritis is to be differentiated from low reserve kidney in that, in the former condition two or three weeks after delivery, the blood pressure still remains above the normal level, the urine is not albumin free, an examination of the eye-grounds may show an albuminuric retinitis or arteriosclerosis, and there may be definite evidence of nitrogenous retention in the blood. While in the low reserve kidney there is only a moderate rise of blood pressure and a relatively small amount of albumin in the urine, and these abnormal findings disappear completely during puerperium this latter condition there are no signs of a disturbed blood chemistry, and occasionally only do we encounter slight edema of the extremities This is not a progressive process, and in subsequent pregnancies the condition is not worse, but remains the same or even becomes better

TREATMENT OF ECLAMPSIA

I shall not here attempt to discuss all the different treatments for eclampsia, but will submit for your consideration my own views on the subject. By visiting the leading obstetrical clinics in Europe, and some in this country, it has been possible to come to certain conclusions which are perhaps not in accord with the deductions one is inclined to make from results as reported in the current literature. I shall consider the treatment of eclampsia under the following headings

- (a) Anesthesia
- (b) Venesection
- (c) Elimination
- (d) Magnesium Sulphate
- (e) Morphia and Chloral
- (f) Insulin and Glucose
- (g) Routine treatment

Anesthesia Recent studies in our clinic on the effect of anesthesia on the chemical constitution of the blood and on the histology of various organs, and the liver in particular, have led to the conclusion that in the treatment of eclampsia general anesthesia should not be used found that ether, chloroform, nitrous oxide, and ethylene produce changes in the blood constituents very similar to those seen in eclampsia, and that they also bring about marked liver lesions as well as changes in the kidney I believe that the reduction in maternal mortality in eclampsia, incident to the change from radical to conservative treatment, is in great part due to the fact that a smaller number of patients receive general anesthesia It is especially interesting to note that nitrous oxide and even ethylene produce a marked disturbance in the blood chemistry as well as pathological changes in the liver sequently, the use of these general anesthetics, ether, chloroform, nitrous oxide and ethylene, in the treatment of eclampsia is certainly open to objection

Venesection I have maintained that the high blood pressure in eclampsia may be a protective mechanism, essential to elimination and have doubted the wisdom of suddenly reducing it One so often observes after a venesection a re markably sudden return of the pressure to its original high level. From a study of the results obtained with and without venesection, it appears that it is very doubtful whether bleeding, as a step in the treatment of eclampsia, is of any benefit, and it may sometimes even do harm. It also seems to me that a venesection to be of any material value in the elimination of "toxins" must be to the extent of about 1000 c c

Elimination We no longer employ drastic methods to bring about sweating and profuse elimination I have been unable to discover any good obtained from lavage or colonic irrigation,

and hold that these procedures constitute an unnecessary irritation to the central nervous system. The forcing of fluids by mouth in certain cases seems to be the only justifiable means of of stimulating elimination, and then only when the patient is not comatose.

Magnesium Sulphate During the past two years certain clinics have used magnesium sulphate to treat the convulsions of eclampsia, and some excellent results have been reported have had no clinical experience with this particular therapy, and am, therefore, not in a position to express an opinion concerning its merits. We have done a small amount of experimental work on dogs with this substance but our findings are as yet too scanty to allow of a conclusive opinion From personal communications I gather that magnesium sulphate is routinely employed in the treatment of eclampsia in a few clinics in this country, and I hope that some one will soon pub lish the results of this treatment on a large enough series of cases to allow us to form some opinion

Morphia and Chloral Experimental work on dogs, carried out in this clinic, showed that morphia definitely raised the CO₂ combining power I have already pointed out that in eclampsia we have a lowering of the CO₂ combining power of the blood, and sometimes to a marked acidosis level For many years morphia has been used by some in the treatment of eclampsia, and here is direct evidence that it may be of help in combating, in part at least, the acidosis so often encountered in eclampsia

Both morphia and chloral hydrate have a sedative effect on the central nervous system. From work on the cation ratios, I have maintained that a change in permeability of the capillary wall may result in an alteration in the nervous irritability in eclampsia. Furthermore, from clinical observations, one would assume that the nervous irritability in eclampsia is increased. That morphia and chloral, by virtue of their sedative action, may have a further beneficial effect on the eclamptic patient seems, therefore, quite plausible.

Insulm and Glucose There are two factors in eclampsia of importance in the consideration of insulin and glucose therapy. These are the marked acidosis, so frequently seen, and the liver damage in eclampsia. I feel convinced that the dangerously low CO₂ combining power of the blood, observed in a large percentage of eclamptic patients, may be overcome by the proper use of insulin with a protective dose of glucose Furthermore, it has been fairly well proven that glucose therepy may be of value where the supply of glycogen in the liver is depleted, following certain types of liver damage.

Routine Treatment I shall now outline the treatment of eclampsia as carried out in our clinic.

- 1 (a) Patient to be placed in a quiet darkened room and to be disturbed as little as possible
 - (b) To have a special nurse continuously until definitely out of coma
 - (c) To be catheterized, and examined medically and obstetrically
 - (d) To be placed on one side, with foot of bed elevated so long as coma persists Mucous to be swabbed from pharynx as it collects
 - (e) To have water freely when conscious If patient cannot drink on account of coma, or lack of desire, the intravenous administration of 500 c c of 5 per cent glucose solution should be considered
- 2 Morphia and chloral to be administered as follows
 - (a) Upon admission
 Gr ¼ morphia hypodermically
 - (b) One hour after admission

 If comatose give 2 grams chloral hydrate in 100 cc of normal salt solution, and the same quantity of milk per rectum. If conscious the chloral can be administered by mouth in 100 cc of milk
 - (c) Three hours after admission
 Gr 1/4 morphia hypodermically
 - (d) Seven hours after admission 2 grams chloral hydrate as above
 - (e) Thirteen hours after admission 1 5 grams chloral hydrate as above.
 - (f) Twenty-one hours after admission 15 grams chloral hydrate as above
- 3 No general anesthetic, such as ether, chloroform, nitrous oxide or ethylene is to be used
- 4 Should the carbon dioxide combining power of the blood be 30 volumes per cent or lower, 15 to 30 units of insulin with a protective dose of glucose, of 2 grams per unit of insulin, are to be administered. I may say here that where one is unable to have an immediate analysis of the patient's blood, a persistent coma or semiconscious state, following a fit, warrants the use of insulin with glucose in order to combat the acidosis
- 5 The question as to whether or not the pregnancy should be interrupted is one of the utmost importance. In the mild cases delivery is not attempted until after the cervix is fully dilated, then by the simplest operative means, unless spontaneous delivery seems imminent. In the severe cases of eclampsia, not responding to the above treatment, it may

be advisable to institute prompt delivery under spinal or local anesthesia. The rule that no general anesthetic is to be used, is particularly applicable to these severe cases

In intercurrent eclampsia, where our modification of Stroganoff's conservative treatment has improved the patient's condition, it is well to bear in mind that, although termination of pregnancy is not always essential to the cure of the disease, with the first sign of a relapse or of a return of the syndrome, delivery, as indicated above, should be considered

TREATMENT OF PRE-ECLAMPSIA

In pre-eclampsia the outbreak of convulsions or coma is imminent and thus our treatment must aim at preventing this disease from developing into frank eclampsia. In most cases of pre-eclampsia the procedure of choice is the earliest termination of pregnancy consistent with the safety of the patient. It is often advisable that the woman be first given the modified Stroganoff treatment and should prompt improvement follow this therapy, it may be wise to wait and allow her to enter a natural labor, watching However, carefully all signs and symptoms should the morphia and chloral treatment not result in a rapid recovery, it is urgent that delivery be effected, and if the cervix is soft or partially dilated this can be attained by inserting a bag without the use of a general anesthetic, on the other hand should the cervix be rigid, cesarean section, under spinal or local anesthesia, becomes the procedure of choice

TREATMENT OF CHRONIC NEPHRITIS

After an underlying chronic nephritis has been definitely diagnosed, one assumes a grave responsibility by allowing the pregnancy to proceed If the nephritic condition is severe, immediate termination of pregnancy becomes imperative. In the milder types of chronic nephritis, rest in bed and dietetic treatment occasionally enable us to carry the patient to term without any serious harm to the mother, but it is well to remember that such an outcome is the exception rather than the rule Furthermore, how can we be sure that the underlying renal condition has not been aggravated by the strain of the latter months of pregnancy, and that the patient's life has thereby been shortened, although this increased damage to the kidneys may not be apparent at the time of delivery? strongly advocate the termination of pregnancy in all cases of an underlying chronic nephritis, unless marked and rapid improvement follows the conservative treatment of rest in bed with restricted low-protein (and in some instances salt-The patient's free) diet and plenty of fluids past history, both medical and obstetrical, the duration of the present pregnancy and the subjective and objective findings, enable us to form an opinion as to the severity of the nephritic condition

TREATMENT OF LOW-RESERVE KIDNEY

The low-reserve kidney sustains no permanent damage from pregnancy, and is, therefore, no indication for termination of pregnancy Our procedure is to keep the patient in bed, force fluids and give her a restricted low-protein diet ally improvement is prompt and the patient goes to term and through labor without any untoward signs or symptoms, and she is discharged with a normal blood pressure and an albumin-free urine Occasionally this treatment is not followed by such an improvement, and it is my belief that in these cases we often are in error in our diagnosis. and probably have to deal with a mild chronic In a true low-reserve kidney, without nephritis any nephritis, the above-outlined conservative treatment will result either in complete improvement, or in preventing the condition from becoming aggravated, and it is safe to allow pregnancy to proceed to term It is well to repeat here that should the blood pressure continue to rise and an increasing amount of albumin to appear in the urine, in spite of conservative treatment, the underlying condition is not a low-reserve kidney. but either a nephritis or a pre-eclampsia, and, therefore, calls for more radical procedure

Vomiting of Pregnancy

I have discussed the treatment of the toxemias of the latter half of pregnancy and have made no reference to the toxemia of the first half of pregnancy. I regard the vomiting of pregnancy as a toxemia due to a changed metabolism. Without referring to the chemical findings, which have already been discussed in detail, I shall simply state that all evidence leads to the conclusion that the foetus utilizes mainly carbohydrates, both for its energy requirements and for the manufacture of

its fat, and there is consequently a drain on the maternal sugar. The result is a changed maternal metabolism instituted between the second and fourth months, the period of vomiting. I believe it highly probable that vomiting of pregnancy may, in some way, be associated with a change in the maternal metabolism.

TREATMENT OF VOMITING OF PREGNANCY

I do not believe there is such an entity as pure neurotic vomiting, but do admit that the neuroses or neurasthenias may play an important role, especially in aggravating the condition. The neurotic element, therefore, often needs careful consideration, and treatment must be directed to combat this phase of the disease. However, there is probably always an organic or metabolic distubance which is the underlying basis for the vomiting.

Rest in bed and careful supervision of diet often bring about a complete cure found that sometimes small but frequent meals, fairly rich in carbohydrates, are of great help In many cases the use of glucose, as well as that of insulin and glucose stops the vomiting must bear in mind, however, that occasionally, after trying each of these various methods of treatment, the condition is not relieved and in order to save the patient's life we have to resort to termination of pregnancy Although vomiting of pregnancy may manifest itself as early as at the end of the first month, a time at which the foetal carbohydrate requirements must be exceedingly limited, the food metabolism of mother and offspring seems to offer a promising field for further experimental work in the endeavor to discover the cause of this toxemia, of which we know, as yet, very little As we gain such information we may be able, in the future, to successfully treat this complication of gravidity without the necessity of destroying the life of the offspring



THE PUPIL IN DIAGNOSIS*

By THOMAS HAYES CURTIN, M D, NEW YORK, N Y

The older one grows in the practice of medicine, whether as the general practitioner or in any of the various specialties, the conclusion becomes more apparent as the years roll along, that medicine is more of an art than a science, and that notwithstanding the advances of recent years, particularly in the chemical, physiological and experimental laboratories and through the X-ray, the fleuroscope or radium, diagnoses in my opinion, are made with little more precision today than they were thirty years ago, for in the olden days, the physician had to make up by his art, what we today have gained scientifically art of observation, particularly for the minutest details, using the five God-given senses, namely, seeing hearing, smelling, feeling and tasting to This is the great essential their fullest powers for the true diagnostician

I do not, and I hope you fully understand me, deprecate the use of all the scientific aids which have been given us in these latter years, particularly the various serological tests and blood chemistries, along with the advanced technique of X-ray and fleuroscope and transillumination, but we should not allow ourselves to become dependent entirely on these, but train ourselves to be keen observers, and at times it is most gratifying to find, in the use of these aids as a check-up, that we have been substantiated in our clinical diag-

nosis by the laboratory

Now with these few preliminary remarks we have come down to the subject of the paper of the evening—The Pupil, in diagnosis

It is my intention to accentuate this art of observation, so that I will confine myself in my remarks to the pupils alone—notwithstanding the wealth of information that can be gleaned by examination of the interior of the eye by the use of the electric ophthalmoscope and the slit lamp

However, the pupil and its surrounding iris, located at the bottom of the anterior chamber, afford us an opportunity to observe through the clear cornea and aqueous the behavior of the otherwise concealed mechanism which has its connection with many localities of the brain, spinal cord and general nervous system ularities in contour, position color, size, and behavior are easily noticed and the clinical significance of each is so unvarying and far-reaching that not only ophthalmologists but physicians surgeons, neurologists, alienists and others familiar with the normal and abnormal pupil are (assisted by other symptoms) led to detect at once such profound systemic states as uremia, opium poisoning, belladonna poisoning, etc., or such grave cerebral states as apoplexy, tumor abscess, meningitis, such nervous diseases as multiple sclerosis, paresis, tabes dorsalis, hysteria, as well as such alarming emergency states as shock, fatal syncope, sunstroke, exsangumation, epilepsy, tetanus, strychnine poisoning, hydrophobia, eclampsia and death

Thus the state and behavior of the pupil is looked upon with concern by all who are familiar with the graver problems which confront the physician and surgeon as well as by the clinician in search of confirmatory evidence to assist in making a diagnosis of some obscure, incipient, vague or transitory malady affecting the cerebrospinal nervous system. For the proper interpretation of changes in the pupillary area it is necessary as in other organs of the body to know definitely its anatomy, physiology, its normal state in health in order to discern the abnormal or pathological. For in the most part this is relative

The iris is the anterior segment of the tunica vasculosa, composed of structures partly ectodermal and partly mesodermal in origin, and affords valuable data open to naked eye inspection in cases of diseased states and congenital abnormalities of other parts of the tunica vasculosa which are concealed from direct, unaided inspection (the ciliary body and choroid) and also in states referable to the nervous coat of the eye (the retina)

The independent innervation of the ciliary muscle on the one hand, and the iris on the other, the cerebral connection or association between the centers controlling ciliary action and those controlling pupillary action afford a fascinating study in cases where there is inharmomous action between the functions of these correlated anatomical structures, e g, we may have normal accommodation and paralyzed pupils, we may have paralyzed accommodation and normal pupils, we may have pupils contracted and fixed to light, or pupils dilated and fixed to light, but which contract when the accommodation effort is used, or we may have both pupil and accommodation paralyzed or in a cramped or contracted state Each of these problems has its clinical significance and they all afford interesting and valuable information

But in certain diseased or abnormal states of one eye causing unilateral blindness we have the interesting phenomenon that the pupils of both eyes will contract when the normal eye is illuminated but both (4) pupils will remain unaffected when the blind eye is illuminated. From the misbehavior of the pupil in this so-called "consensual pupillary action" useful if not indicative evidence can be deduced

The cilio spinal centers controlling the dilator muscles of the irides are located rather far down in the spinal cord (or near the first dorsal verte-

^{*}Read before the Celtic Medical Society New York, Oct. 20

The cervical sympathetic nerves emanating from these centers finally reach the dilator muscular fibers of the irides and hence it is that useful and valuable information is afforded to the clinician as to the state of health of these centers and of certain columns of the cord in their vicinity There may be inverterately contracted pupils due to paralysis of function of the cervical sympathetic nerves as seen in tabes dorsalis and other similarly degenerated states of the spinal cord, or from traumatism to the cord in this locality, causing the clinical sign known as "paralytic miosis", or there may be dilated pupils through irritation of these nerves in states of functional irritation or inflammation of the cord, as seen in certain acute toxemic states or in peripheral irritations affecting the splanchnic nerves especially observed in children and expressed in twitchings, spasms, convulsions, etc. causing the clinical sign known as "spasmic mydriasis

Brain cases The comparative size and behavior of the pupils studied alone or in connection with optic neuritis, strabismus, nystagmus, hemiplegia, etc, afford information of inestimable value. I have known brain cases where the important question as to localization was finally answered by the group of ocular symptoms aided greatly by the evidence afforded from pupillary behavior.

The width of the pupils varies in health from infancy to old age, and pupils often vary in size normally in the same individual. In infancy the pupils are contracted. In youth and adolescence, dilated, in the middle decades neither contracted or dilated, while in old age they are contracted. The pupil is never seen to dilate ad maximum in states of health during middle years of life nor is there contraction of the pupil beyond a certain point, certainly not contracted as in the infant and the aged.

In the aged we find the pupil contracted The common explanation for this is embraced in the comprehensive term, "hardening of the arteries" In sensity the capillary walls are less resilient and, since the iris is a vascular membrane, we find it stiffened from vascular sclerosis

Normal pupils are influenced by the follow-(1) Light and Shade (2) Sensory stimuli (3) Drug influence (4) Emotions (5) Bodily (7) Ceredisease (6) Sleep, coma and death bro-spinal nervous states and diseases (8) Various other conditions as refractive ones pupil is small in hyperopia and large in young myopes We note that the pupils will contract in the light and expand in darkness We also find that the pupil responds to the touch, as it were, for if the skin about the face or neck be irritated, or even if a painful inflamed part of the body like a rheumatic joint be pressed on, the pupil will dilate

Among the drugs, one class known as mydri-

atics causes the pupil to dilate, another class known as myotics causes the pupil to contract.

The pupil also responds to emotions of a violent nature, such as anger, grief, passion, etc, psychic states in which we find it dilated. In sleep the pupils are contracted in spite of the fact that during sleep we are in darkness and the eyes are closed, conditions favorable to dilation.

In death the pupil dilates but not ad maximum Among the cerebro-spinal nervous diseases, we find interesting behavior on the part of the pupil In tabes we find it contracted sometimes to a pinpoint, whereas in epilepsy and convulsions we find it dilated. Between these extremes we find many irregular and striking conditions of the pupil which aid greatly in fixing the diagnosis. But valuable as the pupil is from a clinical sense there is no single disease of the body which presents pathognomonic pupillary signs

The color of the pupil varies in different periods of life, in childhood and adolescence it is a luminous black, in middle age it appears slightly dull black, or grey black, while in old age it appears gray

There are two opposing muscles in the iris. One, the sphincter pupilae, is situated in the tissue of the iris near the margin of the pupil. It is the muscle which produces contraction of the pupil. The other, the dilator pupillar, is composed of radiating strands, which have their origin at the root of the iris and their insertion in the sphincter in which its fibers blend. This double-acting muscular apparatus is under the control of, and is directly answerable to, impulses received through different nerve fibers.

The sphincter pupillae is supplied together with the ciliary muscle by a filament of the 3rd nerve conducted by way of the ciliary ganglion and ciliary nerves while the dilator of the iris is ennervated through the sympathetic the center arising around the first dorsal verterbrae. The ciliospinal center—conducted by a complicated course through the inferior and superior cervical ganglion through caroted plexis into the skull by gasserion ganglion by way of the long ciliary nerve

Normal pupillary reactions There are two light-reflex pupillary tests in common use first is to determine the direct reaction which is produced when light and shadow are alternately made to enter the eye under observation second is the indirect, or consensual reaction as when light and shadow are alternately made to enter the fellow eye Both of these reactions, when normal, are due to the integrity of the light The mechanics of the subject are reflex arc embraced in the conversion of the one kind of energy (light), to another kind of energy (motion)

The associated reaction is a contraction of the pupil which takes place in the act of convergence and also of accommodation

The direct reaction of the pupil to light is a test which is applied to determine the state of the retina, brain or spinal cord e g, dilated fixed pupil may indicate paralysis of the brain or of the pupil center of the brain, or it may indicate irritation of the spinal cord from any cause, and contracted fixed pupil may indicate irritation of the brain (meningitis) or paralysis of the spinal The indirect cord or certain tracts in the cord or consensual reaction is a test to determine the status of the pupillary light reflex arc. The associated reaction test is made to determine the condition of the nuclear centers for convergence, accommodation and pupil contraction vergence reaction of the pupil is the most powerful pupillary reaction and the accommodation reaction is the weakest

I The commonest known pathological pupil is the "Argyll-Robertson" In the Argyll-Robertson phenomenon, which is so commonly found in tabes dorsalis, we have contracted pupils at all The pupils times whether in darkness or light do not contract to the light nor do they react when making the consensual test, but on employing the effort of convergence and accommodation they contract still further, so we have a negative direct and a consensual reaction and a positive reaction to convergence and accommodation The Argyll-Robertson phenomenon is present in about 75% of the cases of tabes It is also frequently elicited in paresis; but here the pupils are not so contracted and they are apt to be unequal in size, moreover the phenomenon is apt to be of short duration in paresis, while in tabes when present it remains very constant. This pupil test is, therefore, very valuable in diagnosing The Agyll-Robertson pupil tabes and paresis or spinal myosis may occur in other nervous diseases such as paralytic dementia, multiple sclerosis, injuries to the spine, etc. It never occurs in healthy individuals

II Physical reflex or cortical reflex is a dilation of the pupil through various mental stimuli. If a person makes a profound effort of the will, as in deep thinking or concentration, the pupils in health will dilate, or in terrified, angered or hypnotic states of the mind, they will also dilate

III Pain or sensory reflex has been referred to When painful pressure is made on a sore spot anywhere in the body the pupils are seen to dilate. This is no doubt brought about through stimulation of the sympathetic nerve which supplies the dilator pupillae

IV Hippus is a bounding of the pupil noticed while the light is unaltered. It is present to a certain degree in health when it is called "oscillations of the pupil." There is an arhythmical contraction and expansion noted while watching the pupil. It is no doubt incited from psychic influence, the patient is alarmed or apprehensive while undergoing the test. In certain cases of

hysteria where there is a subnormal stability of the nervous system, and in some cases of meningitis, mania or partial blindness from optic papillitis, the pupil excursions in uniform illumination may be astonishing, actually bounding open and shut. This is "Hippus"

V Wernckes reaction test In cases of hemianopsia when the light is focused on the blind half of the retina it is by some claimed that the pupil will not contract if the lesion involves the pupillary light reflex arc, but if the lesion is in gits, mania or partial blindness from optic papilcenters the pupil will contract if the blind half of the retina is illuminated

VI Paradoxical pupillary reactions are those which act just the opposite to the normal Paradoxical pupil behavior is an occasional symptom of disease of the cerebro-spinal axis, e g, tabes, paresis, dementia præcox, etc., or in functional neurosis, as hysteria

Abnormal dilation of the pupil is called mydriasis and abnormal contraction of the pupil is called missis

Mydriasis occurs in glaucoma, double optic nerve atrophy or total blindness from any cause which does not destroy the eye balls Mydriasis may occur from the following causes

- (1) Anything which interferes with the function of the pupillary light reflex are at any point from the retina up to the brain centers and down again to the iris, e.g. increased cerebral pressure will cause mydriasis through paralysis of the nuclear centers. The commonest causes are paralysis of the third nerve from syphilis and ophthalmoplegia interna from degeneration of the cells in the pupillary center.
- (2) Mydriasis may occur through psychic or cortical influence as in maniacal or frenzied states of the mind.
- (3) Temporary anaemia of the brain, as in fainting when the reflexes are abolished temporarily through heart failure, etc
- (4) Paralysis of the brain, as in fatal syncope, over-dosing with general anesthetics, oncoming death, etc
- (5) Locally from certain mydriatic drugs such as cocain, atropin, deturin, dubosin, hyoscyamin, homatropin, gelsemin, euphthalmin, etc. Constitutionally from poisonous doses of certain other drugs as aconite, canabis indica, chloral, chloroform, cocain, comum, digitalis, ergot, gelsemium, nitrate of amyl, nitro-glycerine, sanguinaria, stramonium, turpentine, scopolamin, wood-alcohol, quinin, etc., some of these in physiological doses produce contracted pupils, but all in lethal doses produce dilatation
- (6) Dilation of the pupil also results from stimulation of the sympathetic nerve supplying the dilator pupillae, such as noted in sensory skin and painful pressure reaction, pinching the

superior cervical sympathetic ganglion or sticking pins in it, as in a case of hysteria in a nurse who wanted to be operated on for imaginary brainabscess, spinal irritation from any cause such as traumatism, myelitis, spinal meningitis in early stages, gastric and intestinal disturbances, which incite unconscious states, as convulsions in children, as well as teething, shock, real and psychic, as a good spanking, a ghost story, night terrors, anything which "makes the skin creep and the hair stand on end," will stimulate the sympathetic nerves to the iris and cause pupil dilatation

Contracted pupils are found in all inflammatory conditions of the eye

Miosis—(1) Iritis, ulcers and abrasions of the cornea from congestion of the iris blood-vessels and reflex sensory irritation. The one exception is acute glaucoma

- (2) Plethoric states of the brain, as in acute nigh fevers, acute meningitis from any cause, uremia, alcoholism, etc
- (3) Paralysis of the sympathetic from any cause be it central, intermediate or peripheral
- (4) From certain drug influence as when eserin, physostigmin, pilocarpine, or arecain in solution is dropped in the eye
- (5) Poisons, inwardly, as opium and its salts, carbolic acid, creosote, alcohol in lethal doses, chloral at first, jaborandi, pilocarpin, muscarin, etc

We should keep clearly in mind that paralysis of the sympathetic nerve from any cause contracts the pupil to a pin point (spinal miosis) and paralysis of the brain causes widely dilated and fixed pupils, while stimulation of the spinal cord causes dilatation and stimulation of the brain causes contraction of the pupil In giving general anesthetics, we must decide whether the sudden dilatation of the pupil, sometimes present is due to spinal irritation from gastric disturbance or whether there is oncoming paralysis of the brain In suspected poison cases we must decide whether the contracted pupil is from opium or from uremia In suspected "drunks" whether the contracted pupil is from meningeal irritation due to apoplexy, uremia or sunstroke We must look

at the pupils in suspected acute tuberculosis or pneumonia of one lung, for that slight dilatation is a diagnostic sign. We must note and understand that hippus is present in hysteria, chorea or mania, the widely dilated pupils due to increased brain pressure in brain tumors or brain abscess, the dilated pupil on one side in haemorrhage in one hemisphere of the brain, the Argyll-Robertson pupil in spinal syphilis, the unequal, deformed, and more or less fixed pupils in general paresis or cerebral syphilis, the normal pupils in sham fits

This paper would not be complete without speaking of anisocoria or inequality. Inequality of the pupils occurs in healthy persons. If not associated with pathological conditions, it may be due to the following conditions.

- (1) Different refraction of two eyes
- (2) Unequal illumination
- (3) Unlike conditions—adaption of the retinae
- (4) Inequality of action to closure of lids

Anisocoria in some cases is due to irritation of the sympathetic, which is the enervator of the dilator of the pupil, illustrated by enlarged glands of the neck, aneurysm of the carotid

In many intestinal diseases monocular mydrasis may be noticed as a symptom Schauman (Bel Klein) estimates that 23% of all internal diseases at some time during their course give rise to this symptom. He mentions appendicitis, diabetis, neurasthenia, lung affections, pleuritis, cardiac diseases, chlorosis, pernicious anaemia. There is one grave disease in which a partially and slightly sluggish pupil is a constant symptom and that is paresis. Cases have been reported of irregular pupils in arotic aneurysm, but on investigation were regarded as not due to cilio spinal ennervation, but as due to syphilis of the nervous system.

The behavior of the pupils in health and disease affords valuable and interesting study to any one who understands the impulses controlling the phenomena of pupil contraction, dilation and rigidity





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Rochester Norwich

For list of officers of County Medical Societies, see January 1 issue advertising page NVIII

IDEALS, STANDARDS, AND ACTUALITIES

The mainsprings of action of physicians are ideals, standards, and actualities

Ideals are aspirations of the mind and soul soaring aloft beyond physical limitations

Standards are ideals arrested in their flight, tied down to the printed page by language and logic, and subjected to special restrictions of human knowledge, equipment, and personality

Actualities are ideals confined to earth by all the conflicting influences of human life and conduct with their imperfections and limitations, economical and temperamental

Medical ideals tied to actualities are still potent and show their dominating influence in therapeutics, in ethics, in society administration, and in medical journalism 90 EDITORIALS

STANDARDS OF PERSONALITY FOR PHYSICIANS

Who is the ideal physician? and by what standards shall he be measured?

Physicians form an honorable brotherhood, and among them there is a common bond of interest and fellowship, and a high ethical standard Physicians meeting one another as strangers soon become acquainted as they mutually share a fund of knowledge and experiences which are hidden from the uninitiated

Medical brethren come to know one another more intimately than the members of any other profession. Their work brings them into close contact with people in times of sickness and trouble when the afflicted confide their secrets to the doctors and nurses, and when one physician must often rely on the friendly assistance and support of another who is his keen competitor. It is to the honor of the medical profession that physicians meet the tests in nearly every instance, and that a departure from the high standards of brotherhood and ethics is the great exception.

Whence come the friendliness of the doctor, his cooperative spirit and his high standards of ethics? Is it because of his training? or is he born into the high estate of a family doctor?

The doctor is both born and made. The first test of candidates for their fitness to study medicine begins at the door of the medical school where the applicant must present evidence of fitness along the lines of preliminary education and character

The preliminary education that is required is far more than the possession of facts transferred from books to the pages of memory. It involves skill in methods of scientific research, for the future student and practitioner of medicine will be an investigator into the nature and causes of sickness, and must read a confusion of conflicting signs which are not set forth in books.

A medical student's preliminary education also involves skill in forming correct conclusions from given facts, and in applying those conclusions so as to affect human actions. The medical practitioner must be more than a cold scientist who adopts a "take-it-or-leave-it" attitude toward his patients, and on the other hand he must avoid trimming his conclusions to fit the wishes of his patient

Mental traits usually show themselves during the student's pre-medical course, and those students with gross deficiencies will be excluded from the medical school. While in former years practically every applicant was received into a medical school, only one out of five is now permitted to enter upon the study of medicine. This limitation of students to those of like mental traits is one of the great reasons for the present harmony among physicians.

Certificates of character are also required from applicants to enter a medical school, but character is an elusive condition, for it has an element of

temperament as well as a moral quality. A student in the premedical school reveals his moral qualities by his social adaptabilities, but he is not subjected to tests which reveal his less evident temperamental qualities. The student with the one-track mind and cold logic slips in beside the timid one who fears to make a decision. Temperament enters into success or failure so frequently that one regrets the inability of the medical schools to determine it before the student is permitted to study medicine.

permitted to study medicine

The second great test of a candidate for the practice of medicine comes at the hospital at which the newly graduated doctor seeks an interneship The question of his preliminary education is usually shown by his diploma of gradu ation from his medical school, and a good moral character is also assumed, but the question of temperament becomes an important issue Here for the first time in the student's career the embryo doctor is subjected to a severe test of his power of adaptability to the wishes and feelings His work compels him to be intimate with his patients, his visiting staff, and his interne colleagues, and whether he wishes it or not, he must give grave consideration to the effects of his actions on everybody with whom he comes in con-He must adapt himself to the whims of the sick, to the petty peculiarities of the visiting staff, and to the rough and ready jibes of his com-These very same conditions he will meet in his private practice, and the wise interne will adapt himself to them at the outset value of an interneship consists in the training in adaptability as well as in scientific medicine

Hospitals are laying more and more emphasis upon temperamental adaptability as a qualification of its internes It would seem to be easy for a fine medical student to secure evidence of his adaptability from some practicing physician who knows him well, but frequently the best men go through a medical school without forming the intimate acquaintance of a doctor The preceptorial system was too valuable ever to be discarded The old doctor showed his student how to adapt himself to his patients and to the leaders in the community, and when the graduate sought a testimonial of fitness, that from his preceptor weighed more than all others It will well repay every medical student to form the intimate acquaintance of some doctor in the practice of medicine

The third great test of a physician comes in the county medical society after he begins his medical practice. The medical school has ground and polished his intellect, and the hospital has screened out the grosser imperfections of his conduct, but his temperament remains, and is likely to assert itself in its true aspects when the inhibitions of his training career have been removed.

The county medical society is the physician's

medical school and interneship, and whether he takes it or not will depend largely on his temperament. Some physicians are instinctively unsocial, and see no need of the county medical society. Others are satisfied with their present knowledge, and see no pecuniary returns from continued study. And so less than three fourths of the physicians of New York State avail themselves of the benefits of the county medical society. Actual criticisms of the societies are now seldom heard—the non-members seem to think they are doing well enough without the giving and receiving of benefits which the society offers

Temperament also asserts itself among the members in the society Fortunate is the county medical society in which a few members have a

civic spirit, and delight to arrange programs, to teach their fellows and learn from them, and to discharge the civic duties which the medical profession owes to the community. The successful officer of a county medical society is one whose temperament enables him to put himself in the place of his fellow members, to appreciate their line of thought, and to develop plans which appeal to the great majority of the physicians of his county.

The county medical societies of New York State are making increasing appeals to physicians of all temperaments as they expand their activities beyond those of science and economics into social and educational fields. The county society offers benefits to physicians of every temperament.

LAW FOR PHYSICIANS

Physicians know many points of law, but they are deficient in their knowledge of the fundamental principles on which law is founded. A family doctor is not expected to be a lawyer, but he should know sound law when he sees it. He criticizes the lawyer who expects miracles in medicine, and the lawyer is equally critical when the physician talks of legal matters.

Mr Lloyd P Stryker, the counsel of the Medical Society of the State of New York, makes the important announcement on page 97 of this Journal, that he will prepare a series of articles on the fundamentals of law, which will appear in the Legal Department of future issues of this Journal Look for the articles and read them with special care

LOOKING BACKWOOD

THIS JOURNAL TWENTY YEARS AGO

Tetanus Following Operation — The possibility that tetanus may follow operations on the intestines done under apparently aseptic conditions has long been known to surgeons The condition develops more frequently than is usually admitted. The leading article of the January, 1908, issue of this Journal is a report by Frederick H. Flaherty of Syracuse, describing a fatal case of tetanus following the injection treatment of hemorrhoids. After reviewing some of the cases in literature Dr. Flaherty wrote

"I have reported the foregoing cases as they show the type of operations most often complicated by this dreadful disease, the time at which it usually appears, and the possible source of entrance of the tetanus germs. Jacobson, in his paper, calls attention to the fact that the tetanus bacillus is a frequent inhabitant of the intestinal tract of animals, and quotes Pizzini as having found them in the feces of man. He offers this as an explanation of the occurrence of tetanus in clean operations upon the intestinal tract.

"In the case I reported I had every reason to believe that the infection gained entrance through the rectum previous to my operation. However, it is evident from the reported cases that tetanus does occur in what we consider strictly aseptic operations. It occurs at a time after what usually is a normal convalescence of six to twelve days, when the surgeon has every reason to tell his patient that he is out of danger, and when suddenly, like a bolt out of a clear sky, trismus, difficulty of swallowing and convulsions occur, and the patient is dead in a few days."

It is surprising how closely Dr Flaherty came to the modern explanation of the usual cause of tetanus after operations on the intestines. The reason lies in the presence of tetanus spores in about five per cent of normal persons. Surgeons need not suspect catgut sutures prepared by the modern method of sterilization at a temperature of 329° F for five hours (see this Journal, October 15, 1927, page 1156)



MEDICAL PROGRESS



Hypoglycemia, with and without Insulin, with and without Symptoms—Benjamin I Ashe, Herman O Mosenthal, and George Ginsberg, writing in the Journal of Laboratory and Chinical Medicine, November, 1927, xiii, 2, present a report on three patients with low blood sugar, two with the symptoms usually associated with hypoglycemia and induced by insulin, the other patient free from such symptoms and never having had insulin The histories in these cases, as well as the review of the literature, demonstrate that the signs and symptoms of hypoglycemic reaction are subject to wide variations There may be no symptoms though the blood sugar be very low (003 per cent. in the third case), such instances apparently are not very rare in children but occur infrequently in adults On the other hand, in certain individuals, hypoglycemic reactions manifest themselves, though the blood sugar be at the accepted normal levels In one of the cases cited the blood sugar after moderate insulin therapy (45 units in twenty-four hours) was at the zero level The symptoms accompanying depression of the blood sugar may resemble those characteristic of other diseases and lead to incorrect diagnoses as, for example, in the first case in which there was a right facial paralysis and left hemiplegia Special attention is called to the serious situations created when hypoglycemia, brought on by insulin administration, results in loss of voluntary control of thoughts and actions Inanition and dehydration may be factors in the production of hypoglycemia, and may have been responsible for the low blood sugar in one of the cases reported, since abstinence from food, especially when coupled with excessive consumption of the body's storage of glycogen and glucose, appears to be a common cause for unexpected and even marked lowering of the blood sugar

Operative Treatment of Asthma -A Herrmansdorfer of the Munich surgical clinic writes critically of Kummell's operative treatment of asthma as proposed by him in 1923 The intervention consisted in the extirpation of a certain portion of the cervical sympathetic, but Brunning and others have claimed that the bronchomotor conduction really passes The author claims that through the vagus the critique is unwarranted, for both dilator and constructor fibres pass through each of the nerve paths although the vagus innervation predominates, so that one might assume that the vagus fibres are those which should be sectioned Recently Kümmell and Sudeck have

improved their results by dividing both nerve fibres at the posterior pulmonary plexus where they unite But it has not yet been shown beyond doubt that asthma paroxysms originate through an excitation of the vagosympathetic fibres, and few have learned that these paroxysms can originate in the absence of such innervation Moreover, certain drugs, like muscarine, can elicit asthmatic attacks after all of the afferent nerves have been sectioned. The many allergens which can induce asthma do so without invoking the vagosympathetic mecha-The fact that so many and diverse agencies can relieve asthmatic attacks points to the strong suggestive element which underlies all asthma therapy All things considered, it seems unscientific to treat the affection by surgical intervention which mutilates important structures -Munchener medizinische Wochen schrift, Oct 21, 1927

Origin of the Pains of Gastric and Duodenal Ulcer-W L Palmer of the University of Chicago publishes his views on this subject in the Klimsche Wochenschrift for October 29, 1927 These he sums up as follows Unobjectionable cases of either form of peptic ulcer have never been published in absolute achylia gastrica (histamine negative test) If an ulcer is found in such a patient the painful symptoms should be studied very carefully in order to make sure that they really are due to the ulcer Usually if the stomach is washed out at the height of the pains the contents show high values in chlorhydric acid Further, the introduction into the stomach of solutions of this acid closely imitating the natural juice in amount and concentration call forth the pains if the time is right, while either evacuation of the stomach or neutralization of its contents with alkalı will bring the pains to a stop author would emphasize that the pains may often be elicited by concentrations within normal limits No connection can ordinarily be found between the pains and the tonicity, motility, or spastic state of the stomach or duo-The pains are doubtless determined by the action of the acid on the inflammatory reaction in the ulcer with, in certain cases, the action of peristalsis As regards the pains of cancer of the stomach, the same factors may give rise to the symptom, although this is not the rule To his brief article the author appends a long bibliography of the subject

Optic Neuritis—It is the opinion of J V Patterson that the classification of cases of

optic neuritis should be based on a full investigation of the case as a whole, and not merely on the observer's idea of the disc changes When studied from this wider point of view cases of optic neuritis fall into two main classes, those associated with intracranial pressure (due to neoplasm, cyst, abscess, gummatous or tuberculous nodules, aneurysm and blood extravasations, sinus thrombosis, meningitis, skull deformities, etc) and those produced by inflammatory processes The latter group may be subdivided into two one group characterized by inflammatory processes which develop in the nerve sheath and spread by contiguity to involve the nerve, and another great group due to toxins circulating in the In none of these groups can certain differentiation be made by ophthalmoscopic appearances alone, but must be based on a study of the visual disturbances and of the history and general symptoms. In cases of intracranial pressure, spinal fluid examination, careful study of ræntgenograms of the skull, and the Wassermann reaction are helpful Disc changes are more pronounced in cases due to intracranial pressure than in those due to inflammatory processes, in the latter group disturbances of vision come into prominence, central scotoma with visual failure being common and characteristic Subjects of intracranial pressure with disc changes should be operated upon in the early stages. In brain abscess, however, the results of operative treatment, once the stage of optic atrophy has been reached, are apt to be very disappointing In addition to the groups mentioned there are many cases for which an adequate explanation is wanting and which are attributed to invasion of the optic nerve from the posterior nasal sinuses While Patterson admits that many cases of retrobulbar neuritis, mostly of the chronic persistent type, have this origin, and that the patients have undoubtedly been cured or relieved by free operation on the diseased sinus, he does not believe that the common acute variety of retrobulbar neuritis has been proved to be due to a spread of inflammation from the sinus to the nerve committee of oculists and rhinologists, formed to cooperate in investigating the relation of sinus trouble to visual disturbance, found little if anything indicative of such a relation-It is easy to be deceived regarding the efficiency of operation in cases of acute retrobulbar neuritis in young adults In several of the writer's cases in which operation was deferred recovery took place spontaneously --British Medical Journal, November 12, 1927, 11, 3488

Peroral Immunization against Diphtheria
—W Pockets of the Hamburg-Eppendorf
Hospital asks if it is possible to immunize

against diphtheria perorally with killed cultures of diphtheria bacilli He had previously made a positive report on peroral diphtheria toxin-antitoxin as an immunizing agent. There is reason to believe the bacilli found at times in the upper respiratory passages of the healthy have produced an immunity or at least are evidences of such immunity Breton and Petit found immune bodies in the blood after having injected killed cultures of the bacilli into the The experiments of the author were as follows Thirty-two children received doses of killed bacilli and in from four to seven weeks 28 were found to be negative to the Schick test Blood tests, however, showed that this immunity was not a strong one, so that we cannot count on actual protection against the disease It is possible, of course, that the Schick test is of more value as a measure of immunity than the amount of antitoxin found in the blood Tests made four weeks after ingestion of bacilli did not result in any immune reaction, so that a second test was made two weeks later with positive finds author does not allude to the possibility that a combination of peroral toxin-antitoxin with peroral killed cultures might prove more serviceable than either alone —Klimsche Wochenschrift, November 5, 1927

Studies on the Perspiration—Karl Eimer states that a grown man in a state of rest and under medium atmospheric conditions gives off from 600 to 700 cc of water in 24 hours, this not including a certain amount of transudation in which the sweat glands are not concerned Certain species of animals are without sweat glands and it is probable that transudation takes place in such, for experiments on dogs with pilocarpine show that a certain amount of water escapes from the skin despite the absence of sweat glands, even if extremes of exercise and heat are insufficient to reveal it The rabbit is different in this respect for it possesses skin glands which are inactive under all ordinary circumstances, but by means of an apparatus devised by Schwenkenbecher they may be activated. Certain factors increase while others diminish the excretion The sum of the studies on living and dead rabbits throws light on the nature of glandless perspiration This depends in the first place on the permeability of the blood vessels of the skin to the blood, for the greater the volume of these the larger the amount of perspiration escapes from the capillaries of the cutis into the lower layers of the stratum corneum, passing then into the hygroscopic superficial layers Both osmosis and secretory activity of the epidermal elements are probably involved The process then becomes one of simple evap oration —Deutsche medizimsche Wochenschrift, November 4, 1927

Peculiar Breath Odor in Decompensated Heart -W Ruhmann comments on the recent statement by Assmann to the effect that patients with marked decompensation of the heart's action have a peculiar breath akin to the breath of the dying and corresponds to the smell of the recent cadaver discovery by Assmann is of great interest, for while there is no direct connection between the two odors—since the decompensated patient may be far from death—the mechanism may be the same The author has noted this smell, not so much in the dying as some hours before death actually occurs—perhaps many It strongly suggests the cadaver and the autopsy room Naturally it persists up to the death agony It does not appear that all of these patients present this smell, but the author cites several cases, which varied considerably among themselves, in which it was In one case there was myodegenerapresent tion of the heart while the others had an infraction of that organ The first named patient died of the complication of edema of the lungs, while the latter died with foamy serous sputum, and the odor did not become pungent until this symptom had developed odor suggested raw meat or the cut surface of raw organs like the lungs For the present the author associates it with stasis in the lungs and the accumulation of serous fluid in the alveoli, which clinically may or may not give the picture of pulmonary edema -Munchener medizinische Wochenschrift, October 28, 1927

The Cardiac Cripple — Charles W Hurlburt gives sound advice for the guidance of the cardiac cripple and urges the need of better service in hospitals and clinics for these patients He emphasizes the importance of a careful history, giving special attention to habits and previous illnesses, and of a thorough physical examination, which should include a search for foci of infection tory examinations of the blood and urine are also essential A high white count or a low red count carries insistent indication for treatment Exercise is probably more necessary for the cardiac cripple than for the healthy person, the rule being work or exercise short of the amount producing dyspnea and pain In the short, thick-necked individual, where puffing and blowing and increasing lividity accompany almost any exertion, exercise may be persisted in despite cyanosis If the patient requires more exercise than his heart will allow, massage, especially applied to the abdomen, may be substituted Due attention must be given to securing regular and adequate rest and sleep, in case of much cardiac damage rest after meals is essential It is imperative that large meals be avoided Digestion will be

better when foods that require thorough mastication are provided, and when all foods, even milk, are thoroughly mixed with saliva Because of the effect on the heart of sudden cooling, cold fluids should be markedly restricted or altogether abolished Constitution must be dealt with according to its type. If it is associated with general abdominal congestion, the wearing of an abdominal support may be helpful Sulphur lozenges (5 grains), three or four at bedtime, or, if necessary 40 to 60 grains of compound powder of jalap, with a mercurial purge once a month or oftener, may If a saline cathartic is required, sulphate of sodium can be given over longer periods than sulphate of magnesium Flatulency may be ameliorated by using acid potassium tar-The day has passed when the mere presence of a heart lesion calls for digitalis, though the fibrillator will probably lead a digi-In paroxysmal tachycardia the talıs lıfe routine use of small doses of quinidine may lessen the frequency of attacks For nervous patients, or those with pain (not relieved by rest and proper exercise) the best remedy 15 the bromides, or luminal, with severe pain chloral may be required Extreme cold and high altitudes are not well borne In hypertensive and aortic patients high altitudes may cause sudden dilatation of the left heart with edema of the lungs -Canadian Medical Association Journal, November, 1927, xvii, 11

The Action of Expectorants — J A Gunn, writing in the British Medical Journal, November 26, 1927, 11, 3490, states that expectorants may increase the bronchial secretion in one way or in a combination of four ways, depending upon their site of action They may act (1) reflexly through gastric irritation, (2) by stimulation of the vagus center, (3) by stimulation of the secretory (vagal) terminations, and (4) by direct stimulation of the secretory glands Upon the differences in site of action largely depends the superior suitability of certain expectorants for certain conditions Ipecacuanha, tartar emetic, ammonium carbonate, squill, and senega increase the bronchial secretion by reflex action, the afferent stimulus for which is the irritation of the gastric mucosa An emetic to be of practical value as an expectorant must not produce such an intense irritation of the gastric mucosa as to cause serious or permanent gastritis, while the mild gastric irritation which it produces must be sufficiently prolonged to make its administration worth while Ipecac is a more certain and effective expectorant in children than in adults, this is probably because the emetic center is more active and sensitive in children The superiority of ipecac to potassium iodide may be due to the diuretic action of the former, which would be of value in lowering the temperature in febrile cases Ipecac probably acts to some extent centrally, and possibly so also does tartar emetic Apomorphine acts entirely by central stimulation, but is not as valuable as ipecac, probably because its action is too transient. As a stimulant of secretory nerve-ends, pilocarpine is seldom used, since great accuracy in dosage is necessary to avoid undesirable after-effects When, however, the central nervous system is profoundly depressed, it is possible that reflex emetics are relatively inactive, and under these circumstances pilocarpine might be a valuable expectorant The iodides act as direct stimulants of the bronchial glands, and independently of the central nervous system, they are less useful for children than for adults There is no pharmaceutical justification for classifying expectorants as stimulants and depressants, squill and senega have been placed in the former category, whereas they act by gastric irritation There is no reason for avoiding their use in acute bronchitis Squill has a digitalis-like action on the heart, and is also a diuretic, it is especially in chronic bronchitis that these qualities would be likely to be of Hydrocyanic acid exerts a local anesthetic action on the pharynx and stomach, but has no direct action on the respiratory system, it will relieve only a cough that is secondary to pharyngeal or gastric irritation

The Sulphur Treatment of Paresis — K. Schroeder refers first to the original incurability of this affection and the discovery that it can be overcome by the fever treatment, especially by malarial blood There are certain objections to this plan of treatment and it is desirable to discover a fever-producing drug which is devoid of these drawbacks Sulphur has been recommended as such a substance and the first case in which it was tested, which was a most unfavorable one, gave a brilliant result, a remission following which has amounted to a 3 year cure. The author has treated but 7 of these patients and in 2 the treatment is still in progress. Of the other 5 with treatment completed 3 are virtually cured, but the remaining 2 have not shown any improvement. The sulphur was of the purest and finest powder and was injected into the muscles in an oil suspension. The amount injected varied within wide limits but as a rule was at first small-1 cc of a 1 per cent suspension—and was gradually increased to ten-fold as much In about 12 hours the acme of a reaction was seen to occur in which the temperature might go as high as 105° F, but soon dropped to normal The injection could be repeated in 24 or 48 hours. The high temperature was sometimes preceded by a severe chill, malaise, and vomiting This peculiar activity of the mineral is not due to any special therapeutic action of the sulphur as such but resembles that of other colloids. As sulphur is not itself an antiseptic a minute amount of chinosol is added to the suspension after the latter has been sterilized by heat—Khnische Wochenschrift, November 12, 1927

Treatment of Seasickness —Before treating a patient for seasickness G H Oriel urges the importance of ascertaining that no grave underlying disease is present, such as acute appendicitis, intestinal obstruction, perforation as of a gastric ulcer, or typhoid or paratyphoid Whatever the initial cause of vomiting, whether nervous disturbance, labyrinthine stimulation, irritation of the splanchnic sympathetic, gastric irritation, or ketosis following hypoglycemia, the persistent vomiting combined with the absence of food soon causes ketosis It is vital, therefore, to administer carbohy-The easiest and pleasantest way is to give orangeade made with glucose (one tablespoonful of glucose to one squeezed orange in a glass of ice-water) In addition to the glucose various drugs may be tried. The list includes atropine, tincture of belladonna, cocaine, sodium bicarbonate, chloretone, potassium bromide, morphine, hyoscyamus, dilute hydrocyanic acid, cerium oxalate, and many others None is specific, but some are helpful under different circumstances Potassium bromide, 20 grains, with 25 minims of belladonna, or chloretone in 5 grain doses not oftener than twice a day, is useful in nervous patients Atropine, 1/100 of a grain, with strychnine, 1/32 of a grain, may be given when the patient shows signs of collapse When nothing can be retained by mouth, a suppository of chloral hydrate (15 grains) and potassium bromide (30 grains) may be used three times A useful routine mixture consists of two powders (a) potassium bicarbonate, 15 grains, (b) citric acid, 10 grains, glucose, 4 drams These dissolved in water give a palatable effervescent drink, which often cuts short an attack. In severe cases, with coma threatening, glucose should be administered with saline per rectum every four hours patient should be kept quiet and the air fresh, as oxygen scarcity is a direct precursor of ketosis On short voyages poor sailors should partake of a good meal two hours before embarking, and should take 5 grains of chloral or 10 to 15 grains of potassium bromide Immediately on embarking the dose should be repeated, and the patient should lie down presence of acetone in the urine is a sign that more glucose is required —Lancet, November 26. 1927, cexiii, 5439



LEGAL



By LLOYD PAUL STRYKER, Esq Counsel, Medical Society of the State of New York

THE FUNCTION AND THE PURPOSE OF THIS PAGE

It has been a source of gratification and encouragement to the writer in his travels about the state and in his very numerous contacts with the members of the medical profession, to be told that his editorial page is usually read. While this is a source of deep gratification, it has also filled the writer with a sense of obligation to continue, if possible, to make this column interesting, valuable and worth reading

To the writer perhaps, as to no other layman, the opportunity has been accorded of studying the problems, the aims, the aspirations and the hopes and fears of medical men His admiration and respect for the ideals of those who spend their lives in practicing the healing art has grown from day to day The contributions which they make to the dissemination of scientific knowledge and the application of this knowledge to human pain, suffering, deformity and other physical conditions, although increasingly understood by the lay public, is appreciated all too little

The writer from time to time hears the praises of the doctor sung, but also he is brought in his daily work, in close intimate contact with both the general and specific criticisms which are leveled at the medical profession. From his experience and intimate contact, he is becoming daily perhaps more capable of appraising both

What he would like to do in this column is by advice, encouragement and sound understanding, to furnish the profession in general, as he endeavors from day to day to furnish the individual practitioner, with sound counsel, advice and real assistance This is by no The subject is as broad means an easy task as medicine and law, and these combined subjects cover a domain as large as human nature Your help and your suggestions will be of infinite benefit to him in endeavoring to carry on this work and in his sincere effort to make this page a clearing house for the discussion of the subjects which you wish to hear discussed

The writer makes no pretense either to omniscience or clairvoyance. He cannot know the subjects which most interest you unless you tell him, nor when he knows them can he bring to bear upon the discussion all the wisdom of the ages, but he will use to the best

of his ability, all of his knowledge and ex-

perience in this special field

In the issue of November 15, 1927, for example, the writer published an editorial entitled "The Endorsement by Physicians of Commercial Products" In this article the recent practice of physicians in endorsing purely commercial products was commented To the writer it seemed that such a course is not calculated to advance the best interests of the profession, and he said so very frankly Since the publication of that article, we have been informed that it has been the subject of wide and usually of favorable comment throughout the United States, both in the medical and lay journals writer advocated the enactment of a new article to the principles of professional ethics which would condemn this practice He believes that this would be a wise course, but whether it is or not, naturally involves a question which must be decided by the medical profession This article was discussed in the "Public Forum" of the New York Medical Week in its issue of December 17, 1927, which carried a very interesting letter from Dr. J. Milton Mabbott "Instead of enacting another article to be added to our principles of ethics, as suggested by Mr Stryker," writes Dr Mabbott, "I call for further examination of the evidence How many cards were included ('but not read' by the accountants) which did not confirm the statements? Or was there a separate file of cards from physicians disagreeing (if any) and those expressing no opinion? What was the whole number of cards sent out and how many altogether were returned? * * As a member of the House of Delegates, I call upon our legal counsel for a more detailed report of the 11,105 cards and any other before we undertake the imposition of further restrictions upon a long suffering profession If all these doctors, with the single exception of myself, are guilty as charged, Mr Stryker has not protested enough Only I cannot believe it without more proof! Mr Stryker invites discussion and this is my response"

It may well be, as Dr Mabbott suggests, that the firm of accountants who classified the cards endorsing the brand of cigarettes in question, purporting to come from the physicians enumerated, received other cards

which did not carry such endorsements. But whether this is so or not does not affect the issue. The question is not how many physicians were willing or unwilling to endorse this particular commercial product, but that it appeared that some 11,105 doctors had done so. If so large a number of physicians resorted to this practice and the practice is not to be approved, then the fact (if it be a fact) that another group, perhaps equally large, refused to make such endorsements would not change the conclusion that the practice resorted to by those who had, is not desirable

It would be, we feel, a misinterpretation of the writer's article and of his known point of view to conclude that he is indiscriminately in favor of the "imposition of further restrictions upon a long suffering profession" He is in favor only of that which to the medical profession as a whole may seem most conducive to the advancement of the profession and of the public confidence and esteem, in which it is and should be held

Let it not be understood, however, that the writer entertains any feeling of displeasure at Dr Mabbott's criticism of his article, rather he is gratified that what he has written should have been of sufficient interest to provoke discussion. From discussion, from the attrition of debate, sound ideas and principles are likely to emerge. If the writer succeeds merely in rousing interest on such questions, he will feel that he has performed his duty no matter what the ultimate decision may be upon any suggestion which he may advance

Criticism, advice and discussion, therefore, on any topics contained within this page, will be here welcomed and will be dealt with on the merits. No doubt, there are many other subjects of interest which have not been brought to our consideration and as yet have found no place here. If you will advise us what they are, such suggestions will be wel-

comed and may help to make this column as valuable as we should like to have it

Recently a suggestion has come to us that there is a large field of medico-legal questions, some of them perhaps of a more or less elementary character, which the medical profession would like to hear discussed. This suggestion has been revolving in our mind, and from it we have concluded to present from time to time in the coming issues, fourteen editorials under the following titles.

- 1 Law-its origin, growth and function
- 2 Constitutional law
- 3 Statute law
- 4 Common law
- 5 The police power of the state
- 6 The problem of ascertaining what the law is
- 7 Is law a science?
- 8 The origin, authority and function of the Health Departments
- 9 The application of law to medicine
- 10 The legal duties and the liabilities of the physician
- 11 Confidential communications
- 12 Expert testimony
- 13 The doctor's relation to the administration of the criminal law
- 14 The need for a better understanding between the legal and the medical professions

These articles will not appear serially in every issue, as many of them will require, as the topics suggest a mature study and reflection. In these, however, as we find occasion to write them, we shall endeavor to discuss the matters suggested under the respective titles in such a way as to interest the profession. These articles may suggest the need for still further discussion of a like or a similar kind.

INTESTINAL TOXEMIA AND CONVULSIONS

In company with its parents, a child of about one year of age, was spending its vacation in the mountains. The child became ill and a physician was called to attend him. An examination by the physician disclosed that the child had a congested throat and was suffering from overeating, this infant was being fed a full diet of solid foods and practically all the foods which were served at the dining room table at the house at The congeswhich the parents were boarding tion of the throat and bowels had caused the child to have a high fever. An enema was administered to the child by the physician and a physic of calomel followed by castoria or its like, Instructions were also given were prescribed

to the mother as to the proper diet for the child, that no food was to be given for twelve hours and then a very mild diet of strained cereal and milk, but no solids at all. A few days later the physician was called by the mother and told that the child was perfectly well. About a week later the physician was called to attend this child. An examination at this time disclosed a temperature of 101°, pulse and respiration normal. The physician was told by the boarding house keeper that the mother had never placed the child upon a diet and had been feeding it solid foods. At this time the throat of the child was congested. There was no complaint of diarrhea or vomiting. The physician administered a tablespoon of milk.

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of magnesia and again directed the mother as to the proper feeding of the infant. He also prescribed a half grain of phenacetin and two grains of aspirin, to be given one every three hours Contrary to the physician's instructions the mother had kept the child outdoors instead of inside At about 4 o'clock in the afternoon the mother found the child in the carriage blue and The physician called about 4 30 and found that the child had just been taken indoors and put to bed An enema was given to the child, which returned a quantity of mucous slimy stool, containing pieces of orange peel and orange pits The physician's prescription had likewise not been given to the child The mother was told to give the infant thirty drops of whisky and to repeat in about three hours if the child did not act better, to keep the child thoroughly warm and to advise him in the morning of the child's During that evening the physician telephoned the mother and was told that the child was doing nicely

On the following morning, at about 7 A M the mother called the physician and upon arriving at the house was told that the child had had a very bad night The temperature at that time The physician personally administered an enema to the infant at this time and got a return of more orange peel and orange pits, mucous slimy stool, giving evidence of intestinal Calomel was then prescribed two hours later the physician was called by the boarding house keeper and told to come up, that it might be too late at that time as the child might be dead. He immediately went up and found the child in convulsions, with the mother administering a mustard bath The child was cyanotic, in convulsions, rigid, trembling and foaming from the mouth The physician immediately started colonic irrigations and got con-

tinuous returns of orange peels and pits and The irrigation and mustard bath mucous stool were continued and the child warmly wrapped. but the convulsions could not be checked. The physician was about to administer a hypodermic of luminal, but upon the protest of the mother and the other persons in the room he did not do so and emptied the contents of the syringe At this time another physician was called to as-He continued the colonic irrigations and gave medication by mouth On his visit at 7 o'clock in the morning the physician had advised the mother to remove the child to the hospital, but the mother had refused to do so. At the time the second physician called it was decided to take the child to the hospital, the nearest hospital being forty miles away The second physician accompanied the child to the hospital When the second physician returned from the hospital he advised the defendant physician that the child The death certificate was signed by the second physician, the cause of death being given as intestinal autointoxication, contributory cause convulsions

When the parents of this child returned to the city they instituted an action of alleged malpractice against the physician to recover for the child's death, claiming that it had been caused by the improper treatment of the defendant. It was further claimed that the defendant had been called to treat the infant who was suffering from a cold in the head, that he had likewise improperly and negligently prescribed and administered excessive and injurious medicines, which caused the infant to become ill after taking one dose, resulting in the death of the infant within a short time thereafter

When the action came on for trial, the plaintiff not being ready to proceed, upon defendant's application the complaint was dismissed





NEWS NOTES



BRONX COUNTY

The Annual Meeting of the Bronx County Medical Society was held at The Bronx Professional Building, on December 21, 1927, at 9 P M, with the President, Dr Friedman, in the Chair

The Secretary presented the following proposed Amendments to the By-Laws, which were introduced at the November meeting

Section 11—Standing Committees—Add

, a Committee on Public Relations of five members Committee on Public Relations

Section 81 (a)—

The Committee on Public Relations shall co-operate as far as practicable with the welfare and health agencies operating in Bronx County. It shall be guided by the suggestions of the Standing Committee on Public Relations of the Medical Society of the State of New York.

It was moved and carried that these Amendments be approved, subject to the approval of the Council of the Medical Society of the State of New York

The following candidates were elected to membership Goodlatte B Gilmore, Sidney J Karash, Joseph S Leibo, Solomon Reich, Eli H Rubin, Louis Ariel Schultz

Annual Reports for the year 1927 were sub-

mitted as follows

Secretary, Dr Landsman, Comitia Minora, Treasurer, Dr Keller, Censors, Dr Smiley, Secretary, Counsel, Mr McChristie, Committee on Membership, Dr Bookman, Chairman, Committee on Public Health and Medical Education, Dr Boas, Chairman, Committee on Medical Economics, Dr Lukin, Chairman, Committee on

Audit, Dr David A Newman, Chairman, Milk Commission, Dr Hinz, Chairman, Committee on Legislation, Dr Cunniffe, Chairman, Committee on Hospitals, Dr Goldberger, Chairman, Special Committee on New Members, Dr Shiffman, Chairman, Relief Committee, Dr Henry Roth, Chairman, Social Committee, Dr Weitzner, Chairman

The following officers were elected for the year 1928

President, Samuel Gitlow, First Vice-President, Harry Aranow, Second Vice-President, Joseph H Gettinger, Secretary, I J Landsman, Treasurer, J Adlai Keller, Board of Censors, Milton R Bookman, Benjamin Sherwin, Delegates, Harry Aranow, Louis A Friedman, J Adlai Keller, Edward C Podvin, Alternates, Benjamin Diamond, Moses H Krakow, Louis Nagorsky, Samuel Rosenzweig

Members of the Nominating Committee for 1928 were also elected as follows William Lenetska, Sydney Steiner, David A Newman, Harry Shiffman, Charles S Rogers, Charles H Hochman, William Klein, Sidney Cohn, Alexander Goldman, Morris Cohen and Norman Strauss

The Program proceeded as follows

1 Moving Picture—"How Biological Products Are Made," John H Schriever, Esq

2 "Health Conditions in the Bronx A Brief Resume of the Vital Statistics of the Borough," Godias J Drolet, Esq, of the Bronx Tuberculosis and Health Committee.

I J Landsman, Secretary

MONROE COUNTY

At the annual meeting of the Medical Society of the County of Monroe on December 20, 1927, officers were elected for the year 1928, as follows

President, Dr Cyril Sumner Vice-President, Charles G Lenhart Secretary, Dr J P Henry Treasurer, Dr W H Veeder

Censors Dr F S Winslow, Dr J M Flynn, Dr A S Miller, Dr A G Morris, Dr Warren Wooden

Delegates for Two Years Dr F S Winslow, Dr J P Henry, Dr W H Veeder

Alternates for Two Years Dr B J Slater, Dr E G Whipple, Dr H J Mann

Milk Commission Dr Paul W Beaven, Dr C L Hincher, Dr John Aikman

New members admitted Dr Raphael Farber, Dr J M Markin, Dr M E Missel, Dr H F Rowley, Dr K. K. Slaght, Dr J S Staneslow

The paper of the evening was the presidential address of the retiring president, Dr Warren Wooden, on "The Disease Factor in Civilization" Dr Wooden gave a most unusual and interesting talk on ancient civilizations and the

effect thereon of epidemic disease, illustrating his paper with excellent slides. The address was very greatly enjoyed by all present, as it represented quite a departure from the conventional type of paper presented at the usual medical meeting I P Henry, Secretary

HERKIMER COUNTY

The 121st annual meeting of the Medical Society of the County of Herkimer was held in the Men's Club of the Episcopal Church in Herkimer on Tuesday afternoon, December 6, 1927

About twenty physicians from different sections of the county were present. Reports were rendered by the various committees and officers and the following officers were elected for the ensuing year.

President, Dr F H Moore of Herkimer First Vice-President, Dr J L Crofts of Newport

Second Vice-President, Dr V M Parkinson

of Salisbury

Third Vice-President, Dr H C Murray of Herkimer

Secretary, Dr W B Brooks of Mohawk Treasurer, Dr A L Fagan of Herkimer

Librarian, Dr C J Diss of Ilion Censors, Drs L P Jones and C C Whittemore of Ilion, H J Sheffield and B J Kelly of Frankfort, and H H Williams of Mohawk

Delegate to the Fifth District Branch, Dr H H Halliwell of Ilion Alternate, Dr A

B Santry of Little Falls

Delegate to Medical Society of the State of New York, Dr F C Sabin, retiring president Alternate, Dr F H Moore, president-elect

Dr F C Sabin of Little Falls, the retiring president, gave his anniversary address in which he said in part

"During the past year we have lost three valuable members through death, William B Earl, Little Falls, W H Waterbury, Dolgeville and Edgar Swift, Jordanville

"To compensate for our losses we have gained four new members, Dr Dayton Griffith, Dolgeville, Dr Gallo, Herkimer, Dr O H Love, Little Falls, and Dr Smith, Jordanville

"The work of the Committee on the County fee bill has had little success so far This is through no mistake or lack of work on its part Last spring the Board of Supervisors, without consulting our committee, accepted a fee bill prepared by a committee from their board. This fee bill is not satisfactory to us and a unanimous vote at our September meeting directed our Secretary to so inform them and require their Committee to meet with ours and modify the fee bill in a satisfactory manner.

"The Committee on establishing a County Pathological Laboratory has held several meetings and has done considerable work. The Committee expects to meet with the Committee from the Board of Supervisors very soon and feels confident that some action will be taken before Christmas

"The only reason why we have not had favorable action before this is that some of our members have informed their Supervisors that a laboratory is not needed. I fail to see how any physician, who is endeavoring to practice present day medicine, can fail to see the benefits to be derived from a well equipped laboratory."

Dr Sabin gave his thanks to the Secretary, Dr Brooks and to the Chairman of the Program Committee, Dr F H Moore, for the excellent service they have rendered him in giving the membership such a successful administration. We have had excellent meetings, each with a splendid dinner and all well attended

In addition we have had a post-graduate course of lectures from the State Committee on Cardiology These were well announced by our Program Committee and largely attended and much interest was shown

Dr W D Garlock of Little Falls gave an interesting account of his two recent trips to Alaska

Dr C J Diss of Ilion gave case reports on Carcinoma of the Cervix and General Lympho Sarcoma

Dr H W Vickers of Little Falls led an able discussion which was participated in by many of those present

A motion was adopted to levy an assessment of \$3 for membership to help continue the active work of the Society, and at the same time a by-law was introduced adding this to our yearly dues after it is voted on at the next annual meeting. By unanimous vote in both instances the Society went on record as being completely in favor of the County Laboratory and the adoption of the new fee bill by the County Board of Supervisors. There was not a dissenting voice on either of these questions.

Following the Scientific Program the ladies of the Guild served an excellent chicken dinner at 6 p m during which the president-elect addressed the meeting and appointed the following committees to assist in carrying on the work for 1928

Program Committee Three Vice-Presidents, Dr J L Crofts, Chairman, Dr V M Parkinson and Dr H C Murray

Legislative Committee Dr F C Sabin.

Chairman, Dr Graves, Dr Sheffield, Dr Fagan, Dr Diss, Dr Santry, Dr Fairbanks and Dr Strobel

Public Health Committee Will be announced later and the Hospital Committee will be appointed after recommendation by the various hospital staffs

It was also intimated by the president-elect

that he was desirous of appointing a non-official cabinet with a member from each of the larger Communities to meet frequently during the year and assist in policies to be considered by the Society

The meeting adjourned at 8 p m
F H Moore,
Chairman Program Committee

GENESEE COUNTY

The regular fall meeting of the Genesee County Medical Association was held at the Holland Club, Batavia, N Y, on November 23, 1927 Several of our neighbors of the adjoining county of Wyoming were invited as our guests Dr Howard L Prince of Rochester, N Y, gave a very instructive talk on "Infections of the Hand as seen by the General Practitioner in his Office" He pointed out the necessity of early and adequate drainage of these common infections During the business session of the meeting the following resolutions were unanimously passed by the Society

Resolution 1 Resolved that "The Genesee County Medical Society commends the action of the Genesee County Public Health and Tuberculosis Association, Inc., in withdrawing from their affiliation with the New York State Charities Aid"

Resolution 2 Resolved that "The Genesee County Medical Society declares itself in accord with the action of the Cattaraugus County Medical Society in its controversy with the Milbank Fund"

After the meeting supper was served at the Richmond Hotel, Batavia, N Y
IRWIN A COLE, Sccretary

CHAUTAUQUA COUNTY MEDICAL SOCIETY

The annual meeting of the Chautauqua County Medical Society was held at the Hotel Jamestown, Jamestown, N Y, on December 14, 1927, beginning with the business session at 12 30 P M A dinner at 1 P M was followed by the Scientific Session

The following officers were elected for the year 1928

President, J F Foss, M D, Dunkirk
First Vice-President, B S Swetland, M D,
Brockton

Second Vice-President, F J McCulla, M D, Jamestown

Secretary, Edgar Bieber, M.D., Dunkirk Treasurer, C. E. Hallenbeck, M.D., Dunkirk Delegates to State Society, George W. Cottis, M.D., Jamestown, Edgar Bieber, M.D., Dunkirk

Scientific Session

"The Interdependence of the State and County Medical Societies" Dr Harry Trick of Buffalo, President-elect of the State Society

"The Subjective and Objective Evidences of Cardio-Vascular Disease" A brief outline of the principal conditions enumerated above Dr George J Eckel of Buffalo

EDGAR BIEBER, M.D., Secretary

OTSEGO COUNTY MEDICAL SOCIETY

The annual meeting was held in the Elks' Home on December 13, 1927

The Minutes of the semi-annual meeting

were read and approved

At his request, a transfer was granted to Dr A H Bissell to the Medical Society at Bridge-port, Conn

Drs Cruttenden, Atwell and Greenough were appointed a committee to draw up suitable resolutions in regard to the death of Dr

Hovle They submitted the following

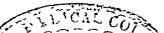
The members of the Otsego County Medical Society at their regular meeting held on December 13, 1927, desire to place on its records the esteem and respect they hold for the memory of Dr J P Hoyle, for many years a mem-

ber of the society, and to express their deep sympathy to his family It is further directed that a copy of this resolution be sent to his family and given to the press

Signed by the above committee

Dr Ford presented the report of the nominating committee and on motion the names as read were declared elected as our officers for 1928

President, Dr F J Atwell of Cooperstown Vice-President, Dr D H Mills of Oneonta Treasurer, Dr F L Winsor of Laurens Secretary, Dr A H Brownell of Oneonta Censor, Dr E C Winsor of Schenevus Delegate and alternate to the State Conven-



tion. Drs L C Warren of Franklin and Dr R W Ford of Otego

Drs E C Winsor, Mills and Brownell were appointed as a committee to secure new members for the society

A committee to arrange program for all meetings of the year will later be appointed

by the President

Dr J C Smith presented the report of the Committee for revision of the By-Laws After reading and some minor changes they were adopted subject to the approval of the State Society

Dr Fred M Johnson of Cooperstown was

elected as a member of the society

After the dinner Dr J S Lawrence of the State Legislative Committee presented a series of recommendations for the society to act upon during the coming year

Dr C Winfield Nye of New York gave an illustrated lecture on Traumatic Lesions of the nervous system and Inter-Cranial Pres-A lecture full of new methods of diagnosis and treatment of such conditions that were most helpful

Besides the visitors, Dr Lawrence and Dr Nye, there were present Dr F E Bolt of Worcester, Dr E C Winsor of Schenevus. Dr F L Winsor of Laurens, Dr B W Phillips of Milford, Dr R W Ford of Otsego, Dr L C Warren of Franklin, Dr B S Stearns of Unadilla, Drs Cruttenden, Atwell, Johnson, Tyron, Greenough of Cooperstown, Drs Marx, Mills, House, Cooke, Parish, Hendrick, Dart, Champlin, Smith, Monahan, Getman, Carson and Brownell of Oneonta

A H BROWNELL, Secretary

CATTARAUGUS COUNTY

A news item sent the newspapers by the State Charities Aid Association on December 20th, has the following announcement regarding Cattarau-

gus County

"At the request of the County Board of Health and 37 other public bodies and civic and welfare organizations in the county, and notwithstanding the opposition of the Cattaraugus County Medical Society, the Milbank Memorial Fund of New York will continue its participation in the Cattaraugus County Health Demonstration, a public health program which has evoked national and international interest The Fund announced today that its Directors had unanimously appropriated \$87,338 20 toward the expenses of the health program in Cattaraugus County during the coming

"This appropriation by the Fund followed the recent action of the Board of Supervisors of Cattaraugus County renewing its appropriation of \$56,000 to the County Board of Health for 1928 The Milbank grant is shared by the Board of Health, the County School Hygiene Service and

the County Health Association

"An alternative and greatly reduced plan of health activities proposed by the Cattaraugus County Medical Society, calling for an appropriation of only \$36,000 and for the appointment of five of the seven members of the County Board of Health from a list of physicians to be submitted by the County Medical Society failed of approval by the Board of Supervisors physician, making a total of three, was appointed to the Board of Health, and the new medical member was not chosen by the Board of Super visors from a list submitted by the County Medi-

cal Society

"Recent statements by the County Medical Society that the Health Demonstration was likely to be transferred to some other county were without foundation, it was announced today by the State Charities Aid Association, the Agent of the Milbank Memorial Fund At no time has the removal of the Demonstration to another county been discussed or considered, it was said by the Association

"The continuance of the participation by the Fund in the health demonstration was recommended by the State Charities Aid Association, and approved by the Board of technical experts of the Milbank Memorial Fund, following a conference between this board, the chairman of the county board of supervisors, Victor R. Lynde of Delevan, and the chairman of the County Board of Health, John Walrath of Salamanca

"The Cattaraugus County Health Demonstration was begun in 1923 for a period of at least five years Its organization and work have attracted nationwide attention among health experts and elicited inquiries and attracted visitors from many foreign countries An analysis of the results, showing an outstanding reduction in the tuberculosis death rate and a striking decline in infant mortality, prepared by Edgar Syden-stricker, Statistician for the U S Public Health Service, has successfully passed the critical examination of an Advisory Statistical Committee of the foremost statisticians in the country"

DR JAMES P BRADY

Dr James P Brady of Rochester died on December 27, 1927, aged 63 years He was past-president of the Monroe County Society and of the Rochester Academy of Medicine, a long-time member of the Comitia Minora of the County Society and a member of the last

and also of the present House of Delegates He was one of the best known and most beloved in the profession in Rochester His kindly, genial personality, his wit and his professional ability will long be remembered J P HENRY, Secretary

KINGS COUNTY

The stated meeting of the Kings County Medical Society on December 20, 1927, brought to a close an active year The election of officers for the ensuing year occupied the time of the members before the scientific session Those elected were—President, Charles H Goodrich, Vice-President, Thomas M Brennan, Secretary, James Steele, Associate Secretary, Joseph Raphael, Treasurer, John L Bauer, Associate Treasurer, Ruth Ingraham, Directing Librarian, Jacques C Rushmore, Associate Directing Librarian and Curator, Frank L Babbott, Jr, Trustees, Henry Joachum, Thurston S Welton, John J Masterson, Censors, Samuel Lloyd Fisher, Milton G Wasch, Henry F Bruning, Delegates to the State Society, Robert F Barber, Elias H Bartley, Walter D Ludlum, William A Jewett, Charles H Goodrich, John E Jennings, John L Bauer, Joseph W Malone, Thomas M Brennan, O Paul Humpstone, Cameron Duncan

President Thurston S Welton had arranged a scientific program illustrated throughout with motion pictures showing the heart action in many phases Simon Frucht, MD of Brooklyn, described briefly and concurrently with three reels of animated cartoons, the circulation, the mechanical structure of the heart, the chambers contracting and dilating, and the valves opening and closing, the heart rhythm, the spread of the excitation wave, the prema-

ture contraction, paroxysmal tachycardia, heart block, and auricular flutter and fibrillation

The second speaker, Robert Hurtin Halsey, M D of Manhattan, presented a reel illustrating the action of the valves of the heart. A view of the interior of the heart chambers of a bull was obtained by inserting glass windows whereby the valve leaflets were watched. The heart action was imitated by introducing fluid into the ventricles causing the mitral leaflets to flap together under the eye of the camera.

Samuel W Lambert, MD of Manhattan, exhibited two reels demonstrating heart block in the turtle and the dog By a different method of demonstration, he photographed the heart in situ in the living animal as it beat normally, and then after instilling pilocarpine, producing heart block The progressive degrees of heart block were shown by The auricles means of slow-motion pictures and ventricles could be seen contracting alternately and rhythmically until the block was Thereafter the auricles beat twice to the ventricle's once, then three times, and progressively the action became totally irregular, the auricles fibrillated, and finally ceased to contract

The attendance was over five hundred and a double line of those standing encircled the filled seats of the auditorium

JEFFERSON COUNTY

A regular meeting of the Jefferson County Medical Society was held late in the afternoon and the evening of December 15th, at the Jeffer-

son County Golf Club

The first item of the program was the presentation of about a dozen patients showing interstitial keratitis and other evidences of congenital syphilis by Dr Walter S Atkinson Then came a dinner at seven o'clock, which was followed by the scientific session

Dr Walter F Smith of Watertown gave an address on the symptoms of congenital syphilis

Dr William N Maloney of Cape Vincent read a paper on the problems of rural practise

It was voted that the Society continue one subscription of "Hygeia" for the Flower Memorial Hospital

The Society endorsed the Children's Health Camp for undernourished children which is held each summer

A committee to arrange for children's health consultations throughout the country was appointed, consisting of Dr C W Bullard of Black River, Chairman, Dr E A Simonds of Carthage, and Dr C J Severance of Mannsville

WAITER P ATKINSON, Secretary



MEDICAL WARES



THE X-RAY MACHINE

The X-rays were so named because their nature could not be explained for over a decade after their discovery by W K Roentgen in 1895. But research into the nature of radium, electricity, ethereal vibrations, and the atom has explained many points which were long mysterious, and has enabled manufacturers to construct machines which will produce the X-ray in exact amounts and of known properties. Yet the common name is still retained because it is a simple term whose meaning is well known and exact.

The X-rays are vibrations similar to those of light, and differing from them principally in their wave lengths. The accepted measurement of wave length is the Angstrom unit, which is one ten-millionth of a millimeter Visible light has a wave length varying from 7700 Angstrom units for the red rays to 3900 for the violet. The X-rays have a wave length of from one-half to one-twelfth of an Angstrom unit, which is somewhat longer than that of the gamma ray emitted by radium.

The properties of the X-rays which are applied in medicine are the result of the shortness of their wave length Scientists now consider matter to be extremely porous with its material particles separated by spaces thousands of times larger than the sizes of the atoms or their components, the positive and negative electrons The X-rays penetrate matter because their waves are extremely small and can pass deeply into an object before they collide with a particle of matter A wave of ordinary light is larger than the spaces be tween the electrons of matter, and so it cannot penetrate into most substances at all. but it dissipates its action on the surface ary light produces a burning effect on the surface cells only, while the X-rays produce similar effects on the tissues which they reach deep in the interior of the body But even the X-rays finally collide with material particles in the tissues, and so their penetration is limited

The X-rays are phenomena of what are called cathode rays When a high voltage current of electricity is passed through a vacuum, cathode rays are produced at the negative pole or cathode These rays produce X-rays when they strike the glass of a tube or other solid object, but they may be focused upon an object, and when they are focused upon the positive pole, or target, they produce the X-rays in great amounts

The practical generation of X-rays requires current of very high voltage to be passed through the X-ray tube in only one direction As it is impracticable to generate and use a direct current of very high voltage, it is necessary to use alternating current which is rectified after it is stepped-up to the required high voltage

To a moderate extent, the present-day Xray tube of the hot cathode type rectifies its own current by preventing passage of one wave of the alternating current, but for greater power, the current necessarily must be rectified before it is applied to the X-ray tube For many years, a mechanical device consisting of synchronous motor and rotating switch was used, but modern practice tends towards the use of Kenex (valve tube) rectification introduced into the high tension circuit This tube consists of a hot filament cathode and an anode enclosed within a high vacuum glass bulb, the device looking like a small X-ray tube Negative electrons are emitted from the hot filament During one wave or half cycle, all the alternating current electrons emitted from the hot filament cathode are driven to the anode and current flows from anode to cathode During the other wave or half cycle in the opposite direction, during which the filament becomes positive, the emitted electrons are returned to it, and there is then consequently no current By this means, even though alternating current is generated in the transformer windings, the X-ray tube receives a series of uni-directional impulses

The wave length of the X-rays depends upon the voltage of the electric current which produces them. The higher the voltage, the shorter the wave length and the more deeply will the X-rays penetrate into the tissues before they are absorbed or dissipated. A ray of short wave length is called a hard ray, and will penetrate deeply, while one of a longer wave length is called a soft ray, and will penetrate less deeply. A hard ray cannot be used in photographing thin tissues because it passes through them almost as readily as light through ordinary glass. Modern X-ray machines are made in types adapted to their requirements, one type for photographing (radiography) and fluoroscopy, another for deep therapy

The voltages produced by X-ray machines vary from 30,000 for soft rays to over 200,000 for the hard rays. The limit of voltage is that which the tube can stand. Machines to produce a million volts could be built readily, but tubes cannot be

made to stand much over 200,000 volts without breaking

The voltage of the older machines was deternuned by the distance that a spark would jump between terminals of the machine older tubes gave off a greenish glow which was the luminescence of the gas in the tube had devices for liberating exceedingly small amounts of gas by heating asbestos with a gas flame or an electric current, and the operator judged the softness or hardness of the tube partly by the brightness of its glow, and also by the distance which a spark would jump across a gap paralleling the path of the current through the X-ray tube A doctor prescribed the dosage of X-rays by specifying the length of the parallel spark gap, and the number of milliamperes of current passing through the tube

The hardness or softness of the X-ray tube is determined by the voltage impressed upon it, which is indicated on a voltmeter. Alternating current from the mains or other source of supply is passed into an "auto-transformer" which provides a means for varying the voltage of the current actually delivered to the primary of the step-up transformer The voltage obtained from the secondary windings of the step-up transformer depends upon the ratio between the number of turns in a primary winding and those in the secondary winding For example, if the ratio is 1 to 500, the secondary voltage would be 500 times that of the primary voltage As the voltage delivered to the primary may be varied by as little as one volt for each step through a large number of steps, the secondary voltage will consequently be capable of a large range of ad-These in turn result in differing degrees of hardness or penetrability of the resultant X-rays

The quantity of X-rays produced depends upon the miliamperes of electric current which flows from the anode to the cathode. The greater the miliamperage, the greater will be the quantity of X-rays. From 4 to 8 miliamperes are used for viewing tissues with the fluoroscope, from 4 to 20 for treatment; and from 10 to 100 for photographing tissues. The miliamperes are also indicated on a dial attached to the X-ray machine.

Whilst older X-ray tubes depended upon gas particles to form a path for the high voltage current, modern tubes exclude all possible gas and aim at a perfect vacuum. They operate on a different principle, employing a hot cathode which emits negative electrons in greater or lesser volume according to the heat of the cathode. Thus the control of milhamperes is effected by the regulation of the heating current through the hot cathode filament.

A number of substances give off visible light, or fluorescence, when X-rays fall upon them This principle is applied in the fluoroscopic screen,

which is coated with a highly fluorescent substance such as platino-barium cyanide, or calcium tungstite. The X-rays, striking the screen, cause it to glow with a light whose quantity is in direct proportion to the amount of X-rays falling upon each part of it. A tissue, viewed with a fluoroscope, appears outlined upon the screen

An intensifier used in X-ray photography consists of a fluorescent screen placed against the photographic plate. Since the screen acts by means of visible rays which will not penetrate a paper wrapping, the screen must be placed in direct contact with the emulsion side of the plate. A doctor who fails to remove the paper wrapping from the photographic plate or film will not get any results from the use of an intensifying screen. The maximum actinic effect is obtained when two intensifying screens are used in contact with both emulsions.

Modern X-ray emulsions are placed upon celluloid films instead of glass plates, and both sides of the film are coated so as to double the action of the X-rays An intensifying screen further increases the action of the X-rays from two to four times

Metals do not permit X-rays to pass through them readily Lead is the least permeable of the common metals because of the greater number and size of its atoms compared with those of other metals Lead plates and sheets are therefore used in treatments to cover the parts from which the rays are to be excluded

Sheets of aluminum of varying thickness are used to filter out the softer rays and to permit only the harder rays to pass. Their use permits the operator to regulate the dosage of X-rays that are applied to a part of the body.

The quantity of X-rays applied to the skin in therapeutics is prescribed in erythema units, one of which is the quantity of X-rays that will produce a reddening of the skin A small amount applied for a long time will produce the same effect as a larger amount used for a shorter time The skin tolerance is therefore stated in both the amount and time of application of the rays must be determined for each individual patient The method of finding the erythema dose is to cover an area of skin with sheet lead and move it across the area so as to uncover successive areas about every half minute. If the sheet is moved in six stages, the first area will be exposed three minutes, and the last one, half a minute A reddening of the area will occur in about a week. and the dosage exposure applied to the area that shows only a beginning redness is the erythema dose of that patient.

The exact applications of X-rays of known power are now possible because of the careful standardization and calibration of the generating machines by the manufacturer



THE DAILY PRESS



HEALTH SUPERSTITIONS

The editorial page of the December 19th issue of the New York Times, prints the following sage remarks about health superstitions

"Science will have a deal of general schooling to do before people give up carrying potatoes in pockets for rheumatism, wearing amber beads for goiters, and putting spider webs on deep cuts. There is a solid comfort in old superstitions, and medicine will have to prove its case well before it completely ousts them."

The occasion for these remarks was a fine imposed on a person by a Judge in Pottstown, Pennsylvania, for "Telling a State policeman of a magical method of curing insomnia. He was advised to put a pinch of salt in his shoes and also in his bed in the form of a cross. Technically,

this misdemeanor was classed as a violation of the Fortune Telling act of 1861. On appeal the decision was reversed, and the 'faith healer' was allowed to go free. The presiding Justice said that such conjuring might be 'foolish,' but it wasn't illegal"

Some New York State Judges have held that when a person consults a quack, knowing that the person is a quack, he does so at his own risk, and the quack is immune. But the trouble with that reasoning is that there is an element of credulity in all persons, including the educated and the Judges, and the quacks count on this element of human nature for their own profit. While a Judge, hearing a case involving credulity may consider it a joking affair, yet it is serious for the victim.

THE MEDICAL PRACTICE ACT

The report of the State Department of Education regarding the effects of the Medical Practice Act is encouraging not only to physicians but also to laymen. It takes time to set up the machinery for the enforcement of a new law, but the State Department of Education and the Attorney General have produced commendable results during the year in which the law has been actively enforced. The statement of the State Board of Medical Examiners was criticized for saying that five thousand persons were engaged in the illegal practice of medicine in New York State, but its report shows that the figures were probably correct.

The report of the Board has received the commendation of the New York *Herald Tribune*, of December 14, which published the following editorial

"A rather small actual catch of quack doctors and the like has followed the enactment last year of the Webb-Loomis bill strengthening the medical practice act by a registration requirement and in other ways. Thirty illegal practitioners have been convicted. Fifty-eight cases await decision. It is a moderate haul, but that is not the whole story. Dr. Harold Rypins, secretary of the State Board.

of Medical Examiners, reckons that a thousand quacks, and possibly more, have quit practice in New York State in the last year. That is about one-fourth of the number estimated to have been operating when the Webb-Loomis bill was passed. From Pennsylvania, New Jersey and Canada, have come bitter complaints of the migration of New York charlatans to new hunting grounds. Dr. Rypins's report of New York City's riddance is most encouraging, the clean-up here, on the surface, being almost complete.

"The whole crew of make-believe doctors, the clutter of pseudo-medical cults, is deprived of a winning trick now that its members cannot pose as doctors. The unauthorized use of that title has been practically discontinued, the inspectors find. Patients are protected, as they were not formerly, against a gross deception. They are at least forewarned that the panacea dealer or fantastic specialist whom they consult is not a licensed physician.

"Like the Baumes laws, the Webb-Loomis law is legislation of real deterrent force, judging from the account of its working by an official who has studied its effects at first hand"

LIFE'S SPAN

Shakespeare's thoughts on living in deeds, not years, has its counterpart in an editorial in the New York Times of December 10, based on

a report of President Kingsley, of the New York Life Insurance Company The President comments on the fact that the prolongation of life has been in the most productive years of life, and the result has been a great addition to the word's store of ability and productiveness. The editorial says

"By another measurement than that of years, this authority in lengthening the economic lite of man has reached the conclusion that the average man probably lives twice as long as his ancestors did a generation ago, and five times as long as those of two centuries earlier. Survivors at 57 have done from two to five times the work and had from two to five times the experiences and joys of their not far distant progenitors who reached that age. And "we must learn to live still faster" within the bounds of earthly existence. "We must achieve more" Life has in these terms been lengthened to from 120 to 300 years. By further development of brain power

it is conceivable that the 100, 200 or 300 years may be lengthened to 1,000 years

"Man will become the superman in the full achievement of what is inherent in him. Enabling him to live through the natural years of the body by teaching him the laws of hygiene and by warding off disease is the high office of helping him to live a thousand years in threescore and ten."

Regarding the centuries of age reached by Methuselah and his contemporaries, the Rev Dr Cadman offers the explanation that their years were moon years, according to the custom of measuring time among the ancient people of the east. If this method were applied to Methuselah, he lived seventy-five sun years, and he does not seem to have done anything particularly commendable, either

MOVING PICTURE TEACHING

A person does not really understand a fact unless he can visualize it, and see it plainly as a concrete picture. When he talks about Pekin, a map of China appears clear before him, and when he talks of death rates, a table of figures outline themselves in his mental vision.

Man must have something tangible with which to express even his mental abstractions. Herein is the peculiar field of usefulness of the moving picture. The New York *Herald Tribune* of December 19, carries an editorial called "Celluloid Imagination," saying

"The great physicist, Michael Faraday, considered the greatest experimenter of scientific his-

tory, was felt by his contemporaries to owe his pre-eminence to an unusual power of seeing in his mind's eye just what invisible things were like. His well known visualizing device of the magnetic "lines of force" has been one of the chief assistants to subsequent engineers in developing dynamos and motors. Few persons, even among scientists, possess this visualizing genius. Descriptions and formulas help little, and the objects themselves are invisible. The motion picture device of animation, used originally for the animated cartoons, has proved an important help. By its means it is possible actually to see the electric or magnetic forces in place and in action, just as the best modern opinion conceives them."

DEADLY RED TAPE

The New York newspapers have featured the death of a prominent financier because the police of a village three miles from the accident refused to send a public ambulance on the ground that the patient was in another county. The New York Herald-Tribune of January 9 quotes one of the policemen as saying

"The Board of Supervisors of the village had issued specific instructions that the ambulance was to remain within the village limits and he could not disobey this order. His police, he said, had no right to go into the jurisdiction of Nassau County."

The Fire Departments furnish abundance of

precedents that the attitude of the police regarding the ambulance was entirely wrong Every village has fire engines, and an ordinance forbidding their use outside of the village limits. Yet where fire occurs in a neighboring community, the firemen take the apparatus there and use it, and the village officials and the public support the firemen in their disregard of red tape.

When an emergency arises, a doctor knows no boundary lines of village or counties, no rank of money or fame, and no times or seasons of office hours, and no awe of flaming red tape



BOOK REVIEWS



DIAGNOSIS AND TREATMENT OF DISEASES OF THE STOM-With an Introduction to Practical Gastro-Enterology By MARTIN E REHFUSS, M.D. Octavo of 1236 pages, illustrated Philadelphia and London, W. B. Saunders Company, 1927 Cloth, \$1200

This is the first edition of a volume on diseases of the stomach which promises to meet with general ap-The book is divided into three parts, the first devoted to anatomy, embryology, physiology, and laboratory work. The author, who has contributed a great deal to the study of gastric chemistry in relation to various foods digested, discusses at length this phase of laboratory work Attention is called to the importance of history taking, and the practical considerations of gastric findings are analyzed. It is pleasing to note that special stress upon Fluroscopic and X-ray examination is made by the author calling particular attention to the important part that the gastroenterologist should play in this study Knowing the clinical symptom complex history and constitution of the individual, the stomach specialist if well trained is in the best position to interpret Fluroscopic and X-ray findings The first part of the book is concluded with a chapter on Gastroscopy by Chevalier Jackson

The second part of the book is given over to a full discussion of diseases and affections of the stomach with a thorough consideration of symptoms, diagnosis and

treatment.

In the third part of the book there is complete consideration of the relationship between the stomach and diseases of the esophagus, duodenum, liver, gall bladder, pancreas and intestines. The stomach and its relation to precordial pain, endocrine functions, disorders of the nervous system and kidney, is also considered Surgery of the stomach and the medical treatment of post-operative gastric conditions are well taken up. This exhaustive volume on gastric diseases is concluded with a chapter on medical treatment, dietary considerations, and instructive charts used in the treatment of gastric diseases

There will undoubtedly be many editions of this work, for a great deal of the old and useless has been omitted, and the important and recent advances are included so that it furnishes to the general practitioner a useful reference, and to the specialist a volume that he cannot do

without.

SURGERY. ITS PRINCIPLES AND PRACTICE. For Students and Practitioners By ASTLEY PASTON COOPER ASH-HURST, A.B., M.D. 3rd Edition, revised. Octavo of 1179 pages, illustrated Philadelphia, Lea and Febiger, 1927 Cloth, \$10.00

This single volume of 1179 pages with 15 colored plates and 1046 illustrations appears in its third edition

The work was written to furnish a foundation on which the knowledge of surgery is to be built. The book deals especially with the pathogenesis, diagnosis, and indications for treatment of the general surgical conditions. At least one of the accepted methods of doing the more important operative procedures is described in detail. The surgical specialties are omitted, except as they have some bearing on the general surgical problems under discussion

In this third edition 100 new illustrations and two colored plates have been added. The subject matter has been brought entirely up to date. The following sections have been rewritten or introduced as new matter, alkalosis, septicemia, tularemia, blastomy cosis, sporotrichosis, granuloma inguinale, treatment of anthrax, paraverte-bral and synergistic anesthesia, sciatica, fractures of the femur and of the leg and ankle, sarcoma of bone, treatment of hydrocephalus, hyperthyroidism, laryngectomy, surgery of the thymus, of pulmonary tubercu losis, and of bronchiectasis, massive collapse of the lung, chronic dilation of the duodenum visceroptosis congenital anomalies of rotation and fixation of the intestines, and carcinoma of the rectum

As a text book for the student of medicine or as a work of reference for the practitioner this book is sin MERRILL N FOOTE.

cerely recommended

DISEASES OF THE NEWBORN A Textbook for Students and Practitioners By JAMES BURNET, M.A., M.D. 12mo of 275 pages London and New York, Oxford University Press, 1927 Cloth, \$1 85 (Oxford Medi cal Publications)

In his preface the author states that "in teaching classes of medical students we have felt the want of a small work dealing with diseases of new-born infants" If, as we believe, that is the status of British pediatric literature we consider that the work is fairly well done.

The author has catalogued pretty thoroughly the conditions and diseases of the new-born and we think his judgment is good. At the same time we find very little which is not adequately covered in the American text books on general pediatrics

We disagree somewhat on treatment and consider that the student who is dependent solely on the therapeutic advice given in this volume will have difficulty in giving adequate treatment to his patients W D L

Manual of Diseases of the Eye for Students and General Practitioners By Charles H May, M.D 12th Edition, revised. 12mo of 445 pages, with 374 original illustrations New York, William Wood and Company, 1927 Cloth, \$400

It is a pleasure to welcome the twelfth edition of this work, so little in its form but so huge in its potentialities It is devised for students and practitioners and, in the conciseness of its style and accuracy of its illustrations and colored plates, it fulfills its role and design most thoroughly

With the issuance of frequent editions, it has kept well abreast of the advances of modern ophthalmology, a task too Herculean for the more ponderous text-books

on the subject.

IRVING GRAY

So one can but congratulate the author anew upon this new edition and commend it heartily to those for whom it and its predecessors have been written

E. C. PLACE.

GEORGE WM NORRIS, A.M., M.D., HENRY C. BAZETT, M.B., and THOMAS M. MCMILLAN, A.B., M.D. 4th Edition, revised. Octavo of 387 pages, illustrated Philadelphia, Lea and Febiger, 1927. Cloth, \$450 Blood-Pressure

Sphygmomanometry is almost universally practised in the United States today. Few are the patients, who have not had their blood pressure taken. Vast quantities of literature are published each year about blood pres-sure in connection with various diseases. The authors of this work review the literature from practically every of this work fevire the intrature from practically every possible angle. Indeed, at times one is overwhelmed with the "may be," "possible," and "probable" clauses in the book. The impression is given that much truth of value might have been placed in a small book, that would have been easily read, as the present book is certainly and contains data that are likely and the contains data that are likely and the state of the contains data that are likely are likely and the state of the contains data that the contains data the contains data that the contains data that the contains data that the contains data that the contains data the c tamly not easy to read, and contains data that really do not need to be included in a special book. The frontispiece is irrelevant, and is characteristic of the book in spots

The authors were not critical at times in the inclusion of data, which were obviously obtained when the emotional factor in increased blood pressure was in full

swing

Books on blood pressure have been fashionable during the last few years, but the value of books on symptoms are always debatable in value. They confuse symptoms and the really important, namely, the pathology back of the disease. The authors, and their adjuncts, cover this symptom so that anyone interested can find in the book all of the facts, and most of the theories on the subject J ARTHUR BUCHANAN

Physical Diagnosis By Richard C Cabor, M D 9th Edition, revised Octavo of 536 pages, illustrated New York, William Wood and Company, 1927 Cloth, \$5 00

Practically no change in the plan and scope of this book has taken place in the nearly thirty years of its life but it has steadily grown in prestige and value to the Profession as it keeps pace with newer findings and facts proven at autopsy and reasonably established by deduction.

Dr Cabot builds upon the firm foundation of common sense and for that reason does not need to make anew his place among the teachers when some theory has been

found untenable.

The body in health and disease is his material and has always been and by constant work and careful thought he has discovered for his fellows and put into simple words the evidence which is of diagnostic import in the discussion of the various disturbances which physicians are called upon to consider

The book is convenient in size for hand or desk, is well printed and illustrated with but few errors in type and is the most ready reference text on the subject.

A Text-Book of Therapeutics Including the Essentials of Pharmacology and Materia Medica. By A. A. Stevens, A.M., M.D. 7th Edition, reset. Octavo of 758 pages. Philadelphia and London, W. B. Saunders Company, 1927. Cloth, \$6.50

In this edition the official preparations have been made to conform with those of the Tenth Revision of the US Pharmacopæia of 1926 The various new drugs have been added. In the first portion of the book there is a general description of the composition, preparations, incompatibilities and methods of administering drugs Each drug is grouped according to its pharmacologic action, and the various remedial measures other than drugs are described.

In the section on Applied Therapeutics the treatment of the different diseases is discussed in a manner in keeping with the standard character of the work

W. E. McCollom

FISTULA OF THE ANUS AND RECTUM BY CHARLES JOHN DRUECK, M D Octavo of 318 pages, with 66 illustrations Philadelphia, F A. Davis Company, 1927 Cloth, \$3.50

This book contains a thorough discussion of the etiology, diagnosis and treatment of anal and rectal fistula. The author emphasizes the need for the proper treatment of abscesses in the region of the anus to avoid subsequent fistulæ. He calls attention to the lack of immobilization in the treatment of infections about the anus.

The book is well-written and well printed, and the

illustrations are exceptionally clear

CHAPLES GOLDMAN

TUBERCULOSIS PULMOVAIRE TUBERCULOSE DES SÉREUSES Par le Docteur Pierre Pruvost. 12mo of 446 pages, il-lustrated. Paris, Gaston Dom & Cie, 1927 Boards, 30 Francs (Les Consultations Journalieres)

The vriter emphasizes the importance of being absolutely certain that the bacillus of Koch is actually the cause of the symptoms in the pathology of a given case. Ha mg eriablished that such is a fact, there are three elements to be considered in the treatment, first, the bacillus itself, secondly, the area of localization, and third, the resistance of the patient. Several errors may creep into the treatment of pulmonary tuberculosis, the first is doing nothing or doing too little, the second is in making the treatment too vigorous or too prolonged, and the third is that one may choose the wrong method of treatment for the individual case. Heliotherapy, says Pruvost, is an active treatment very useful in tubercu-losis of the bones, glands, and the serous membranes, but not suitable for pulmonary tuberculosis with an active focus Tuberculosis cannot, at the present time, be conquered by biological methods whether tuberculin, vaccine, or serum. The same is true of physical agents, such as high frequency currents, ultraviolet rays, and deep radiotherapy Pneumothorax is to be considered in three classes of cases, first, in rapidly advanced acute tuberculosis, second, in cases suddenly aggravated by a new focus of infection, and third, in cases of severe and serious hemophysis In tuberculosis of the peritoneum general measures of treatment are used, such as rest, fresh air, proper food, and the administration of adrenalin Heliotherapy is here the method of choice.

WM HENRY DONNELLY

POTASSIUM AND TARTRATES A Review of the Literature on Their Physiological Effects By RALPH W WEB-STER, Ph D, M D With a digest and bibliography of the literature by W A. Brennan, A.B 12mo of 168 pages Chicago The Commonwealth Press, 1927 pages Chi Cloth, \$250

This book of 168 pages is a comprehensive review of the physiological effects of Potassium and Tartrates that is interesting and instructive. It is a complete digest of the literature on these subjects

CANCER CONTROL. Report of an International Symposium Held under the Auspices of the American Society for the Control of Cancer, Lake Mohonk, New York, September 20-24, 1926 Octavo of 336 pages The Surgical Publishing Company of Chicago, 1927

This is a report of the International Symposium held at Lake Mohonk from September 20 to September 24, 1926, by the American Society for the Control of Cancer The volume contains the addresses of Soper and Welch given during the open session, and twenty-nine papers read during the executive sessions by eminent cancer specialists Certain important resolutions passed by the Symposium are also included This volume gives authoritative information on a subject that the laity are now intensely interested in and are demanding our views upon, not to speak of more productive action on our part. Even though no light is shed upon certain dark places, this publication gives a large amount of indispensable knowledge.

MEDICAL CLINICS OF NORTH AMERICA. Vol. 10, No 4
January, 1927 (New York Number) Published
every other month by the W B Saunders Company,
Philadelphia and London. Per Clinic Year (6 issues.) Cloth, \$1600 net, paper, \$1200 net.

The fourth number of the tenth volume of these series which appeared in January, 1927, is the New York Number and contains clinics and monographs by many clinicians and from many hospitals in the city. To pick out articles for special mention would be a task prompted by the individual taste of the reader or reviewer, and by the individual taste of the reader or reviewer, and the articles v hich v ould interest perhaps the majority of the general practitioners would be Anemia, by Dr I. W Held of Beth Israel Hospital, Treatment of Arthritis by Dr Blake F Donaldson of the New York Post-Graduate Hospital, Subacute Nephritis, by Drs Herman Mosenthal and Paul Klemperer, also of the Post-Graduate Medical School and Hospital. Another important article is The Recognition of Breath Sounds, by Dr George C. Ornstein from the Department of Tuberculosis of the Bellevie Hospital

WM HENRY DONNELLY



OUR NEIGHBORS



SALT IN MEDICINE

The uses of salt in medicine is the subject of the leading article in the December Journal of the Iowa State Medical Society, from which the

following quotations are taken

"The term salarium in Roman times meant an allowance of money to soldiers for salt Our own word salary there has its source Salt cakes have been used as money in Abyssinia and other parts of Africa and Tibet Its commercial importance was at one time so great that it is probable many of the ancient trade routes and highways were established very largely to transport As evidence of this, one of the oldest roads in Italy is called Via Salaria

"The world is plentifully supplied with salt It has been computed that the entire ocean if dried up could yield no less than four and onehalf million miles of rock salt, or about fourteen and one-half times the bulk of the entire continent of Europe above high water mark

"The manufacture and garnering of salt was once the work of Kings Kingdoms went to war over the possession of salt deposits. There were some salt springs on the banks of the river Saale in Frankia over which two countries fought for fifty years believing that such places are closer to heaven and prayers of mortals from them more easily heard

"For many years isotonic sodium chloride solution has been used to administer water by vein, beneath the skin and by bowel This physiologic solution has the same osmotic tension as the blood plasma and does not cause a destruction of the blood corpuscles The salt has been largely added to make the solution isotonic and not for any known inherent value possessed by the salt in the treatment of disease

"In recent years the attitude of many clinicians toward the importance of salt in certain abnormal conditions has caused a new chapter to be written in inorganic therapy. It is rapidly being realized that sodium chloride may be an important factor in disease and unless this salt is supplied in sufficient quantity serious consequences may be the result

"The use of saline solution in shock is well known in spite of the fact that recent studies have questioned its value In severe hemorrhage, toxemias, depletion, pre- and post-operative dehydration and exhaustive diseases of infancy its importance is recognized by all such conditions it has heretofore been considered that the salt plays a secondary role in that it serves as an aid to the introduction of water

and has not been given with the thought that it may have some inherent quality of worth in such therapy Some good reports of its use in

dementia precox have been received

"From the experimental standpoint the work of Loeb on the production of artificial parthenogenesis has been rather startling. He found that by immersing sea urchin eggs in sea water made hypertonic by adding sodium chloride the eggs were fertilized and developed normal larvæ when What a great replaced in normal sea water boost this would have been for salt if it had not been found that sucrose would do the same thing! The phenomenon was apparently brought about by a change in osmotic pressure and well serves to illustrate the effect that a change in physical chemistry may produce upon a living organism

'In the last few years considerable study has been made of the chlorides in their relation to certain diseases of the intestinal tract An obstruction of the pylorus, duodenum or jejunum will immediately initiate changes in the chemistry of the blood and urine, one of the most marked of which is the lowering of the sodium chloride content. This occurs in pronounced These tiny cases of congenital pyloric stenosis babies will sometimes have blood chlorides a Walters and little more than half the normal others have shown that changes in blood chemistry in duodenal fistula are similar to those found in obstructions of the upper bowel These changes also occur following experimental jejunostomy showing that drainage only of the up-

per small intestine produces toxemia

"The finding of lowered chlorides in intestinal obstruction has resulted in an adjunct treatment of this condition, the importance of which cannot be over-emphasized. Any patient ill with obstruction of the small intestine suffers from a combination of dehydration and toxemia accompanied by constant changes in chemistry indi-Not the cating destruction of protein tissue least important of these chemical changes is the marked drop in the blood chlorides with their almost complete disappearance from the urine Sodium chloride solution, if administered in sufficient quantity, not only relieves the dehydration but appears to have a direct action upon the reduction of toxemia. In other words, when sufficient salt is given, the products of protein destruction are diminished and the blood chemistry returns to or approaches the normal vidson has found almost identical changes in

(Continued on page 113-adv xiii)

a concentrated,
easily digested
source of energy
with cod liver oil
-an efficient
antirachitic



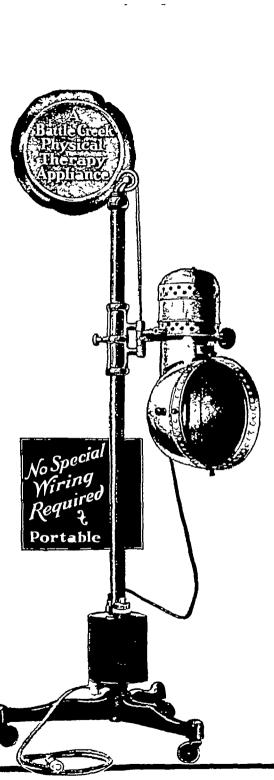
Thirty per cent of this preparation is cod liver oil Exhaustive tests, made in a leading American university, prote the high Vitamin A and Vitamin D content of Maltine with Cod Liver Oil Weshall be gladto furnish physicians copies of these tests

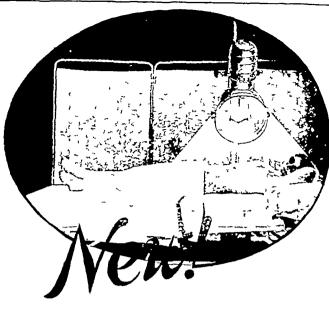
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The Battle Creek Treatment Photophore

A most efficient appliance for making local applications of heat. It combines the essentials of many expensive therapeutic lamps in one simple effective appliance (Continued from page 110)

severe superficial burns and has instituted salt therapy as part of his treatment

"There is no more logical therapeutic measure in the realm of medicine than the simple substitution in the body of a substance to replace that which has been lost or destroyed by disease. If the simple administration of sodium chloride in intestinal obstruction, burns, pneumonia and bichloride poisoning diminishes symptoms, reduces toxemia and gives the patient a weapon with which he may make a greater fight for life, it behooves every physician treating these conditions to familiarize himself with its importance

"If such diseased conditions as intestinal obstruction, pyloric obstruction, lobar pneumonia, burns, mercuric chloride poisoning and x-ray intoxication produce similar changes in the blood and urine chemistry, one of the most striking of which is decrease in the chlorides, is it not logical to believe that the toxemias are very similar and that function might, in a measure, be restored by similar treatment? In all of these diseases the administration of sodium chloride tends to prevent or reduce the changes in the blood chemistry

"We know that without salt there can be no life. The body maintains the sodium chloride content of the blood at a very even balance and any change in this balance may indicate a marked disturbance of function. A knowledge of the disturbed metabolism of sodium chloride serves to stimulate our interest in the inorganic compounds of the body in general and forces a realization that such constituents may be of inestimable importance in the study and treatment of disease."

RECIPES FOR COOKING LIVER

The good results of liver feeding in pernicious anemia have created a demand for various recipes for cooking the liver in order that a patient may take it day after day. The last issue of this Journal contained a number of recipes taken from the November issue of the *Illinois Medical Journal*. The following recipes were contributed to the December, 1927, issue of the *Atlantic Medical Journal* by Dr. C. R. Jones, of Pittsburgh, Pa

"The following recipes were prepared by the wife of a patient of Dr George L Hays, who is apparently skilled in the culinary art, and who is reported to have twice this number of methods of cooking liver. There is great need for skill in the preparation of this food, for there are a certain number of cases in which a distaste for liver arises.

"Vegetable Soup One quarter pound of liver will make two bowls of soup Grind the vege(Continued on page 114, adv xiv)



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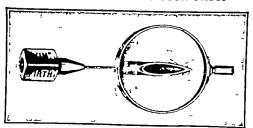
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(Continued from page 113, adv xm)

tables—a heaping tablespoonful each of potato, carrot, celery, cabbage, and turnip, and a half tablespoonful of onion. All one large tomato or almost one-third can of tomatoes pressed through a sieve. Cover the liver with at least a pint of cold water and cook almost ten minutes. Add the vegetables and cook until they are well done.

"Cream of Liver Soup Two cups of milk Flour and butter to make a cream dressing (about one small teaspoonful of butter and a heaping tea spoonful of flour) Add a heaping tablespoonful of minced or ground liver which has been cooked in a small quantity of water. Do not pour off the water, boil it down and add to the cream soup

"Minced Liver and Rice Brown the liver slightly in a little butter and then cook slowly for a few minutes with the pan covered Add the liver to the already hot cooked rice—about a sixth of a pound of liver to two-thirds of a cup of rice

"Liver and Bacon One small lean piece of bacon to a sixth of a pound of liver Fry the liver after the bacon It is very palatable sometimes to grind the bacon and liver together Make it into a cake and fry in a little butter Make flour or water gravy as preferred

"Liver and Omons One large onion or two small ones, parboiled so that it will not take so long to brown them Fry the bacon, set aside, and brown the onions in the bacon fat Use only one piece of bacon Set the onions and bacon aside where they will keep warm, then fry the liver in the fat that is left Sometimes it will be necessary to add a little butter

"Liver and Tomatoes Fry a sixth of a pound of liver either in pieces or ground Purée either two fresh tomatoes or one-third can of tomatoes Make a brown gravy after the liver is cooked, and add the tomatoes

"Baked Liver Either grind or cut in pieces a sixth of a pound of liver Cook in a small casserole with a small quantity of water and a small piece of butter for about fifteen minutes in a moderate oven This is very good if a tiny piece of garlic is added

"Liver Omelet Fry about a heaping tablespoonful or a little more minced liver for a few minutes in butter Beat one or two eggs until light, toss them about in hot water, then mix the liver through the eggs

"Stuffed Pepper Stuff a good-sized pepper with either raw or cooked liver mixed with bread, butter and seasoning Bake with water and butter

(Continued on page 115, adv xv)

(Continued from page 114, adv xiv)

"Stuffed Tomato Scoop out the tomato Mix this with minced or ground liver, a little minced onion, celery, bread, and a small piece of butter Season with sugar, salt, and pepper, and fill the tomato shell Bake about twenty minutes

"Broiled Liver A small thick slice can be broiled like steak Avoid cooking too much

"Liver Dumplings There is a German recipe which I cannot quote correctly, as my patient does not care for it. It is something like this ground liver, a little minced onions, bread, and a small quantity of baking powder. This is made into balls and dropped in hot broth

"Liver should not be fried too hard Cook to a light brown on both sides then cover the pan Cook long enough that it will not be rare, but do not cook too much

"A half-pound of liver is the amount prescribed for one day. Apportion it into three meals—or a sixth of a pound per meal. The patient is not restricted to a half-pound if more than that amount can be eaten in a day."

SCIENCE AND ART IN MEDICINE

There is both a science and an art in the practice of medicine, and most physicians combine the two The Rhode Island Medical Journal of December has the following editorial on the relation of the two forms of practice

"Life is a succession of choices, most of them compromises

"The young physician soon learns that he must strike a nice balance between what we may term 'quantity production' and fine craftsmanship. The difference is most clearly appreciated by regarding the methods of men who have chosen one or the other extreme

"The 'quantity' man sees as many patients a day as possible, giving but a few minutes to each and of necessity missing many points which a more extended consideration would develop, but undoubtedly giving relief in a majority of cases

"At the other end of the scale is the man who sees very few cases but puts much time into the study of each one and brings to bear all the laboratory facilities at his command. He spends much time in study

"Either method carried to extremes defeats the purpose of the physician to be of the greatest possible good to humanity. It is an awkward dilemma

"The man who wears himself out trying to keep pace with the multiplicity of new information leaves himself neither time nor energy to (Continued on page 116, adv xvi) Frank L. Hough, Director

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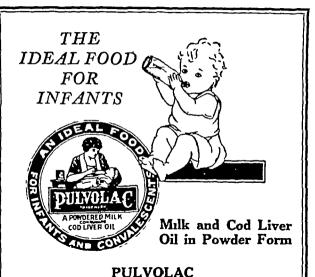
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(Continued from bage 115, adv xv)

apply that knowledge to the relief of suffering Neither is the average patient willing to spend either the time or money necessary for such in tensive study

"The over busy practitioner on the other hand quickly falls behind in his methods and has progressively less and less of value to give to the many patients he sees

"Somewhere between these two extremes must the great majority of physicians take their sta tion

"That man who most closely estimates his aptitudes and finds his proper place will do most for the good of all"

FUNCTIONS OF THE SKIN

The Journal of the American Medical Association of December 24th calls attention editorially to two important skin functions which have not hitherto been recognized, l, the anti-rachitic properties of the cholesterol, and 2, the storage of sugar The article says

"Biochemists have long appreciated the es sential fitness of the skin for covering and The skin and its approtecting the body pendages are composed largely of keratin, a protein characterized by its insolubility in all ordinary reagents and by its failure to exhibit the usual chemical reactions It thus is not only resistant physically but also highly mert chemically and seems strikingly well adapted to its function in the organism This very correlation of chemical nature and physiologic behavior is so obvious that students are likely to neglect further study of possible function of the skin The sweat glands and their activities early drew attention to the part these structures play in excretion, and for a long time this activity of the skin was considered as an important adjunct to the work of the kidneys This point of view is untenable, however, in the light of newer ex-The skin does play a significant periments part in temperature control through its ability to conduct heat and evaporate water

"Recent studies have redirected attention to the skin and emphasized the physiologic importance, heretofore unsuspected, of certain of its constituents The production of antirachitic properties in cholesterol by ultraviolet irradiation and the protection against rickets afforded by similar treatment of the skin are now well known. The possible rationale of such physical therapy has been provided by the chemical analysis of skin by Eckstein, who has shown that approximately

(Continued on page 117, adv xvn)

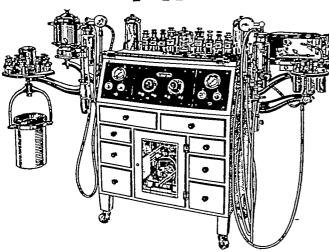
(Continued from page 116, adv xvi)

one fifth of the lipoid extracted from the human skin is present as free cholesterol. It seems reasonable to presume, therefore, that light treatment of the skin activates cholesterol in vivo. These implications, together with the efficacy of such treatment, indicates that the cholesterol of the skin is mobile and takes an active part in metabolism.

That the skin is also of importance as an organ of storage is indicated by recent experiments on laboratory animals Skelton has studied the part played by various tissues of the cat not only in donating water to the blood after hemorrhage but also in taking up fluid after injections of various salt solutions into the He found that, in cats which blood stream had been deprived of water for five days previous to the hemorrhage, the skin gave up about 40 per cent of the fluid—more than any Again, in animals other tissue examined with similar treatment before the experiment, the skin took up more fluid per gram than any other tissue and accounted for approximately 14 per cent of the water held by the body when examined thirty minutes after the injection of physiologic sodium chloride solu-Evidence of a similar type of activity has been brought forward by Folin, Trimble and Newman These investigators have introduced dextrose solutions into guinea-pigs and attempted to recover the injected sugar from the various body tissues. They have shown that thirty minutes after the dextrose solution has been given, the skin contains almost as much sugar as the blood. They point out further that, although this tissue is not a storage place for dextrose and glycogen, its significance as a temporary receptacle is greater than has thus far been realized. The possible role of the skin in carbohydrate metabolism is thus suggested by these analyses.

"The function of the skin as a protective tissue remains undisputed However, the capacity for storage and for mobilization of water and sugar and possibly other physiologic materials is one not thus far appreciated For a long time bone was considered as a stable, static, structural tissue with little metabolic significance, but in this case, also, our ideas have been radically altered On the other hand, the experimental results described may possibly be harmonized with the chemical and physiologic resistance of the skin if one recalls the fact that it consists of various layers and that the part important as a protective tissue may not be the same that is concerned with water and sugar mobilization"

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HEALTH EXAMINATIONS AT A COUNTY FAIR

The December, 1927, Journal of the Medical Society of New Jersey contains the following description of periodic examinations made at the Atlantic County, N J, fair on September 14-17, 1927 Under the joint auspices of the Atlantic County Medical Society and the Public Health Committee of the County Fair Association The article says

'A staff of 3 or 4 physicians made examinations from 2-4 p.m on each of the four days of the Fair Assisting was a corps of five nurses provided by the County Red Cross Public Health Nursing Service and the Tuberculosis Committee with 1 or 2 non-nurse assistants in the his-

tory-taking room

"The examination cards issued by the Medical Society of New Jersey were used On the first day, 11 were examined, 8 women and 3 men, the second day, 16 included 9 women and 7 men, third day 20, of whom 12 were women and 8 men, fourth day 16 were examined, 9 women and 7 men, a total of 63, or 38 women and 25 men"

Defects were found in the following percentages of those examined

11 per cent Nasal 3 per cent Ear 2 per cent Eyes 25 per cent Mouth 16 per cent Pulmonary 25 per cent Heart 6 per cent Glands 4 per cent Abdominal

Some detect was found in nearly every person that was evamined

As to the results of the demonstration the article says

onstration the propaganda for periodic health examinations seems to be having some effect. It was far less difficult to obtain clients less difficult to obtain clients this year than three years ago. Of the (we examined, not more than 15 were personally solicited than 15 were personally solicited or persuaded, the remaining 48 or persuaded, and the 25 or 30 (a examined, conservative estimate)

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who could not be examined for lack of time, must have come voluntarily on learning of the examination through some one of the advertising mediums—movies, flyers or newspapers"

SUDDEN DEATH AMONG DOCTORS

Doctors do not like to take their own medicine and they exhibit the ordinary human fear when it comes to seeking medical advice for themselves and accepting unpleasant diagnoses. Periodical medical examinations will not become popular among people until the doctors submit themselves to the examinations and give heed to the findings.

The Wisconsin Medical Journal of December, 1927, has this to say about the need that physicians shall have physical examinations of their own bodies

"Every issue of our journal carries paragraphs such as the following

"Dr — died suddenly at his home on — Age 53

"Dr — died on June 30th while at work Age 53

"Dr — died suddenly on — Age 42

"Dr — died suddenly on September 10th at the home of a patient Age 50

"Dr — died on November 11th while on his way to the home of a patient Age 51

"At the end of the obituary notice will be found the usual statement, 'Surviving him are his wife and children'

"Physicians owe no less to their wives and children than men in other walks of life. At a time when the State Medical Society weekly is advising hundreds of thousands of laymen to have a periodic health examination, it is indeed the lax physician who does not follow his own prescription

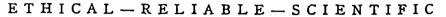
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NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 28, No 3

New York, N Y

February 1, 1928

SYPHILIS—ITS RECOGNITION AND CARE FROM AN INDUSTRIAL STANDPOINT*

By WILLIAM LOW, MD, JOHNSON CITY, N Y.

PINIONS vary as to the origin of syphilis and the method by which it is carried Some say it was before the time of Christ and one might be led to understand some of the Kings of Bible times were afflicted Others suggest it was introduced to various parts of the world by the armies of Alexander It is possible the Legions of Cæsar and other Romans may have given impetus to its spread but McDonough seems to think Columbus brought it to Europe from Haiti and that the soldiers of Charles II of France spread it about Europe At any rate it was during the last of the fifteenth century that syphilis was identified as a separate disease (often called The French Disease) and treated as such

Fournier made no claims regarding its origin or its classification but it is known syphilis has followed the armies of the world and left its indelible mark on victor and vanquished alike and it has followed all avenues of commerce as is attested at the many seaports of the world and the various clinics at those points

Just now, however, we are more interested in this subject as it applies during peace amongst those engaged in industrial institutions and other peaceful pursuits Less than a decade back our own vast military organization was demobilized almost over night and that same army soon found itself absorbed by our vast industrial organizations. In other words the fighting army of one day became the working army of the next and we have learned from the lessons of this last war as applied to the selection of our soldiery that the same principals must be applied to the selection of workers in ındustry

History, marks on the body, clinical and other findings should be of use to the employer Conditions have been improved for the tubercular, the alcoholic and intemperate and their places in industry Syphilis will have to be considered in the same way

• Read at the Annual Meeting of the Medical Society of the State of New York at Niagara Falls N Y, May 11, 1927

The Endicott-Johnson Corporation employs between 16,000 and 17,000 workers and it maintains a medical department second to none to care for their health and that of their dependents and it does this because it has found there is a definite relation between the health of its workers and productions

Whether it be the worker in the restaurant or some other position, health is important. If it be abraided skin on hands or feet he may get an infection. Slight infections or injuries frequently bring to light the more serious troubles. For instance. There was the case of a man working in concrete He fractured his spine three days after employment and worked a week after the injury His spinal injury was healed but he has been drawing compensation because of the luetic condition which the injury lighted up

Klauder (JA.M.A, April 8, 1922), in discussing the relations between syphilis and trauma from an industrial aspect, finds "That if a syphilitic workman while in the performance of his work sustains, under certain circumstances, an injury which causes any of the possible results of traumatized syphilitic tissue his employer is liable for compensation provided it can be shown that the injury came from and in the course of his employment"

It is because of many similar examples of the above condition that The Endicott-Johnson Corporation some years ago began a routine examination of all its employees before accepting them for employment. As Paul E Bowers "The captains of industry recognize that the health of the employee results in a

direct financial gain to them"

Let us again quote Paul E Bowers in Venereal Disease Information, U S Public Health Service, vol v, June, 1924 "It is not at all strange as matters of personal and public health are brought to the attention of society in general and the industrial world in particular that the attention of employers should begin to be focused upon the relationship that

venereal diseases, particularly syphilis, bears to lower industrial efficiency or, in other words, that there is a distinct relationship between syphilis and the production of dollars and cents" With us it may be said "And Shoes"

When sick relief and workmen's compensation are given liability to illness and accidents must be considered as well as quantity and quality of productions—also their causes, preventions and early return to the productive state. A trained worker must not be idle long for his absence will be noted and have a direct bearing upon others, their work and oftimes happiness especially if overtime is required to do the work of others.

When an industry takes its employees from 26 to 28 nationalities (the negro is the smallest in number) the various diseases peculiar to each race must be considered but we find that syphilis is no respecter of race, class, nation or industry. Since a healthy worker is an asset a pre-employment examination is made including an examination of urine and a blood Wasserman and other special examinations are made if need is indicated.

J R Williams (Am Journal Syphilis, April, 1921)—in 912 examinations of apparently healthy seekers of employment found approximately 4 4-10 per cent gave positive Wassermann reactions

William Alfred Sawyer and Benjamin J Slater, New York State Journal of Medicine, 1926, vol xxvi, p 697—Blood was taken from 3,447 individuals Between 3½ per cent and 4 per cent gave positive reactions

In our own offices during the past year we find that out of 4,117 premedical examinations of employees 3 7-10 per cent have shown positive Wassermann reaction

It has recently been said in Europe that fully 50 per cent of the tertiary syphilities give negative Wassermanns In that case we must give thought to other things in the examination

Dr Arthur Chittenden of Binghamton, N Y, once said "Look your patient in the eye, squarely in the eye for the pin-pointed pupil or one dilated and the other contracted will tell you a great deal" One does not need to be especially trained as a neurologist to be able to note how one to be examined stands, walks or talks The examiner will readily note a change from the usual

When this examination is made the results are soon seen whether he be a worker or one seeking employment. The educational value to a community is much. The worker who has been exposed readily presents himself for examination many times and seeks treatment if it be needed. The one not so sure of his past deeds seeks to know and wants treatment. Now and then a few will go elsewhere so their friends will be less apt to suspect their condi-

tion The seeker after employment realizes he must be in good health to get work and seeks examination in order that he may know previous to seeking employment

Dr C H Longstreet, Health Officer of Bing hamton, N Y, in charge of the Community Service Clinic says that many come to him for advice as they know if they have syphilis they have little chance of employment. They want to get well as they know their health is as important to their employer as to themselves

I have often seen those of the Armenian race secure a blood and physical examination before marriage. They no doubt place the same importance on the health of the family as the employer does on that of his employee.

Effects of syphilis in the first stage Very little inconvenience may occur to the worker during the primary stage so far as loss of time or quality of work is concerned unless it be due to worry about his condition if known. He is nevertheless a menace to his fellow workers and should be isolated from the rest in such a way that no careless infection may take place. In industry this is liable to occur in many ways aside from the usual secual transmission and that disease may be spread in apparently innocent ways. This percentage is not large but definite proof is available.

Two cases come to mind where the truth of the workers statements can be relied upon where infections (innocent) have occurred in cuts on the face and the original source of infection traced. Such being true it is not wise to permit the chance of infection even if it be somewhat remote. We have found it satisfactory where recognized—during the most active stage of the disease to put the infected worker on sick relief and treatment away from work in the factory until he is no longer a menace

During the second stage efficiency is somewhat reduced and this stage of the disease seems to be somewhat more common. One does not see the chancre stage as often as the text book would suggest. This may be due to the fact that it is thought lightly of and treatment is not sought due to ignorance, neglect, or the help of a would-be kind friend who treats something he is not so familiar with as he should be, or possibly due to the idea that a so called innocent sore has healed. Sometimes an active gonorrhea may also mask incipient syphilis.

Due to better knowledge most people will seek help especially if that help can easily be obtained and the cost is not prohibitive. Then too confidence in the source of health protection is important. Those of supposed limited knowledge are no longer satisfied with a bottle of medicine but insist upon modern methods of treatment or ask where it may be obtained. Here is a case that illustrates this point.

Slav was in a distant city and sought treatment when it was due He was directed to a doctor who gave him a bottle of medicine He was not satisfied and asked a policeman where he could find the city clinic so he could get his "shot in the arm" as he had previously We should be on our guard as we do not always know when we are being judged

During the third stage we see more effect upon the worker than at any other time. While it may be ten to twenty years after infection that this stage appears it may and does appear much more often and with treatment at times

in some cases

E D Crutchfield lays emphasis on early central nervous involvement. The neuro syphilitic does not always present himself as a frank tabetic with characteristic gat and severe lightning-like pains. We are apt to see a case of "indigestion" or "liver trouble". Constipation or weak bladder may be the only complaint which is noted. Rheumatism, headache, or nervousness, lack of pep, poor eyesight, and just acting queer to their friends may be spoken of

Neuritis covers a multitude of ailments Eczema and other skin conditions must be differentiated from syphilis or conditions caused by the type of work. A closer clinical examination and inquiry into the past may reveal a The spirocheta pallida has been great deal quietly working for years and the results are becoming apparent Not long ago a patient returned from a visit She had been ill, hospitalized and advised that an operation for gall stones was needed She refused, came home and resumed treatment for syphilis which she had neglected and had she told the physician the truth or he made a more careful examination the story would have been somewhat different

Other patients act queer, factory noises irritate a former faithful worker and he soon must be replaced. He may be starting on the way of the paretic or other form of cerebral spinal syphilitic and recedes into the records of the past. They are the poor individuals for whom something might have been done. Treatment of the proper kind, at the proper time might have given some help

One bright spot at this stage from our viewpoint is some information gleaned from a paper by Dr Hugh Gregroy, former pathologist at the Binghamton State Hospital He tells that in a record of 200 cases admitted to the Hospital in the five-year period from 1921 to 1925 with syphilis as the cause of their admittance (Binghamton District is 9 counties) but 8 of that number gave "shoeworker" as their occupations 159 were married, 41 were single Of the 159 married, 103 were males, 56 were females Of the 41 single, 40 were men and one

a woman Male occupations shoeworkers 8, daylaborers 18, railroad men 12, farmers 12, varied 92 Female occupations. Housewives 36, domestics 8, no occupation 7, others 6 Distribution, 163 urban, 37 rural

General paretics 15 times that of cerebro spinal type Nearly three times as many men as women Men's average age 45, women's 40 80 per cent are or have been married 44 times greater in cities than in country We hope to cut down the number giving "shoeworker" as occupation in similar report in the future No doubt we will aid some in other classes

Many case records could be given to prove that industrial efficiency is reduced greatly by syphilis in its various forms as presented. It is not alone the patient but his family as well as his employer and others who are affected. If he be a county or a state charge the tax-payer as well as the grocer is directly or indirectly affected. It has been said that a man is worth \$6,000 a year to the community in which he lives but that man is not a non-productive.

When one considers the Workman's Compensation Act and the possibilities of industrial risks it only gives another reason why industry should be on its guard—for prevention is better than cure—or as Paul E Bowers has said, "Eternal Vigilance is the price of industrial efficiency" The big question is how

is that vigilance to be interpreted?

Pre-medical examination with blood Wasserman and a spinal puncture and examination where needed. This to rule out those infected For those already employed. (H. G. Droine, M.D., D&S, Feb., 1924, vol. ix) Careful and positive diagnosis before treatment. Two or three years of observation for relapses before discharging so that relapses may be noted and treated."

The principal of treatment drugs used in doses to destroy the spirocheta pallida without harming patients and keep patient at useful work yet of no harm to self or fellow worker Guide, patients clinical response, general health and serological test

Dr O S Ormsby, Chicago, Ill, has said, "The success of treatment depends largely upon the date of its institution" The longer the disease has been present the less chance of its complete eradication

We have found that if we make it easy to get treatment and if we remove the unpleasant features of treatment we have little difficulty in getting the workers to respond. The expense is a big factor in many cases as is also the amount of time lost from work to obtain it. If these things are kept in mind it is evident the employer furnishes it with benefit not only to his own industry but to the community at

large It can be then said that if you are in need of treatment we can give it, your physician can give it, or the patient can be directed to the city clinic or health officer. Insisting on treatment is easier if it is furnished. Diplomacy is also of great assistance. In this way at least some of the inroads of syphilis will be removed and its attendant effects lessened. It cannot be done quickly but seven years has shown considerable advancement.

Some prefer salvarsan but neo-salvarsan is better than none. Insoluble mercury may be better but if more and more frequent doses of soluble form cause less inconvenience it is better than no treatment at all. In treating one can do a great deal of good and show wisdom by treating the person instead of the case. We all know that each patient has certain idiosyncrasies to drugs also to surroundings where these things are considered

A great deal may be accomplished where industrial concerns make provisions for the treatment of the usual industrial accidents. It is also possible to render treatment to the worker afflicted with syphilis and to a great degree cut down the causes of many of those accidents. Then, too, the usual absence from work due to apparently other causes will be lessened and the organization of workers will be better kept together. Then when peak production is desired there is less inexperienced help to train

We have been giving anti-luctic treatment to the workers for years and see good results not alone with the worker and employee but in his family. In most cases treatment has aided in better work and better health both to the worker and family and ability to make better wages. The majority of workers do not often move and the results can readily be seen

We give the drug best suited to the patient and in the amount best tolerated by the patient Treatments are given with as little interruption to work and vocation as possible Generally two treatments a week are given unless more are needed or indicated. Some form of mercury is given the first part of the week and neo-salvarsan the latter part. We generally give a soluble mercury as mercury oxycyanide for we have found that with the unpleasantness of the unsoluble and irritating forms the patients objects because it interferes with work

Things of this nature have to be taken into account when the worker may sit on a stool during day and arms and legs and many muscles of the body are used It is strange that while intra muscular injections of mercury are objected to—the use of bismuth salts seems to give little or no complaint Iodides are given freely where indicated All forms of salvarsan have been given but the neo-salvarsan is most favored because of the less liklihood of reactions or other complaints which It is of course would interfere with work necessary to give larger doses and more of This can be done where we can see the patient often and over a period of six or seven years

Wasserman and spinal examinations are done at proper intervals as needed. We have not given a great deal of intra spinal treatment (Swift & Ellis) but spinal drainage is done as occasion makes it seem wise. Changes in treatment occur as seems fitting with the case in hand and results are noted. Experimentation has not been done but we have tried to keep in step with progress.

In conclusion We definitely know syphilis when present, is a drawback to worker and to employee Great help to prevent its spread has been given and yet more can be done. If the employee can give it the same treatment as other agencies its spread can be curtailed and stronger and healthier workers will be the result. The children of today are the workers of tomorrow. Lets have a healthier and happier group of workers and citizens.

INJURIES TO THE SKULL AND BRAIN*

By ARTHUR M DICKINSON, M.D., ALBANY, N Y injuries have excited but us all with a seeming

In the past, head injuries have excited but moderate interest on the part of the physician and there existed marked disagreement as to their proper treatment. With the perfection of X-ray technic and as a result of the lessons learned during the World War, the problem has become more definite and clear. Good roads, fast automobiles and alcohol have combined since the war, to provide

us all with a seemingly unending supply of clinical material with which to develop more modern lines of treatment. Under conservative modern treatment, the mortality rate in head injuries has fallen from about 55 per cent to about 29 per cent.

Injuries to the scalp, without damage to the skull or brain, are frequently treated all too lightly. A little iodine or mercurochrome is applied to the small laceration and the patient dismissed. Quite often under this laceration is a fracture of the skull. The old method

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of blindly probing these wounds to feel for the fracture is mentioned only to be con-Visual inspection is the only safe All of us have had the experience method of finding abscesses burrowing here and there under the scalp, originating from what we considered a trivial scalp wound Occasionally we have seen the entire scalp lifted off of the skull by infection resulting from these slight scalp wounds If proper treatment had been instituted in the beginning, these disappointments would not have followed lacerated wounds of the scalp should be debrided, after adequate cleansing of the surrounding area, so that all devitalized and potentially infected tissue is removed. Then the wound is closed carefully without drainage if possible Hematoma of the scalp should be aspirated under aseptic conditions, thereby avoiding infection and abscess formation which follow so frequently

In considering fractures of the skull we have formed the habit of forgetting the coincident damage to the enclosed brain which in reality is the more important of the two Fractures of the skull are commonly classed as fractures of the vault or base depending upon their location and as linear, depressed or compound depending upon their nature. The symptoms of fracture of the skull will vary from those of simple concussion to those of terrific intracranial pressure The diagnosis will depend upon the history of injury and careful neurological and X-rays examination. In some instances the diagnosis of fracture will be very difficult even with the aid of X-rays Also the patient with X-ray evidence of an extensive linear fracture may have few clinical signs of such injury In general, the treatment of any type of fracture of the skull is essentially that of the concomitant injury to the brain

In the simple, uncomplicated linear fracture of the skull the patient regains consciousness quite promptly, if he has ever lost it, and all that he complains of is headache and some nausea or vomiting. We would miss the correct diagnosis in many of these cases were it not for the X-rays. Treatment consists of rest in bed, elevation of the head and an ice cap. If the patient is unconscious, intravenous injection of hypertonic solutions or lumbar puncture may be used to expedite return to consciousness. Later on bromides may be given to relieve the headache.

Depressed fractures of the skull are potentially dangerous even if the depression is slight, because of the possible development of some late brain disturbance. As you know epilepsy is said to occur in from 5 to 10 per cent of individuals who have had head injuries. The depression may be apparent with ordinary

examination or may only be discovered when X-rays are taken. It must be remembered that occasionally the X-rays do not show the full extent of the depression. The symptoms will vary from mild confusion to actual signs of brain irritation or compression. All patients with depressed fractures should be operated upon as soon as they have recovered from shock and the depressed fragments removed or elevated. Small loose fragments, unattached to dura, should be discarded. In all of these cases, the dura should be opened so that the brain can be visually inspected for injury.

Fractures of the base of the skull are serious Here again it is not the damage to the skull but to the brain which is of major consequence A blow of sufficient force to cause a fracture of the base, will, in all probability, result in serious damage to the brain. It requires a far greater force to fracture the base of the skull than the vertex and so the accompanying brain injury is more serious in fractures of the base than in fractures of the vertex most base fractures are compound, due to involvement of the cribiform plate of the ethmoid or the petrous portion of the temporal bone, the danger of meningitis is real. The common symptoms of fracture of the base are known to us all and I will not review them here might just say that a negative X-ray examination does not by any means rule out a fracture of the base. In these cases drainage of the cerebrospinal fluid from the ear occurs quite frequently, leakage from the nose not so uncommonly A few months ago I had a patient with a fracture of the base, who drained cerebrospinal fluid very freely from the nose This acted as a natural decomfor ten days pression, the patient fortunately did not develop meningitis and recovered completely While leakage of the spinal fluid is favorable in that it decreases intra-cranial pressure, at the same time it is indicative of the great danger of ascending infection and fatal meningitis In the past decompression operations were quite commonly practised in fracture of the base but today the trend is toward more conservative measures The indication in these cases is simply relief of increased intra-cranial tension which usually can be accomplished by lumbar puncture and intravenous injection of one of the hypertonic solutions Rarely is decompression indicated, for the chance fo relieving the pressure by decompression is more than overbalanced by the shock of the operation Where there is bleeding or discharge of cerebrospinal fluid from the nose or ears, these organs should be kept clean and as nearly sterile as possible Irrigation or packing is unwise

In compound fractures the line of treatment is similar to that of any other wound. The likelihood of spicules of bone or other foreign

bodies being driven into the substance of the brain must be kept in mind In these cases again the important factor is the extent of damage to the brain So any method of treatment must take into consideration the brain The scalp wound should be thoroughly debrided, all fragmented and potentially infected bone should be removed and then, using another set of instruments, the dura and brain are treated Torn and infected dura should be removed even if it makes subsequent closure of the dura impossible Damaged brain tissue should be aspirated and foreign bodies removed Probing of the brain for fragments, etc should not be done Having completed the toilet of the wound closure is made without drainage if possible. In instances where it is impossible to secure a closure of the scalp over the bone defect, a flap from an adjacent part of the scalp is utilized

Having considered the question of damage to the skull, let us turn to the more important part of the discussion, namely, injuries to the brain which so commonly accompany them

We usually think of concussion of the brain as the case in which there is no evidence of damage to the brain The patient with a concussion as a rule, promptly recovers consciousness and is none the worse for his experience except for headache and possibly nausea and During the period of unconsciousness, the pulse, respirations, temperature and blood pressure are quite normal. In reality, however, even in mild concussion cases, there are probably minute lacerations of the brain For this reason there is always a possibility that some ædema of the brain may result In some instances what appears to be a simple concussion may turn out to be a more serious It is perhaps wiser to look upon the patient with a concussion as a potentially seriously injured individual and treat him ac-The ordinary routine of treatment cordingly has consisted of elevation of the head and application of an ice cap. If we add to this intravenous injection of a hypertonic solution, or possibly a lumbar puncture, we have forestalled the possible development of ædema and increased intracranial pressure. At least by this we will accelerate the return of consciousness and decrease the subsequent headache and nausea

Most injuries of the brain result in an increase of intracranial tension due either to hemorrhage or to ædema. Hemorrhage of sufficient severity to cause marked increase in intracranial tension is usually due to damage to the middle meningeal artery. The story is that the patient sustained a head injury, was perhaps unconscious, from which he recovered almost completely, only to lapse into a drowsy or comatose state a few hours later

In this type of injury the blood pressure rises and the pulse rate falls as the intracranial pressure increases. The patient may develop a paralysis of part of the face, an arm or leg or Jacksonian attacks may occur. Any patient giving this typical history and showing localizing signs should be operated upon immediately. The clot which is commonly extra-dural is evacuated and the bleeding vessel ligated. We should remember that the injured vessel is on the side opposite to the paralysis and that the side of the paralysis rather than the side of apparent injury should be the determining factor in deciding which side to operate upon

Contusions and lacerations of the brain occur with considerable frequency in head in-The patient may have only a momentary period of unconsciousness or it may last for days As a rule these patients do not have any considerable hemorrhage but do suffer from ædema of the brain. As you know the rapidity with which a damaged brain becomes œdematous is almost phenomenal amount of ædema largely determines the increase in intracranial pressure upon which the symptoms will depend The usual symptoms are progressive slowing of the pulse and respirations with a rise in the blood pressure peated lumbar puncture and intravenous injections are used to lower the increased pressure Rarely is decompression indicated for this pur-Operation may be indicated for the treatment of the accompanying injury to the skull We cannot restore damaged brain tissue but we can avoid further damage by relieving pressure and preventing infection

Operations upon persons with head injuries should never be performed while the patient If they cannot survive the shock is in shock they most certainly will die as a result of a fresh insult resulting from operation initial period of shock is characterized by a rapid pulse, subnormal temperature, low blood pressure (below 100) and rapid respirations Also operations should not be performed in the terminal stage of medullary cedema of This stage is commonly preceded by a period during which the patient's condition has been considered satisfactory satisfactory condition rapidly becomes altered to the dangerous terminal stage of medullary cedema in which the pulse and temperature rise and the blood pressure falls The types of head injuries which do require operation are depressed fractures, compound fractures and rarely increased intracranial pressure wise rule to follow is never to operate unless there are definite localizing signs of injury to an accessible area If the signs are at all indefinite or vague, it is better to treat the patient conservatively

Lumbar puncture is a relatively safe procedure and accomplishes much in most cases

First it enables us to estiof brain injury mate the increase of intracranial tension and secondly relieves this tension. A spinal manometer is an aid to accuracy but by no means It is sufficient to reduce the pressure as visably evidenced by the decrease in the rate of flow of the fluid from the needle Lumbar puncture may be repeated in 6 to 8 Repeated punctures at hours as indicated such intervals may be continued over a period of several days Cisternal puncture is a rather difficult procedure and an unsafe one in the hands of most of us, so its use is not recommended

Of the hypertonic solutions used intravenously for the purpose of decreasing intracranial pressure, saline and glucose are the most common A ten to twenty per cent solution of sodium chloride, in a dose of from 50 to 100 cc injected intravenously produces a prompt fall in intracranial pressure action lasts for a brief period only On the other hand, 100 cc of a fifty per cent solution of glucose results in a much slower but a more sustained decrease and so is preferable in most instances Rectal injections of salt and glucose

are also used for this same purpose The one most commonly used consists of two ounces of magnesium sulphate in six ounces of water, given every 4 to 6 hours as indicated A small amount of paregoric is frequently added to this solution to exert a sedative effect upon the lower bowel and prevent expulsion rectal route of decreasing the increased pressure is rather uncertain and slow in action and its use requires frequent attention trated solutions of salts by mouth are also used with the same idea in view but are not so efficient Of all these methods, the most satisfactory is the use of glucose intravenously

Conclusions

- Treat head injuries conservatively
- 2 Operate only for depressed or compound fractures and in cases of middle meningeal hemorrhage, rarely is operation indicated for increased intracranial tension
- 3 Never operate upon a patient in shock or in the terminal stage of medullary cedema
- 4 Glucose solution intravenously and lumbar puncture are of great value in the treatment of most head injuries

CHRONIC ARTHRITIS*

By RUSSELL L CECIL, MD, NEW YORK, N Y

THE term "arthritis deformans" should be limited to that particular form of arthritis which produces deformity and ankylosis Its indiscriminate use is both unscientific and misleading, since infectious arthritis may occur in all grades of severty, 1e, in cases in which the only symptoms are slight pain and stiffness in the joints or those in which there is a moderate amount of periarticular swelling

Arthritis may be divided into three main clas-(1) infectious, (2) degenerative, and sifications (3) metabolic

Infectious arthritis may be defined as a chronic proliferative arthritis of definitely inflammatory character, caused by bacteria, usually migratory in its manifestations, and nearly always associated with one or more demonstrable foci of infection Such infection may be specific or focal, the former being caused by an exciting germ readily isolated from the joint (gonococcus, tubercle bacilli, treponema pallidum, etc.), and the latter, which is far more common, by some streptococcus not so readily isolated. In both forms the mode of infection is by the metastatic route, the bacteria reaching the joint through the blood stream. Oc-

In the experience of the author the foci of in-

casionally, a joint is directly infected by trauma fection in the order of their frequency are the

tonsils, the teeth, the sinuses, the gall bladder, and chronic infections of the prostate and cervix In young people, tonsils should always be suspected first, in older patients, the teeth are more likely to play a part. If the tonsils have been removed and the teeth are free from abscesses, the sinuses, particularly the ethmoid and sphenoid cells, should be studied with the greatest care, as infection often lurks there without giving rise to local symptoms. In stout women, the gall bladder should be under suspicion A small percentage of cases result from chronic infections of the prostate and cervix uteri

The predisposing factors in the production of intectious arthritis are shock fatigue, trauma, exposure, and undernutrition Any severe shock to the human machine, nervous or physical, is often followed by an attack of infectious arthritis Mental or physical fatigue may result in infections of all kinds, noteworthy examples being the common cold lobar pneumonia and pulmonary tuberculosis Any act te trauma which lowers the local resistance in a joint, such as sprain, fracture or gunshot wound predisposes to arthritis, as bacteria show a strong predifection for injured Sudden or repeated exposure to dampness, rain or cold is known to be one of the commonest predisposing causes Undernutrition is a factor worthy of definite consideration in the causation of arthritis, since the incidence of the

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disease is much lower among plump, well-nour-ished people than it is among those who are underweight

Degenerative arthritis is a distinct disease entity, occurring in those who are physiologically old, 1 e, in middle life and later, but occasionally as early as the forty-fifth year, and usually associated with arteriosclerosis, obesity, gray and falling hair and other sings of tissue deterioration Its exciting and predisposing causes are different from those of infectious arthritis, and it shows distinctive pathological changes. It is usually a milder disease than proliferative arthritis primary changes in the joint are a degeneration of the cartilage of the articular surface, and overactivity of the perichondrium at the periphery of the joint resulting eventually in bone lipping and exostoses This type of arthritis is sometimes called osteoarthritis for the reason that the changes are primarily in the bone and cartilage In the majority of cases the soft parts are never seriously involved. For this reason degenerative arthritis is usually less painful than the inflam-Clinically, the most striking charmatory types acteristics of this type of arthritis are its sluggish, non-progressive course, and the fact that it never terminates in ankylosis If the new growth of bone is extensive, there may be some deformity and partial limitation of motion due to locking of the overgrown margins of the articular surfaces, but as granulation tissue is absent the contiguous surfaces never fuse As the cartilage wears down the bony surfaces come into contact and there is considerable crepitation on motion. At this stage a radiograph of the joint shows extremely dense articular surfaces, and an actual increase in the size of the articular surface due to enlargement of the head of the bone. At the periphery of the joint new formed bone shows itself in the form of lipping and irregular exostoses

For convenience, degenerative arthritis may be divided into (1) arthritis of the menopause, (2) degenerative monarticular arthritis, and (3) senile arthritis, which includes Heberden's nodes and degenerative spondylitis

Menopause arthritis commonly occurs among the working classes, the symptoms usually appearing during or shortly after the menopause. Bony changes may be seen in the knees, the lumbar vertebrae and the feet. Heberden's nodes are usually present on the distal phalangeal joints

Degenerative monarticular arthritis occurs most frequently in the hip—"morbus coxae senilis," but occasionally in the shoulder and knee, and is common among laboring men of middle age. The lipping is obvious and the pathological changes and destruction of articular surfaces are more marked than those occurring in menopause arthritis.

Semile arthritis which appears late in life, is always polyarticular, attacking any joint in the body, and is a physiological process. The lesion

is essentially an osteoarthritis manifesting itself as a new growth of bone and cartilage in and about the jont

Degenerative arthritis is probably not infectious, although it may become the basis upon which an infectious arthritis develops leading to a "mixed type". The condition is a degenerative process as shown by the character of its pathological changes, its association with other sclerotic and degenerative processes, the absence of foci of infection, and the clinical course of the disease. Its chief exciting cause is trauma, sometimes acute, but usually chronic and oftentimes insidiously so. Its predisposing causes are old age, overweight, faulty posture, occupation, physical defects, and exposure

Old age is the common cause of degenerative arthritis. Hard usage or continued particular strain may result in a thinning of the cartilage and new growth of bone around the edge of the joint. Disturbance in the local circulation, such as an endarteritis, or possibly capillary destruction following compression of tissue may be a factor in this decrease of functional capacity of the joint.

Overweight in people above 45 or 50 years of age, when the tissue seems to have lost some of its resilience and the weight-bearing joints are being constantly subjected to trauma, is an important exciting cause of degenerative arthritis. The joints most susceptible to injury in the obese patient are the intervertebral joints of the lumbar spine, the lumbosacral joint the sacroilac joints, the joints of the hips, knees, ankles and feet. The hip joints seem to suffer less from overweight than the other weight-bearing joints, although they are occasionally involved. But it is in the back and knees that pathological changes and clinical symptoms are most apt to be evident.

Faulty posture may predispose to degenerative arthritis by putting unnatural strain on a joint, or by bringing about an unequal pressure on the joint surfaces. Incorrect sitting or standing, and an improper gait are often seen in obese patients, as is also a bad posture, producing strain on the lumbar region, in the knees and in the feet, which of course is accentuated by the overweight. It is in these joints that characteristic changes are usually observed.

Occupations which demand continued daily use or overuse of one or more joints predispose to degenerative arthritis. Notable examples of this are the right shoulder joint of street car conductors who spend years ringing up fares, and the hips and back of chauffeurs. Seamstresses and laundresses are prone to Heberden's nodes

Physical defects, particularly in the lumbosacral spine, may induce degenerative arthritis. A pendulous abdomen by causing slight displacement forward of a lumbar vertebra, may lead eventually to bony changes. Subluxation of the sacroiliac joint, or flat feet may predispose to degenerative changes in the affected locality, or may produce an improper distribution of weight which may in turn set up arthritic changes elsewhere. Fractures involving the articular surface of a joint may be followed by osteoarthritis

Exposure is a predisposing factor in degenerative arthritis though not as frequently as it is in infectious arthritis. Elderly people who lead hard and exposed lives are more prone to the disease

Metabolic arthritis, or gout, which is frequently unrecognized clinically, is presumably due to a precipitation of uric acid in and about the joints Its predisposing factors are a diet rich in purins,

heredity and advancing years

In addition to the three main groups described above, mixed types of arthritis occur. Degenerative arthritis predisposes to an infectious process if a focus of infection exists. Infectious arthritis, if unchecked in its course, may develop bony changes later on, and resemble somewhat the degenerative form. An acute attack of gout produces no permanent injury to the joint, but if the symptoms persist, chronic inflammatory changes occur, due to the irritating effect of the

uric acid in the tissue, and a genuine arthritis develops. With the lapse of time this may become infected, or on the other hand, develop degenerative changes

The treatment of arthritis depends upon the type. In the infectious types a relentless search tor foci of infection and their prompt eradication early in the course of the disease is necessary. After the cleaning up process, autogenous vaccines, foreign protein therapy and physiotherapy are all of value. Patients should have plenty of

rest, and should be built up physically

In degenerative arthritis, although the factor of old age cannot be eliminated, much can be accomplished for the patient in the way of removal of the chronic strain or trauma instrumental in causing the degeneration of the cartilage and bone. The patient's occupation should be investigated, and a change made if necessary. Rest to the affected joint is most essential. Overweight patients should have a low calory diet, and faulty posture and physical defects corrected. Unnecessary surgery in the way of removal of tonsils and teeth should be avoided in degenerative arthritis

INADEQUATE SKIN PREPARATION AS A CAUSE OF POST OPERATIVE WOUND INFECTION*

By HENRY B SUTTON, ITHACA, N Y

Apathetic Attitude Toward Wound Infection

T is difficult to arouse interest in a discussion of post operative wound infection in clean cases because so many surgeons feel that there is little to be gained thereby One large group considers present methods and results perfectly satisfactory They maintain that there are few infections A second group feels that some infections are bound to occur and that those which do occur are mevitable and represent an irreducible minimum third group, which is growing, states that wound infection in clean cases is too frequent and that the sources of such infection should be carefully sought These men are usually the ones who keep careful records of their results and who at the end of a period of time can state facts and not impressions concerning their results.

DATA Proves Infections Too Frequent

This last group is able to submit data which makes it seem exceedingly doubtful if the results over the country can be considered satisfactory or if an infection rate so high can be accepted as inevitable and irreducible Beckman¹, summarizing the complications at the Mayo clinic for a year, gives infection as

* Read at the Annual Meeting of the Medical Society of the State of New York at Magara Falls, N Y, May 11, 1927

the most frequent complication The infection rate in inguinal hernia was 6% MacFarlane² gives the infection rate as 7% in 500 gynecological operations Wainright's reports 38 cases of Tetanus following operation for inguinal hernia and 78 cases after oophorec-Torek states that in the best conducted hospitals the infection rate is somewhere between 7 and 17% Coleys reports infection in 14 of 50 hernia operations by the Gallie method (28%) and in 500 herniotomies studied for comparison the rate was 128% Goff⁶, summarizing 2,700 clean operations done at the Woman's Hospital in New York, says that extensive infection occurred in 47% or 129 cases Slight infection ocurred in a much larger number

These results reflect with a fair degree of accuracy the infection rate in surgical work over the country Many more reports could When we consider how infinitesbe cited simally small the amount of work done at the Woman's Hospital is when compared with that done over the entire country and consider that Goff reports 129 serious infections. we see at once that the toll of infections must be enormous The wounds at this hospital are not more frequently infected than in most other places The opinion of many good surgeons to the contrary, the conviction that infection is too frequent is growing,

ALL POSSIBLE SOURCES BUT SKIN EASILY Excumen

The multiplicity of possible sources prevents many times the determination of the break in technique and the great difficulty of actually proving anything is discouraging to the in-The purpose of this paper is to show that theoretically the skin is the most likely source of these infections and to bring forth certain facts which are suggestive of the same thing

In theory, a careful surgeon working with competent help and in proper surroundings can, with rare exceptions, protect his patient from all sources of infection but one, namely, the skin of the operative site Materials. drapes, gauze, solutions, instruments, etc., can be sterilized without question and their sterilization can be checked by the Diack con-Careful masking of the operating room personnel and visitors eliminates their respiratory passages as a source The surgeon and assistants by exercising care during the hand scrub, in putting on gloves and changing them immediately when punctured, eliminates the hands as a rule Obviously, these sources cannot be positively ruled out in every case. but in the majority of instances they can be excluded with a degree of certainty that cannot be approximated by anything that may be done to the skin It is a surgical axiom that the skin must be considered contaminated, no matter what its treatment may have been This assertion has never been disputed as far as I know

Technical Steps Show Skin is Considered DIRTY

In many clinics the knife which incises the skin is discarded, the towels are draped or even sewed to the edges of the incision to prevent skin contact and a sponge which has touched the skin is never put into the wound These are technical admissions that the skin is dirty, yet in these same clinics when infections become too numerous, the sterilizers, materials and all steps of technique are painstakingly investigated, but the method of dealing with the dirty skin is ignored How many times has everything but the skin been laboriously and fruitlessly studied?

Conserving Resistance of Tissues-Indirect ATTACK

It is usually accepted as a fact that every wound is in some degree contaminated and that the resistance of the tissues must be relied With the object upon to prevent infection of conserving the local resistance of the tissues many technical steps have been emphasized as necessary for clean healing. Careful

hemostasis, to avoid the accumulation of clot or serum, gentle handling to avoid devitalizing tissue, elimination of dead space, etc. have been insisted on and rightly so, as to carry out these steps will lessen the incidence of infection But all these steps attack the problem indirectly To conserve the local resistance of the tissues is luckily enough in many instances, but we still see infection where these precautions are carefully observed. Rather than trust to the uncertain resistance of the tissues, which cannot be determined, with the many variable and unknown factors which influence it, does it not seem more logical and certain to attack the problem directly and to attempt the elimination of bacteria from the skin Without bacteria there can be These considerations make the no infection skin seem the most likely in theory

SKIN MANY TIMES PROVEN CONTAMINATED

There are also a number of facts which, thev actually prove nothing, very suggestive. It is a fact many times proven that methods in common use do not sterilize the skin The work of Decker', Robb⁸, Browning⁹, Tinker and Sutton¹⁰, Scott and Hill12, and others show this Decker excised bits of skin after clinical iodine preparation and obtained growth of bacteria from Browning got growth in 60% every piece of his tests by scratching the skin with a needle after iodine preparation Using Picric Acid, Farr11 got growth in 42% by scraping the edges of the incision Tinker and Sutton got growth in 12% from excised bits of skin after preparation with Harringtons Solution These few studies of the methods of skin preparation in use today are proof that none accomplishes its object Many others might In Table I, a number of these are be quoted tabulated

	TABLE I							
	it of positive es from skin							
Method	prepared	for operation						
Iodine (Decker)		100%						
Iodine (Robb)	Iodine washed off	43% ,						
	Iodine left on skin	14%						
Iodine (Browning) .	60%						
Iodine (Scott and	Hill)	25%						
Picric Acid (Farr)		42%						
Harringtons Soluti	on (Tinker and Sutton)	12%						

Few Infections When Skin is Carefully PREPARED

A second fact that is very suggestive is that infections are less frequent when the skin preparation is more thorough and skin contact is more assiduously avoided. Some men who prepare the skin of their operative bone and joint cases with great care have very few or no infections Hitzrot, at the New York Hospital, who prepares the skin of every bone and joint case with chlorinated lime and soda paste, had during a period of two years while the author was on his service, not a single infection. Infection in a bone case is disastrous, so that those who do this type of work have to be very careful of asepsis. The necessity for careful skin preparation is here appreciated and carried out and few or no infections is the reward. Would not this same care in dealing with the skin in other types of operations give better results than are now obtained?

Number of Infections Varies With Skin Cleanliness

The most suggestive fact of all is that the percentage of post operative wound infection which follows any method of skin preparation varies directly with the degree of sterility produced by that method For example, Decker found bacteria present in 100% of the bits of skin he excised and Browning got growth in 60% Coley⁵ places the infection rate following iodine preparation in 500 operations at 128 Tinker and Sutton® found the skin contaminated in 12% of the tests after using Harringtons Solution clinically, and in 312 operations had three infections, a rate of 1% The greater the degree of skin contamination, the greater is the number of post operative wound infections example given we have 60% to 100% and 128% to compare with 12% and 1% This is made more clear by Table II which compares the skin cleanliness with the per cent of infections followed after the use of several antiseptics to "sterilize" the skin

TABLE II

	Growth	from	Post operative									
	excis	ed	wound									
	skin, per	cent	infecti									
Iodin e	100%	Decke	er)									
	60%	(Brown	ning)	1289	128% (Coley)							
Picric	•		-									
Acid	42%	(Farr)		\2%	(N	Y	Hos)					
Harringtons	12%	(Farr) (Tinke	r and	- }	•		•					
Solution		Sutton)	1%								
Acriflavine	0%	(Tinke Sutton	r and									
		Sutton)	0%								

It is plainly evident that a direct relationship exists between the cleanliness of the skin and the number of post operative infections. This parallelism is striking and quite suggestive that the degree of skin sterility is directly related to the number of infections.

No Advance in Skin Preparation for Years

It is a curious fact that so little attention has been paid to improvement in skin preparation during the past two decades—It is curious because the skin has all this time been regarded as unsterile. This has happened probably because the body is known to have a high degree of immunity to the organisms usually found on the skin. But we must realize that there may be at any time on any part of the body virulent organisms against which the body has little or no resistance. In such an instance infection is apt to occur.

Skin the Weak Point in Surgical Technique

An unclean skin violates the fundamental principle of aseptic surgery and constitutes the weakest point in modern surgical technique

The greatest duty of the surgical profession is to constantly seek to prevent bad results To deserve the confidence of our patients, we must strive to avoid all complications, and post operative infection is the most frequent No surgeon would consider himself deserving of the confidence of his patients if he used sponges from which bacteria could be cultured as frequently as they can be from the skin It is deemed good technique to have sterile sponges, and it seems to be deemed equally good technique to have dirty skin, since it cannot be denied that many men who consider their technique nearly perfect, operate through unsterile skin. The fact that the tissues will many times take care of the bacteria from the skin should not be allowed to befog the issue The tissues might also take care of a few bacteria from the sponges, and probably do at times, but no one would consider it permissable to use sponges with bacteria on them on this account resistance of the tissues many times takes care of bacteria has no direct bearing on the fact that a sterile skin would give fewer post operative infections

To maintain that the skin cannot be sterilized is to prevent further progress. The "impossible" has many times been accomplished in medicine Surgical progress comes only from carefully and critically analyzing our bad results and not from accepting them as ınevıtable More progress will be made in the direction of better wound healing by a study of the preoperative preparation of the skin than by a study of any or all other possible sources of infection for the reason that we have on the one hand a thing that is almost always known to be dirty, and on the other all things that are almost always known to be sterile

CONCLUSIONS

- 1 Post operative infection is the most frequent complication encountered in clean surgery
- 2 Reliable statistics prove that wound infections in clean cases are too numerous to be

accepted as inevitable or as an irreducible minimiim

3 Of the many sources of wound infection all, with the single exception of the skin of the operative field, are under the control of the surgeon if he operates with competent help and in proper surroundings

4 There are several things which are very suggestive of the fact that the skin is the

source of these infections

(a) The skin is known to be contaminated It is rarely if ever sterile and causes a break in the aseptic technique of every operation

(b) In certain operations (bone operations) when the skin is carefully prepared, there are

few or no infections

- (c) The number of post operative infections varies with the degree of sterility of the skın
- 5 It is unsafe to depend on the resistance of the tissues even when everything has been done to conserve this resistance

6 A study of the causes of post operative infection should begin with an investigation of the method of skin preparation

7 A diminished number of infections may

be confidently expected when a method of sterilizing the skin is found, as by this means an ever present source of contamination will be removed

8 We cannot honestly feel that we are doing our utmost to help our patients escape what may be serious consequences of infection until this menace of the contaminated skin is removed

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PAINLESS MASTOIDITIS*

By HENRY B SMITH, MD, FACS, HEMPSTEAD, N Y

THE purpose of my paper this evening is to discuss a type of mastoiditis, which, while seen fairly frequently by the Otologist, is so seldom encountered by physicians whose major work is in other fields, that the condition is often overlooked, or a correct diagnosis unduly delayed I will also briefly report several cases

Mastorditis is unusually divided into the acute and chronic cases The acute cases, again, may be divided into two classes, first, the coalescent type, and second, the hemor-This distinction is a pathological one since these two types would appear to have a distinct difference in the underlying pathological development of the lesion hemorrhagic type is outside the scope of this paper, but I might say in passing, that the septic temperature, marked prostration, and general stormy course of these cases usually results in their getting into the hands of the Otologist early in the disease, and an early mastoidectomy is usually done

Kopetsky,1 in his recent work on otologic surgery, again divides the coalescent type of acute mastoiditis into first, the painful or classical type, second, the painless or asymp-This distinction is a clinical - tomatic type.

· Read at the September Meeting of the Nassau County Medical Society, 1926

The underrather than a pathological one lying pathology is the same in both types There are some advantages, however, in thus dividing the cases according to their clinical The first or painful type, is the most commonly observed type of mastord-It is the second or painless type that I will discuss

The bacteria found in cultures from these cases differ but little from the findings in the About two-thirds of the cases other types show a haemolytic Streptococcus The Pneumococcus number three and Friedlaender's bacillus are very prone to develop this type The Staphylococcus Pygenes Aureus, bacillus Pyocyaneus, and bacillus Diptheriae are reported but not frequent

The mastoid infection is almost invariably secondary to an otitis media, though the latter infection may be very slight The infection results in an exudation into the mastoid cells Radiographic examination at this time will show a marked clouding of the mastoid process, but no destruction of the intercellular structure. Absorption may take place, and the lesson clear up without surgical interference In other cases the exudate in the cells will become purulent, pressure is made on the nutrient arteries, and a necrosis of the bony intercellular framework results

The whole mastoid process thus tends to become one pus cavity The process may continue, destroy the inner table, and involve the lateral sinus or the dura, or may destroy the cortex, and perforate, thus forming a subperiosteal abscess The operative findings will vary, of course, with the extent of the lesion

In most of these cases this process is accompanied with so much pain that the cases fall into the painful type, are seen early, and Why, in receive early surgical treatment some cases, this lesion develops with little or no pain, often making the diagnosis extremely difficult, is hard to explain The type of infection is a factor, since Pneumococcus No 3 and Friedlaender's bacillus are found more frequently in this form The general resistance of the patient is also a factor, since mastoiditis in the presence of a debilitating disease, and especially in the presence of diabetes, is often of this type

These cases usually give a history of a primary otitis media, with pain and perhaps some temperature, relieved by spontaneous rupture of the Then follows a drum or by myringotomy profuse aural discharge, purulent in type There is little or no pain in the mastoid re-Tenderness on pressure may or may not be present. There may or may not be some edema. Constitutional symptoms are some edema slight or absent The afternoon temperature may be normal, or perhaps 991/2 degrees

The examination of the aural canal will often show a sinking of the postero-superior quadrant of the drum and adjacent canal wall Radiographic examination will show an involvement of the mastoid, with a breaking down of the intercellular structure

The two following cases are typical examples of this type of infection

Case 1—N S, schoolgirl white, age 17, consulted me March 12, 1925 Seven weeks earlier she had had a mild rhinitis followed promptly by pain in the right ear, spontaneous rupture of the ear drum, and profuse aural discharge. She consulted her physician at that time, and again about two weeks later She had continued to irrigate the ear, but had not consulted a physician for the following five weeks She attended school during this There were no constitutional symptoms She had no pain in the ear

On examination I found her temperature There was profuse aural diswas normal charge, some edema of the canal wall, and some edema of the mastoid tip. There was some tenderness on pressure over the mastoid area An immediate mastoidectomy was

done

Operative Findings—On removing the mastold cortex I found the mastoid process was

The lateral sinus was one large pus cavity exposed throughout the whole of its course through the mastoid area, there was a large exposure of dura, and both dura and lateral sinus were covered with granulations Culture from the mastoid showed a haemolytic Streptococcus

Patient made an uneventful recovery following operation

CASE 2—E L, schoolgirl, aged 7 white first seen by me in consultation on March 3, 1926 There was a history of a rhinitis of a few days' Examination showed an acute otitis media and a myringotomy was done on the right ear I saw the patient again on April 29, 1926, about eight weeks later During this time she had measles and made a complete recovery The purulent discharge from the ear had continued There was no pain, no constitutional symptoms My second examination showed a normal temperature There was some edema of the canal wall, and some edema of the mastoid process was a moderate aural discharge There was some tenderness on pressure over the tip of the mastoid An immediate mastoidectomy was done

Operative Findings—On removing the mastoid cortex I found the mastoid process one large pus cavity, with the mastoid cells entirely broken down The lateral sinus was exposed throughout the whole of the mastoid There was a large exposure of dura Both dura and lateral sinus were covered with the granulations

Culture from mastoid showed a haemolytic

Patient made an uneventful recovery following operation

Less typical than the above cases, but equally interesting, are those cases where but a small portion of the mastoid process is markedly involved Certain of these cases will develop into chronic mastoiditis unless relieved by surgical treatment

Case 3 —V H, white schoolgirl, age 7, first seen by me in consultation on February 6, 1926 The patient gave a history of a slight rhinitis about ten days prior to examination This was followed two days later by severe pain in the left ear with spontaneous rupture of the ear drum and relief of pain during the following twenty-four hours The aural discharge lasted about one day The patient then had no discomfort for about one week She then noted slight pain with some tenderness and swelling above and in front of the left ear She consulted her physician, who told her that she might be developing erysipelas The swelling was more marked on the following day, and the patient consulted Dr F F Schrick, who referred the case to me Examination showed T 99, P 105, R 25 The left ear drum was slightly reddened, dull, no bulging, no perforation, no evidence of fluid in the middle ear. There was no edema of the canal wall, no edema of the tip of the mastoid. There was some tenderness on pressure above and slightly in front of the ear, over the antrum, and over the tip. There was moderate edema above and slightly in front of the ear, extending back over the upper portion of the mastoid process. An immediate mastoidectomy was done

Operative Findings—There was a subperiosteal abscess about the size of a lima bean, lying over the anterior cells, at the root of the zygoma. These anterior cells were entirely broken down. The remaining portions of the mastoid process were not necrotic, and did not appear to be involved. Culture from the mastoid showed a haemolytic streptococcus.

Patient made an uneventful recovery

Case 4—S L, white, schoolgirl age 10 This patient had a slight rhinitis followed by pain in the right ear Myringotomy was done by her physician followed by profuse aural discharge This continued for about three weeks, at which time the patient was referred to me by Dr L A Van Kleeck Examination at this time showed a bulging ear drum There was no tenderness or edema of the mastoid, no pain, and normal TPR A second myringotomy was done. The discharge continued unabated There was marked hypertrophy of the tonsils and adenoids, and at the end of eight weeks a tonsillectomy and adenoidectomy was done Radiographic examinations by Dr J Kerrigan on June 10, June 23, and July 10, 1926, all showed some involvement in the mastoid cells The mastoid area was cloudy, but definite necrosis was doubtful. At the end of twelve weeks the discharge was moderate in amount was no pain or tenderness in the mastoid area There was no edema of the aural canal or of the mastoid tip TPR. had continued normal Mastoidectomy was done.

Operative Findings—Superficial mastoid cells appeared normal. The deep cells adjacent to the antrum were broken down, and free pus and granulation tissue were found. Culture from the mastoid showed a haemolytic streptococcus.

The patient made an uneventful recovery

Comment — The area of involvement in this case was small, and was obtaining good drainage through the middle ear. Without doubt a chronic mastoiditis with continual purulent discharge from the ear would have resulted without operation.

Case 5—L L, negro laborer, aged 40 Patient had a rhinitis, followed by an acute otitis media with a myringotomy, performed by myself This was followed by profuse aural discharge, which continued unabated for five weeks During this time there was very little pain in the ear The afternoon temperature was never over 995 Radiographic examination just prior to operation showed large mastoid cells, filled with pus or granulation tissue, with some breaking down of the Examination at this intercellular structure time showed temperature 99 There was profuse aural discharge, slight sinking of the postero-superior quadrant of the drum and the adjacent canal wall There was slight tenderness and edema of the tip of the mastoid and marked tenderness and edema above and m front of the aural canal

Operative Findings—Large mastoid cells full of pus, partly broken down Most unusual anterior cell development found Culture from the mastoid showed a haemolytic streptococcus

The patient made an uneventful recovery

Comment —The local symptoms were mostly above and in front of the ear, as explained by the unusual anterior cell development found at operation

Conclusion—Extensive necrosis of the mas toid process may develop with no constitutional symptoms, and very few local findings, other than a purulent aural discharge. In some cases even this may be absent, as in case No 3 above, where there was slight serous discharge for only 24 hours. Other cases have been reported without any evidence of middle ear involvement. All acute cases with a middle ear discharge must be watched carefully. Repeated radiographic examinations are often of value.

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THE FUNCTION OF A COUNTY MEDICAL SOCIETY*

By JAMES E SADLIER, MD, FACS, POUGHKEEPSIE, N Y

President of the Medical Society of the State of New York

Thas been my pleasure, during the past several months to go about this State and meet the members of the various County Societies in their home districts. I feel very keenly that while the Wayne County Medical Society is an autonomous body, yet, at the same time, their association with the State organization is such that a closer volume of fellowship should exist between us, and we should all interest ourselves in the activities which are state-wide

Organized medicine has a very distinct field of usefulness. It would be difficult for us to even conceive of the chaos which would exist if there were no organization of the Medical Profession throughout this State and country, it would be absolutely inconceivable, but the results of organization come down to the work and activities of the individual County Society, because the County Society is the unit that we have got to rely upon for carrying on the field work in the counties throughout the State

It was very pleasing to me this morning in Syracuse, before I even reached your County, in conversation with Dr Farmer, to hear from him that you were definitely arranging a certain program along the line of Graduate Medical Education That committee, to my mind, means much of value to the physicians throughout the State This committee has carried an excellent program along the line of post-graduate work directly into the home town and thereby, to a very great extent, relieved the medical man from the necessity of leaving his practice and going to a distant locality for such study. I was also delighted to hear from one of your members of the excellent work that has been done along the line of immunization of children against diph-There is one disease that this State should rid itself of, and that is diphtheria When there is in the neighborhood of seven hundred deaths in the State of New York each year from a disease that can be prevented, it is very pleasing to me to know that this preventive work has been carried on in your County so successfully

But we have in the State Society certain problems of which I wish to speak to you When I consider the active way in which this County has carried on its program of public health I feel less restraint in talking than I would in some other sections of the State We must recognize that the question of treatment of established disease, the curative treatment is being well handled. Wherever you go you find new hospitals developing, old institutions being replaced by new ones, additions

nurses' homes, laboratories, X-ray departments and the various necessities that make for the successful practice of medicine. As we look back over the past twenty-five years we are more than satisfied. We are buoyed up by the thought that curative medicine in New York is, at least, as good, if not better, than the average standard throughout the Nation

We are now in a changing period, and the devotion of our entire time to the question of the treatment of disease is hardly in accordance with present day conditions. You are demonstrating here in Wayne County that you are accepting the changing conditions of the time, and doing excellent advanced public health work. This work, in certain sections, is being done exceptionally well, in other sections moderately well, and in some sections, almost not at all, except that which is associated with the treatment of established disease. Of course, we all realize that established disease and preventive medicine are so linked

Along the lines of public health and pre-

together as to be almost inseparable

vention of disease I feel that last year, in our State organization, there was one of the most progressive plans adopted that our organization has ever undertaken in the establishment of our Public Relations Committee Committee is important, but its usefulness will only reach out into the State provided each County Society has its local committee on Public Relations which shall act more or less under the jurisdiction of the State Committee It is very important that your Society should have such a committee I presume you already have it, if not, you should have it You should also have a very active Public Health Commit-These things are very important all appreciate the fact that thre is too much disease that comes to us that is already passed beyond a curative stage One of the most deplorable things is the fact that this person and that person comes to us too late for us to be of any material advantage to them. It is so in almost all types of disease. But especially is it so with most types of chronic disease The acute diseases are usually seen by a phymethod of physical examination of apparently sician relatively early, but unless we adopt the well people we will not be able to accomplish all that we should in the early treatment of what is ordinarily termed chronic conditions In my own section of the state we frequently have the benefit of the physical examination of apparently well people brought to our attention by those who have been to New York City and been examined in a certain clinic and then return to us for treatment And, fre-

^{*}An address before the Wayne County Medical Society in I yons New York September 21st 1927

quently, as the result of such plan we are enabled to get, for instance, cancer for treatment in its early stage. The objection is that this work should be done by the physicians themselves, it should not be necessary for patients to seek elsewhere for advice relating to their physical condition. We medical men should have been alive to the situation, and should have accepted the fact that a portion of our time should be devoted to examination of those who as yet do not consider themselves

COMPARATIVE RESULTS OF TREATMENT OF CARCINOMA OF THE UTERINE CERVIX*

By HARRY W CAREY, MD, TROY, NY

HE patient with cancer of the uterine cervix presents a serious problem so far as treatment is concerned. The physician must decide promptly what treatment will give the best

If it is an early growth, confined to a portion of the cervix, with no lateral extension toward the broad ligaments, and the uterus is freely movable, will radical hysterectomy or radium radiation or a combination of the two, give the best chance of complete cure?

In the moderately advanced case, where the growth has only begun to extend laterally into the broad ligaments and metastases are likely, will radical hysterectomy or radium radiation give the best result for the patient?

In the advanced cases, where the uterus is fixed and immovable and there is extensive involvement of the broad ligaments, palliation is the chief concern What is the best method of palliation to advise?

There is a great mass of statistics at hand giving the results of hysterectomy by the more modern and radical technic of Wertheim or its modifications On the other hand are the results obtained by the treatment of a large number of cases with radium

As informative as these statistics are, it is difficult for the physician to draw any conclusions, because the results are seldom placed side by side for comparison

In order to see the effect of the various methods of treatment, all the cases of cervix cancer that had been treated by surgical measures in our hospitals were collected and the result of the These results are placed treatment determined in comparison with those obtained in a series of similar cases treated by radium The surgical cases were collected from the records of the Samaritan, Troy and Leonard hospitals in Troy and the Cohoes Hospital from 1919 to date radium cases were treated by the writer over approximately the same period of time. The total number of cases classified according to treatment is given in the table that follows

Untreated and moperable cases	11
Advanced cases treated by cauterization	11
Early and moderately advanced cases treated	
by hysterectomy alone	19
Early or moderately advanced cases treated by	
hysterectomy, preceded or followed imme-	-
1 1 1 1 1 1 1 1	•

TABLE I

diately by radium treatment Operative recurrent cases treated by radium Recurrent cases after cauterization treated by

radıum 26 Cases treated by radium alone

87 Total number of cases treated

As might be expected all the untreated and inoperable cases died within a few months palliative measures were employed in these, with the exception of the usual sanitary treatment and general medication

The number of moperable and untreated cases is rather startling and emphasizes one characteristic of cervix cancer, namely, its insidious onset These growths start and develop into advanced cases sometimes without giving any indication of their presence Many times however, the patient neglects the warning of irregular bleeding through ignorance of its danger Sometimes the warning is neglected by patients who have that curious attitude of mind "where ignorance is bliss, 'tis folly to be wise" Physicans are not wholly blameless Many times, when the opportunity presents itself, they fail to make the pelvic examination that might detect the growth in its early stage

The advanced cases that were cauterized as a palliative maneuver all developed recurrences fairly promptly with the exception of one patient that survived for eleven months Three of this group of eleven patients were treated subsequently with radium. All three were relieved of the bleeding and the vaginal discharge. One died in six months, one in eight months and one is still living after eight months but the growth is still

The cases treated by radical hysterectomy alone number nineteen Three are living, one operated a little over three months ago, one is well after

^{*} Read at the mee ing of the Third District Branch at Troy Y October 1 1927

four years and two months, and one is well after The duration of life in these cases after hysterectomy is given in the table that follows

TABLE II

Duration of life in cases treated by radical hysterectomy

Months	13	6	9	12	15	13	21	24	27	30	33	36	39	42	45	48	51	L_	8 1	ears
Living	1	1	}	1	11	Ī	1	1]]		1		11			1	$\parallel 1$	1	1]
Dead	4	6	1		3	Ī	1	11	ĪL.			1	H	1	<u> </u>	1	11	1		
		1 y	ear		2 years					3 years				4 y	ears					

tient

All but three of these patients died Only one of the three that are living has passed the five year period. This was an early and favorable Ten of the nineteen died within a year of the operation

There were five cases in which radical hysterectomy was immediately preceded or followed by radium treatment. Three are living and two are Of the two that died one survived two months and the other eight months The three that are living were moderately advanced cases The pathological specimens came to me for examination and the diagnosis established by tissue examination Two of the three are living after two and one-half years, and one after six and one-half years

There were twelve cases treated with radium for recurrence of the growth after operation Complete hysterectomies were done in all but one, where the cervix alone was removed this group four are living and eight are dead

TABLE III Duration of life in operative recurrent cases treated by

it is evident that surgical removal has not given The reason for this is due, for the good results most part, to the small number of early cases operated. Unless these cervix cancers can be operated in the earliest stage, when they involve but a portion of the cervix, good results can not be expected Cases of moderately advanced cancer practically always have metastases, and when these are present in the pelvic tissues, hysterectomy cannot be successful When it is realized that microscopical metastases are sufficient to cause recurrences, it is unlikely that they can all be removed by naked eye dissection early metastases that occur in cervix cancer that

make hysterectomy so difficult, and a successful result so infrequent There is a considerable

mortality rate for radical hysterectomy, too,

which varies in the statistics of the various oper-

ators, but is close to 10 per cent

short, usually not over a week

the five-year period arbitrarily set as the low limit

of clinical cure (Tables III and IV), but because they were all, with the exception of two, moder-

ately advanced or advanced cases on which sur-

gery could not be attempted. The treatment is carried out with minimal discomfort to the pa-

There is seldom need of a general anaesthetic and the period of hospitalization has been

In making a comparison of radical hysterec-

tomy and radium radiation in this group of cases,

over 5 years 15 18 21 24 27 30 33 36 Months 13 6 9 12 Living | |1 |1 || Dead | 1 | 2 | | 1 | 1111 1 | 2 | 1 3 years

Both patients that have lived over five years are well and free from any signs of recurrence.

The twenty-six cases treated with radium alone were all advanced, with the exception of two, and these were early and favorable cases In the advanced cases the cervix was fixed in position, there was extension along the vaginal wall and into the parametrium. In fact some were so far advanced that the condition was practically hopeless even from the standpoint of radiation. The radiation of most of these cases was undertaken for the purpose of palliation

TABLE IV Duration of life in cases treated with radium alone

Months	1 3	6	9	12	15	18	21	24	27	30	33	36	39	42	45	48	51	over 6 years
Living	121		1		1	1	1	1	1		<u> </u>	<u> </u>	11	1		<u> </u>	11	3
Dead	3	3	3	1 1		1		111		1			[[1			1	IJ	1 1

This group of cases treated with radium show better results than those treated by surgical removal, not only because five of them have passed

While there is no mortality following the use of radium, undesired local effects sometimes oc-Fistulae developed in three of these cases, two were recto-vaginal and one was a rectovesico-vaginal fistula This last patient was a very obese woman weighing over 300 lbs had a myocarditis and was edematous to the She was so short of breath that the radium application had to be made in the sitting position and so could not be done accurately This patient, with one of the recto-vaginal cases, has had the fistulous opening repaired and both are living and well While radium may cause the formation of fistulae, the cancer can and frequently does also, so that it is not always pos-

sible to determine which is the cause. Between the danger of undertreating the patient and causing a fistula there can be no choice

As a palliative measure radium radiation has given the greatest relief There is nothing that equals it for checking the hemorrhage, destroying the odor of the vaginal discharge, and giving the patient a more comfortable life, however short it may be There is no comparison between cauterization and radium for this purpose In fact there seems to be no reason to cauterize unless it be to remove redundant tissue preparatory to using radium Then there is always the possibility that these advanced cases may respond unexpectedly well to radium. One of the successful cases reported here was such a one and she lived over five years in perfect comfort and apparent good health, only to succumb finally to a recurrence in the rectum

The combined treatment of five cases with radium and radical surgical removal was quite successful. More so, in fact, than either the writer or the surgeons anticipated. As already mentioned one is living after six and one-half years and two after two and one-half years. All are free of recurrence and perfectly well. Two died within a relatively short time. The chief objection to this combined treatment, however promising it may appear theoretically, is the operative mortality to which the patient is subjected.

Preliminary radiation is undertaken to kill or render inactive the cancer cells, particularly those that may be in the parametrium Post-operative radiation is aimed at the destruction of any cancer cells that may remain after operation, either in the form of metastases, or cells spilled into the tissues by the manipulations of removal

From the analysis of the results of treatment in this small group of cases which conforms closely to the results published by others, the

physician should know

1 That early cases of cancer of the cervix are very rarely seen. When they are discovered, radical hysterectomy and radium treatment each offer promise of about 50 per cent of clinical cures.

2 That the moderately advanced case is hazardous for surgical treatment, both from the standpoint of operative mortality as well as from the small number of cures resulting. Radium radiation offers the possibilty of more cures with no operative mortality. The treatment is attended with very little discomfort and the length of stay in the hospital is short.

3 That the advanced case should never be operated and should always be radiated unless the condition is entirely hopeless. Radium in these cases offers a possibility of cure and almost sure palliation. Cauterization of these advanced growths as a palliative measure is of little value.

in comparison with radium radiation

MODERN HEALTH OFFICERS

By RICHARD SLEE, MD, POUGHKEEPSIE, N Y

Abstracted from the January second issue of the Health Officers Bulletin for the Counties of Westchester, Putnam, Dutchess and Columbia, of which Dr Slee is District State Health Officer

DISCUSSING with a supervisor the inadequate salary of a health officer, and suggesting its increase, he said "Why that man isn't earning what we're paying him now, he hasn't put up a quarantine notice in this district in six months" The supervisor was told that absence of quarantine notices throughout a district was an indication that the health officer had carried on some excellent public health work, immunizing children against diphtheria with T.A, improvement in milk production, and other public health activities

The health officer in this instance was wholly to blame for lack of appreciation of his work. He failed to consider the tremendous help of proper newspaper publicity, and to realize that the people of his community and his board of health were not mind readers and could not know what he was doing for the general good of the community unless told

Take the newspaper man into your confidence and tell him exactly what you want published, explain why certain items should be withheld. When you tell the newsman all the angles of a story he will prepare an article that is intelligent.

and keep in the background particulars inadvisable to print

It is easy for health officers to hand out morning or weekly reports following somewhat this form

CITY OR VILLAGE OF

For the 24 hours ending midnight, Jan 1, 1928, there have been reported

 Diphtheria
 3 cases

 Scarlet Fever
 1 case

 Measles
 10 cases

 Births
 3 cases

 Deaths
 2 cases

(Signed) Dr Joseph Blank,

Health Officer

Consider routine reports along the lines indicated and you will appreciate that your friend finds them about as interesting as eating a green persimmon. How is he to make a story that will interest readers, out of a report of this type? Don't feel that you have done your whole duty towards your public in handing out routine forms which may be correct as to figures but wholly un-

interesting Tell the newspaper man that one of the diphtheria cases was in a family of five children, a little tot three years of age the other four children were T A'd in school and did not develop the disease Mother thought the youngest at home would be safe Tell him that one death was of a two-year-old youngster, measles complications and explain to him the necessity for protecting children until past three years from measles infections (It is below three years that we find our high measles mortality)

Ask your newspaper man to drive out with you while you make a dairy inspection, show him what is being done to safeguard the health of the community, how you are watching the protection of your water supplies, especially after high water. There is tremendous public interest at present in health matters in general

The health officer need not write these articles, it's a gift many do not possess. The doctor can give the facts to the reporter so that he intelligently understands what you want published, he will prepare the story and put it through in readable form

The oldfashioned health officer is likely to say to the reporter "No! not a thing of interest, only one case of communicable disease reported Johnny Brown has diphtheria It's our first case in nearly two years—nothing alarming about it -it's not an epidemic, only one case Please don't mention it in your paper There is no use worrying the parents-it's only one case We'li keep it quiet and perhaps we won't have another Another very good reason for keeping it out of the papers is, that we don't want it spread abroad that we have diphtheria in town It's bad for business-it may keep the children away from the movies, stores and gatherings Parents are such foolish things, if they hear of even one case they get panicky and it sure does upset things say a word about it. We'll trust to luck and hope that good fortune will be with us Of course, if

we get a whole lot of cases, then you can publish it—as we may have to close the schools and movies. Don't forget what I told you—it's only one case. Keep it quiet. No use alarming every-body just yet. I wonder how this kid got diphtheria? First case in two years—haven't the faintest idea how."

The modern health officer will have this to say

to the reporter

"Yes! Here's some real news Little Sarah Smith has diphtheria, poor kid—never had T.A It's our first case of diphtheria in nearly two years. Hope you will see that it gets good front page display. You appreciate that it is the first reported case of a communicable disease, that is of great importance to the health officer and the community at large. It always means an undiscovered or unreported case or a virulent carrier about, and this is the factor that makes the discovery of a first case serious—or even at times alarming.

"Now get this straight—we're not worried about this first reported case—we can treat it and by proper isolation prevent it doing harm. The worry and even alarm at times is in connection with the undiscovered case or carrier, who infected this case, and may have infected many others and continues a menace until discovered or recovers. We all know that a very mild case may transmit a most virulent form of disease. It is always with the first case that an outbreak or epidemic starts, not the last case, and the time to prevent an epidemic is on the discovery of the first case.

"Now, don't fail to give this case as much publicity as possible. Parents who care for their children will bless you for the prompt warning. They will be on the watch and take proper precautions and the wise ones will have their children protected with TA.

"The press certainly is a great aid to the health officer Don't know how we'd ever put things

over without your help"

TUBERCULOSIS CASES IN ARIZONA*

By EARLE WOOD PHILLIPS, M D., PHOENIX, ARIZ

WOULD like to touch very briefly on a problem which comes occasionally to most of you in your practice. One of the questions your patient asks, "Had I better go to Arizona?" It is proper first to inquire whether you had better send anybody there. I think an answer to that can be found by the population of Arizona by people who have failed to recover their health elsewhere. The next question is to what type of patients is the climate of the southwest beneficial? At the beginning the patient should be given a chance to try to make

* An address before the Wayne County Medical Society in Lyons N Y, September 21 1927 his recovery in his own country in a samtarium. If the patient cannot progress there, he should try what a warm, dry climate will do, but it is for the advanced patient that the southwest offers the best opportunity.

Tuberculosis is a very expensive disease because it is a slow disease. So many cases come to us every year of persons who have spent their last cent and they land there flat broke. Our charitable institutions are much overtaxed. They think if they can get to Arizona that their problems are solved. They are not. Please tell them that there is very

little work to be done and a host of needy

people who are clamoring to do it

Patients don't always tell the truth about money, or they say that the family physician says, "get out in the hills and rough it and you will be all right", and others say, that the doctors say "get out in the deserts and lie in

the sand, you don't need to go to a doctor, just take care of yourself," and so many patients say it, that some must be speaking the

All these people, practically, that came to Anzona, are rather bad cases, and they need the best medical advice

HISTORY OF CARDIOLOGY*

By LOUIS FAUGERES BISHOP, MD, NEW YORK, N Y

TN the fifteen minutes assigned to me it is not possible, of course, to enter into the subject matter of the history of cardiology have recently done in a monograph, a copy of which I have the pleasure of presenting to each one of those present The number of copies is limited and I wish to know in whose possession they are so I will ask you to do me the favor of signing your name on the inside of the book and give me a memorandum of its number

In the evolution of human affairs the study and history has not been exempt from changes in methods involving definite plans for its future We think of the men of ancient times as being more primitive in their emotions and ambitions and less conscious of their relation to the past and the future The present age is very conscious of its relations to the past and the future, and even while the great war that began in 1914 was going on, definite preparations were made for the benefit of the historian a century later by preserving records and storing many relics, even including moving pictures of the battles historian of the present time is a little different from the historian of the past. He writes contemporaneous history as well as investigating what occurred a longer time ago. For the remote past I refer you to "History of Cardiology" which it has been my pleasure to present to you who are attending this meeting as a bribe for allowing me to exercise the more modern function of the studying and speaking of contemporaneous cardiology

I date my own definite association with cardiology from the year of 1907 In the fall of that year I decided to concentrate my work upon this particular field of medical knowledge and it is this period of twenty years that I wish to cover in twenty minutes. I am particularly fitted to do this because my first organized efforts in entering this special field was to make a survey of cardiology in American and cardiology in Europe I went from place to place where cardiology was taught, or where men's minds were turned specially to this problem

The first thing that impressed me in America was that little progress had been made in the development of cardiological knowledge. What

little progress had been made was through immediate contact with the problems of persons afflicted with heart disease. Rest was the one universal prescription and invalidism was encouraged on every side A heart lesson was a legitimate excuse for laziness and indulgence great consulting physicians of that day, Janeway in New York, Pepper and Musser in Philadelphia, Fitz in Boston, Forchheimer in Cincinnati, and the other great consultants in the large cities of the country had a very valuable empirical knowledge of the heart but no information whatsoever upon the subject of the technical matters of the present day In London and Edinboro found much the same condition, though in Edinboro and Dublin the practice was much influenced by the very great students of cardiology of the generation just previous, Stokes, Corrigan and Hope They were this far ahead of America in that they recognized definitely the value of graduated exercises in the restoration of the person whose heart had become a problem

That year I had the pleasure of meeting Sig James MacKenzie in London and if I had time ! would like to tell you something of the operation Two or three of the mind of this great man questions by me, a total stranger, threw him into an enthusiasm that led him to dismiss his patients and give me his day He was a canny Scot but he had an uncanny insight into medical truth and falsehood and he had no use for the doctor whose beliefs were founded upon medical authority

On the continent I came in contact with the French school of medicine where I met Vaquez The French school of medicine has always fascinated me by their profound philosophy that combines so well the intensely ideal with the mtensely practical Huchard anticipated by many years the teaching that arteriosclesosis is a general constitutional disease and not a disease of the blood vessels primarily The French still rely principally upon drugs and are remarkable for the elegance of their prescribing and intricate de-In Austria, Italy and tails of their advice Switzerland I did not find much difference from London and Paris It was in Germany that I discovered a cardiology that seemed to me worthy of study and imitation and I returned there nearly every summer until the war broke out to follow

^{*} Read before the American Section of the International Asso-ciation of Medical History, Atlantic City, May 3, 1927

and assimilate as far as possible the work of the German physicians who had a unique opportunity of academic study half of the year in universities with the rest of the time devoted to the practical application of their theoretical knowledge to a large group of people who sought the cures of Germany for the restoration of their health This was true of a number of places but at Bad Nauheim I found in Prof J M Groedel a man whom I could study and follow with profit and I am free to confess that in a large measure my own practice of cardiology has been founded upon his He demonstrated the value of a carefully recorded history and a complete collection and analysis of technical findings He also taught the value of a deferred and carefully considered diagnosis

In America I had never known of such a thing as a deferred diagnosis, that is, a definite time appointed when a conclusion can be reached, up to which time the case was allowed to remain fallow so that the final diagnosis could be independent The American conception of the and complete diagnostician was that of the fashionable physician driving to a conference in state and pronouncing in elegant language a diagnosis founded upon the quick operation of his shrewdness and In other words, the great diagnostician intuition was a great guesser In Germany I found that the diagnosis was the final step in a process other words, the investigation was carried on to lead up to a diagnosis rather than to prove a diagnosis already made. It has taken this twenty years for the technical cardiology which was then well under way in German clinics to spread over the world and become accepted as a real human asset

I was an early convert to technical cardiology and with the other pioneers had to stand the adverse criticism of those who did not understand when I insisted that every person who presented a cordiological problem should have the benefit of a complete technical examination. I was accused of commercialism because I paid too much attention to people brought to me by their physicians with the old-fashioned demand for the listen and guess diagnosis. But cardiology was a wonder-field of blossoming flowers and new ideas, and here and there a sturdy plant represented definite results in the rescue of human wrecks from invalidism and even worse.

This cardiological field was pleasant and interesting and in time I knew that others would come into it and that eventually cardiology would be a Whether that time has arrecognized specialty rned or not I have been unable to decide but there are some signs that make me believe that very soon there will be a group of men devoted to cardiology, large enough to form their own national society where they can confer with each other on their intimate problems At the present time the intimate problems of cardiology must be carried to general meetings where they receive an unsympathetic hearing from those who do not We are forced to fight our losing understand battles in private and publish practically only our successes It is only when cardiologists decide to get together in private that the profound difficulties of cardiology can be properly attacked and solved

I have given you the history of cardiology in printed form and talked with you in this familiar way of contemporaneous cardiology. One of the greatest writers on cardiology that I ever knew was a very obscure man whose name you would not know. His was a great mind in an obscure corner. He said that the cardiologist was a peculiarly isolated personality and I must say that sometimes in the past it seemed he was right. However, now it would seem that the date of the foundation of cardiology as a recognized branch of medical knowledge will soon be written on the pages of medical history.

A CASE OF DISSEMINATED CARCINOMATOSIS — TEN YEARS FOLLOWING RADICAL OPERATION

By EUGENE E MARCOVICI, MD., NEW YORK, N Y

THE following report seems worthy of attention in view of its history and certain clinical peculiarities

HISTORY

June 20, 1926 Mrs H H, 48 years old, married 25 years She has a twenty-four year old son Her parents and son, according to her statements, never suffered any serious illness In 1916 she underwent an operation which, her husband states, was said to be for abdominal tumor About January, 1926, a tumor appeared on the lower sternum, this was painless Three months following, another tumor developed over the right second rib, and simultaneously a third developed under the third left rib Both were

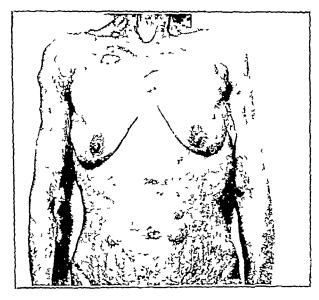
about the size of a pea and freely movable Since then similar tumors have appeared on the chest, back, scalp, face and forearms, all were painless. About June 15th still another tumor, about the size of a pigeon egg, appeared in the right axilla, this was painful and showed signs of inflammation (redness, swelling). It ulcerated the following day and left a dark red surface with a serous evudate.

For about a week the patient suffered from dyspnoea, paroxysms of coughing without expectoration, distension of the abdomen, edema of the feet, general weakness, headache, vertigo and marked diminution in the quantity of urine She was unable to work whereas up to two days ago she was able to assist her husband, a tailor,

in his work. Her appetite was not affected and her bowel movements were regular

PHYSICAL EXAMINATION

The physical examination shows an emaciated woman of 48, temperature normal, weight 109 pounds, blood pressure 140/100 Patient is suffering from shortness of breath and a spasmodic, dry cough, which is extremely annoying while lying down Posture is stiff Skin and visible mucous membranes pale, tongue moist, slightly coated Facial nerves show no evidence of pathological symptoms The scalp shows the presence of six tumors, ranging in size from a pea to that of a walnut These tumors are not adherent and freely movable. On the anterior wall of the thorax there are about thirty-six tumor, all varying in size The largest and less recent, which appeared six months previous to presentation, is situated between the third and fourth



ribs, on the left side, and extends over the lower sternum, this is not movable, of hard consistency, painless and measures 8 x 4 x 2 cm tumor over the right second rib, as mentioned in the above history, measures 2 x 3 x 1½ cm The ulcerated tumor in the right axilla measures On the posterior thorax there are $5 \times 3 cm$ about sixteen tumors, seven additional ones on the neck, five larger ones over the abdomen, extending deep into the muscle layer companying photograph) Below the site of the abdominal operative scar there are about five tumors of more recent origin (1 week), ranging in size from a pigeon egg to a chicken egg inguinal and regional lymphatic glands are en-larged and infiltrated Between the left angulus scapulæ and the vertebral column there is still another very painful tumor situated between the proximal ends of the seventh and eighth ribs

and probably involving the latter. No other bone metastases are evident. X-ray pictures of the medulated bones and the vertebral column were not taken because of the patient's condition. Even though at this time no phenomena of compression were evident, the rigid posture of the patient would nevertheless seem to indicate an involvement of the vertebral column Aside from a few small tumors on the upper arms and thighs, the extremities present only the highly developed edema of the lower part of the legs and the dorsum of the feet.

Heart Systolic murmurs (accidental), no diatation, pulse rapid, of normal quality Pleura Dullness on the right side, anteriorly, extending down from the upper border of the fifth rib, posteriorly from the angulus scapulæ, on the left side, dullness extends posteriorly, a finger's breadth above that on the right Over this region there is no vocal fremitus, compressed breathing over the dullness, no breath sounds Diagnosis Exudate both sides in the pleural cavity Liver and spleen Palpable, not enlarged Free fluid in the abdomen

LABORATORY EXAMINATION

Urine Specific gravity, 1030, reaction, acid, traces of albumen, no sugar, indican increased. Microscopical examination Shows leucocytes, granular casts, epithelia, uric acid crystals No evidence of Bence Jones bodies Examination of the blood Wassermann reaction, negative, erythrocytes, 5,050,000, leucocytes, 8000, hemoglobin, 55 per cent, polymorphonuclears, 75 per cent, large lymphocytes, 10 per cent, small lymphocytes, 8 per cent, neutrophile myelocytes, 5 per cent, no eosinophiles

While the appearance of myelocytes in the blood is of interest, it is still of greater interest the findings in the smear of the ulcerated tumor. The differential count in the latter showed 4 per cent eosinophiles, 4 per cent mast cells and 5 per cent neutrophile myelocytes. The increase in the eosinophiles should be interpreted here as a local irritating eosinophilia. The number of mast cells appears quite high in comparison to the figures as given in literature. Conti, in the peripheral blood of a case of primary multiple myeloma, found 2 per cent mast cells, 4 per cent eosinophiles and 6 per cent neutrophile myelocytes with a leucocyte count of 3,400

CLINICAL COURSE OF THE DISEASE

A month later I again had occasion to see the patient, who still refused hospital treatment She had lost very much in weight, although the edema had considerably increased (edema and anasarca of the legs, abdomen and sacrum) Face very pale On account of the dyspnoea and the increased spasmodic cough the patient was able to lie down only with great difficulty and

because of the edema she was unable to be up The ascites and pleuritic exudate and around have markedly increased Temperature normal Tachycardia The tumors, which have become generalized, now covered the entire body with the exception of the face, hands and feet size of the tumors have increased, particularly those over the former operative scar axillary tumor which has twice been treated with quartz light was disappearing and its former ulcerated surface almost healed Another bone metastasis has developed in the seventh left rib in the axillary line This was very painful and about to fracture A new destructive process has begun in the sixth dorsal vertebra, which was also very painful on pressure

A second blood examination showed Hemoglobin, 55 per cent, erythrocytes, 5,375,000, leucocytes, 11,800, polymorphonuclears, 77 per cent, large lymphocytes, 9 per cent, small lymphocytes, 17 per cent, eosinophiles, 1 per cent, transitionals, 2 per cent, mast cells, 1 per cent, neutrophile myelocytes, 3 per cent. A comparison with the previous blood examination showed an increase in the number of leucocytes with no diminution in the number of red cells and a similar hemoglobin percentage, no polklocytes or nucleated red cells, red cells show deficiency in coloring, microcytes and macrocytes in moderate number, blood platelets greatly reduced

Urine Very concentrated, contains albumen Bence Jones bodies, negative

TREATMENT

Treatment, which at this time could only be symptomatic, consisted of diuretics (diuretin, species, diureticæ, liquor kalii acetici) and tonics (intravenous iron arsenite injections, camphor oil). Novasurol was employed by the author in a case of an intestinal and peritoneum carcinoma with considerable ascites, and instead of the desired diuresis the action on the intestines was disastrous. 30 to 40 evacuations with severe tenemus, a condition which made the last days of the patient most unbearable. Patient still refused hospital treatment where a scarification of the edema could be done and the pain alleviated. She died on August 7th.

As a post-mortem examination was not made, the various reports of the histological sections, which would have been valuable, are not added to this report

DIAGNOSIS

The differential diagnosis before the histological findings was difficult, the numerous tumors with their various localizations, particularly the various bone metastases, at first would suggest a primary tumor in the bones (osteo or chondrosarcoma, multiple myeloma, endothelioma or enchondroma), secondary metastatic tumors

of the bone marrow as secondary multiple myeloma, were also to be considered

All forms of malignant tumors may eventually lead to metastases in the skeletal system, frequently carcinoma, less frequently sarcoma, melanotic sarcoma, lymphosarcoma, generalized tumor formation in the medulla in hypernephroma, and in glioma of the retina Carcinoma of the breast, prostate, thyroid and stomach lead most frequently to bone metastases They appear simultaneously in other organs, particularly in the lymphatic glands. There is a general carcinomatosis or sarcomatosis, which spare practically Only in rare cases are the primary tumors located in other organs (the bronchial tubes, gall bladder, appendix, ovaries and uterus) Von Recklinghausen called attention to the tendency of prostate carcinoma to metastate in the skeletal system

The absence of bone fractures, Bence Jones bodies, relative painlessness, hard consistency and the presence of multiple tumors, independent of the skeletal system, all speak against a diagnosis of primary multiple myeloma multiple myeloma usually attacks the bones of the thorax, there are usually bone fractures, frequently affecting the ribs, there is kyphosis, and the condition is very painful. The diversified localization and the rapid metastation do not justify a diagnosis of osteoma, osteosarcoma or The absence of pigmented chondrosarcoma tumors, of a primary tumor at the typical seat of predilection, and melanin in the urine would elimmate the diagnosis of melanosarcoma remains but the choice of a general carcinosis or sarcomatosis, which could have been determined by histological examination only metastasis of a malignant abdominal tumor with general dissemination in the skeletal system, subcutaneous cellular tissue, muscle layer, pleura, peritoneum, and internal organs, was the most acceptable diagnosis

The histological report of a nodule extirpated on June 22nd was as follows Gross examination showed a small nodule 10 x 5 x 4 mm, of vellowish color and soft consistency, taken from immediately under the skin Microscopical ex amination shows the nodule to be separated by a thin fibrous capsule from the adjacent subcutaneous adipose tissue The capsule is infiltrated in various areas by strata of large polygonal cells The section is composed of acini with narrow lumen, consisting of cuboidal cells with large rounded nuclei The nuclei are dark in color and frequently contain a nucleolus Occasional mitotic figures are found. There is a connective tissue stroma separating the acini and in this connective tissue stroma there are occasional round bodies which stain homogeneous blue, apparently calcium deposits

The histological picture is definitely that of an epithelial tumor of glandular structure. The

presence of calcareous concrements in a tumor composed of small acini is very suggestive of a primary ovarian adeno-carcinoma. Diagnosis Metastasis of an adeno-carcinoma, most probably ovarian. (See histological figures.)

While primary multiple myeloma is a rare discase (Sternberg, Verse, Berblinger, Wieland, Christian) secondary multiple myeloma, the metastatic tumors of the skeletal system, are more frequent. Among the various localizations of metastases of malignant tumors, the generalized metastasis in the skeletal system is most Of greater occurrence are metasuncommon tases in other organs Single metastasis in one or a few bones is more frequent and is not interesting clinically, causing but local symptoms Metastasis may occur at a time when the primary tumor is recent or at a more advanced stage However, it frequently occurs that after the extirpation of a malignant tumor, it doesn't recur locally but as a metastasis in the skeletal system several years following the apperently successful operation of the primary tumor at a time when one would be justified in assuming that the patient is cured In this instance the recurrence occurred six months previous to presentation as a painless swelling in the region of the lower sternum

In generalized primary and secondary tumor formation in the bone marrow, blood conditions, as found in this instance, are not infrequent, the low hemoglobin content and diminution in erythrocytes, with the presence of normoblasts (none in this case), the usual normal leucocyte count, but the presence of pathological cells (neutrophile myelocytes as high as 17 per cent in the case of Kurpjuweit (Primary tumor gall bladder carcinoma), eosinophiles as high as 42 per cent in the case of Schleip, primary tumor multiple bone sarcoma), mast cells, 24 per cent in the case of Harrington and Kennedy (primary tumor stomach carcinoma) are frequently mentioned in literature (Hans Hirschfeld) cyte counts as high as 20,000 with high myelocyte count in the case of Kast (primary tumor penis carcinoma) and in Hirschfeld's cases (up to 53,000) are rare and are probably due to suppuration A remarkably high number of normoblasts and megaloblasts, polychromatophilia and basophiles is described, the presence of polymorphonuclear neutrophiles without granules as Hirschfeld (very numerous in my case) an increase in the eosinophiles and mast cells is only very seldom mentioned

The edema on the legs and the ascites are caused by the compression of the vena cava, or impairment in the portal circulation, partly as exudation ascites of abdominal metastasis or possibly by the tumor growing into the cava inferior

This case is one of general carcinoma with bone metastasis and offers a number of clinical peculiarities, which briefly summarized, present the following

- 1 Extremely delayed relapse, ten years following a radical operation, probably for ovarian tumor
- 2 The lack of symptoms of the original bone metastasis, causing the patient to entirely neglect the tumors at first
- 3 The histological diagnosis (Dr Klemperer), which not only explains the nature of the tumor (metastatic carcinoma), but also gives the probable origin of the tumor (ovarian tumor)
- 4 The blood report with the presence of myelocytes and the more charactertistic blood findings in the smear of the ulcerated tumor, with an unusually high number of mast cells, as well as the increase in the myelocyte count
- 5 The favorable results of irradiation, in the ulcerated tumor, with quartz light, which, of course, could not possibly influence the far advanced general process, but if applied when first indicated, would perhaps have been valuable, as can be concluded from the effectiveness of the local treatment

BIBLIOGRAPHY

Because of the brief, casuistic report of the case, the reader is referred to the work by Hans Hirschfeld, entitled "Generalized Primary and Secondary Tumor Formations in the Bone Marrow," in which the complete data are given (Firket, Kast, Mueller, Rampold, Ritchie, Stewart, Robert, Warrington, Kennedy and Zade)

(Kraus Brugsche Spezielle Pathologie und Therapie innerer Krankheiten—"Special Pathology and Therapy

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MEDICAL HOSPITALITY IN NEW YORK CITY

New York is the most friendly and hospitable city in America, although one might not think so when he is pushed and jostled in the subway But when he is in trouble or seeks information, he receives courteous attention from everyone to whom he applies

The physicians of New York City also show

an informal triendliness to visiting brethren who seek information. Many a doctor who is staying at a hotel would visit a hospital or attend a clinic if he knew of one in his immediate vicinity. The New York Academy of Medicine offers this friendly service, either by personal visit, or by telephone, as described on page 158

THE VALUE OF MEDICAL SERVICES

Values are determined by certain standards. and when one thing is compared with another. the same standard must be applied standard of value that is most commonly used is the dollar Physicians have adopted scales of fees for their services, the basis of which is the economic needs of the physician himself Long experience has demonstrated that a certain amount charged for a call or an operation vields the doctor an income that is sufficient to enable him to live according to the customs of the better class of people of his community This method of valuing his service is different from that of the lawyer on the one hand who charges a percentage of the money involved in his case, and on the other hand it differs from that of the minister of the Gospel whose maintenance is provided by voluntary contribution of his parishioners, and whose services are free

The physician adapts his fees to the financial condition of his patients to only a limited degree. The poor pay him little or nothing simply because they cannot give him something that they do not have. The rich pay the maximum fee which is scheduled on the fee card without regard to the time and money which the rich business man saves as the result of the doctor's ministrations.

Physicians generally are satisfied with the fee standards that are adopted by their medical societies. If a physician cannot make a good living by charging according to the fee table, the fault is usually his own

Patients too are generally satisfied with medical fee standards, especially in these latter days when a plumber or a brick layer charges more than a physician A patient will pay for relief from a broken bone, or a boil, or a bad cough, for those conditions are evident and dis-But patients are not educated regarding the value of modern methods of diagnosis They are willing to pay for and treatment x-rays, for these have a mystery which partakes of the spiritual and miraculous are also ready to pay for electrical treatments, for these produce sensations which the patients interpret as immediate therapeutic results There is a great field in medicine in which comfort is involved, rather than health or life

A patient often seeks physical comfort just as he seeks any other luxury. He seeks relief from annoying pains and from the fatigues of overwork or late hours, or dissipation. The sort of treatment which he seeks partakes of the nature of a business transaction, in which the doctor gives the patient as many pleasant treatments as are desired, at a good-sized fee. There is little or no responsibility associated with the treatments, and the doctors who sell

the luxury treatments get rich. The value of their services is that which the patients place upon them, and it is far higher than that put upon it by the doctor's colleagues who practice strictly scientific medicine.

If the value of medical services is judged by the amount of money which a doctor collects and the number of patients that throng his office, then the physician who dispenses therapeutic luxuries ranks high according to the ordinary standards of the public But there is also a scientific standard of value of which the people can judge only by the relatively few cases of sickness which do not get well spon-Victims of a general disease aristaneously ing from an obscure focus go from doctor to doctor and from clinic to clinic and get a varied assortment of diagnoses and treatments, any of which may be correct, but none reaches the key source of the infection, for each doctor sees one organ and none considers the person as a These patients place a low value on whole medical services because they sought relief and failed to get it On the other hand, they spread the fame of one who happens upon the key diagnosis after half a dozen other doctors have failed

When an acute disease comes upon a patient who has been well and active and has led a normal life, the indications are usually plain, and a few ordinary examinations are all that are needed in order to establish an accurate diagnosis. The people appreciate the value of the doctor's services, and pay him willingly. But the condition is entirely different in a chronic case like the following.

A woman, aged 55, formerly subject to asthma, developed obscure pains in her arms and back, and ran a low fever at times lost twenty pounds of weight, her eyesight slowly became hazy, her eyelids became puffy, and in six months she had great difficulty in going about her house She went to several doctors who made some of the more evident examinations, both physical and laboratory, and agreed in only one item, that she had a beginning cataract of both eyes specialist whom she had consulted was an oculist who gave her about ten minutes of his time in a prefunctory manner about once in two months, and told her that her trouble was cataract

The patient was sent first to an eye specialist who made a complete examination of her eyes, including the field of perception for various colors. His diagnosis was cataract with eye symptoms due to a general infection.

The patient was then sent to an internist who made a complete physical examination, and took a minute history of every medical phase of her life He then sent her to a hospital where x-ray and laboratory examinations were made

The diagnosis was cataract, trichinosis of a mild type (which was disappearing spontaneously) and severe pyorrhoea, which yielded promptly to treatment. The patient has shown a rapid improvement in health and morale

Now, as to the value of the medical services which she received Each specialist and the hospital charged the usual fee for services rendered The bill of the oculist was about \$150, of the internist, \$100, and of the hospital including laboratory fees, \$150, a total of \$400, which the patient paid willingly for the complete medical examination and the co-ordina-

tion of the opinions of the physicians. Her family physician carries out the directions of the specialists, and altogether the case is a model example of efficient medical services appraised at a proper value by the patient, the family doctor, and the consulting specialists

family doctor, and the consulting specialists

This case illustrates an ideal condition in which there was an unusually happy conjunction of three independent parties, the patient, the family doctor, and the specialist, any one of whom might readily have upset the mutual understandings. Three elements enter into this case and into all others, 1, scientific skill, 2, medical ethics, and 3, personal temperaments, and possibly the greatest of those is temperament.

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Medical Ethics—The leading article in the New York State Journal of Medicine of February, 1903, is an editorial on the need of a code of ethics. It refers to a letter by Dr. R. T. Gilmore of Chicago, reprinted from the A. M. A. Journal. The doctor gives his personal experiences with consultants while he was a young doctor just starting in practice. Experience number one was that a surgeon whom he had called to see a well-to-do patient with uterine bleeding, assumed full control of the case and did a hysterectomy for forty dollars, graciously inviting the family doctor to see the operation. Concerning this consultant, Dr. Gilmore says

"He is too busy now to think about such a trifling thing as ethics. He may have seen the word written somewhere. He may possibly glance over the Association's revision of the Code, but it will never occur to him during his eminently successful and busy career to drink of the spirit of these rules and regulations. He is too old to learn. Hundreds of men will continue to witness his operations and to learn what they may from him, but if they have good sense, they will avoid him assiduously as a consultant. Meanwhile he will unconsciously continue, day after day, to go on with the gentle art of dampening the youthful ardor of the enthusiast who leaves his alma mater with high ideals and ethical aspirations. He will make these men smile at the

mention of Flint on Ethics, and have thoughts unfit for publication when he reads, 'Of the duties of the physician in regard to consultations'"

The second experience occurred when Dr Gilmore had the parents of a very young baby bring the child before the local medical society in order that he might demonstrate a method of treating a thigh broken during delivery. A prominent colleague condemned the young doctor for breaking the leg. Concerning his actions Dr Gilmore

"The point I wish to emphasize is this. The doctor who 'called me down' before my patient was a thoughtless man. If he reads this article he will probably not remember the incident. He had never met me personally before, nor has he since. There was no malice, no evil intent, and I doubt if the majority of men present at that meeting gave the incident even a passing thought, so little would such a gross breach of ethics attract attention at the present time. But I ask in the name of all that is lofty in medicine, what an effect such an affair would have on a young fellow who had just started out in his practice, and who could not see how he was going to get money enough together to buy a winter overcoat."

Physicians of this generation have little personal experience with medical ethics of twenty-five years ago Medical ethics has advanced

quite as fast as scientific medicine





MEDICAL PROGRESS



New Views of Eclampsia.—H Rossenbeck of the Institute of Physical Chemistry of the University of Basle discusses eclampsia from the standpoint of his special field of endeavor As a result of his speculations he arrives at the opinion that the convulsions of the gravida represent an effort of nature to rectify a pathological condition, even though the aim is not often accomplished The blood state of the patient is an acidosis while the tissues exhibit an alkalosis The muscular contractions are known to liberate acids-phosphoric and lactic-which are able to neutralize this tissue alkalosis, which in turn is the result of accumulation of sodium which cannot get into the blood in its present form. When combined with the acids mentioned, however, it may enter the blood where the excessive acidity can also be neutralized But this disturbance in the equilibrium of the ions must itself be secondary to some other factor, and the author sees the possibility that hyperfunction of the hypophysis may be the factor in question The author admits that this theory is advanced only as something to be tried out and not as possessing anything of finality He also admits that such an hypothesis is thus far barren of any suggestion of therapeutic value However, it gives both a direction and a goal to the inves-His personal contribution is limited to an ionic analysis of the blood serum in several cases of eclampsia, pregnancy kidney, and epilepsy, in which he found that the sodium ions were notably decreased (in contrast with the finds of earlier analysts who had reported This implies that the sothem unchanged) dium ions in the tissues at large are corre-This is not all, for at spondingly increased the same time the ions of chlorine are increased in the blood and inferentially diminished in the tissues. Hence, if the author is right, eclampsia and allied affections are due to a disturbance of the Cl-Na equilibrium in the solids and fluids of the body —Schweizerische medizinische Wochenschrift, November 5, 1927

Carriers of Tubercle Bacilli—Dr M J Gutmann discusses this subject which because of its difficulty is best indicated by examples. Thus a woman of 30 years, plump and healthy in appearance, chest negative on repeated examination, presented a few acid-fast bacilli in the sputum which did not agree fully with Koch's bacillus. The rectal temperature was clevated a few degrees and this rise was later accounted for by the presence of an obstructed tonsillar crypt. This tonsil was extirpated and

the same acid-fast bacilli were found in the crypt but with no evidence of tuberculosis The reaction to old tuberculin was not decisive. The milk drunk by the woman contained the bacillus in question The author concluded that in this case the bacilli were of low viru-The case is not without precedent, for reports show that such acid-fast bacilli are taken into the organism through the milk or butter and appear later in the sputum-perhaps, as in this case, in consequence of lodging in the tonsil In this case the woman had had an annoying cough for two years and a provisional diagnosis of apex invasion had been made, but study of the case had shown the lack of a foundation for this judgment The same element of doubt must obtain in all alleged cases of healthy carriers, and some of the latter may be shown to have passed through an infection, although subsequently there may have been no evidence of the dis-Von Hansemann has shown that the tubercle bacillus in a virulent condition may be harbored in bronchiectatic cavities, so that the ante-mortem diagnosis may have to be corrected at autopsy To add to the confusion there are false tubercle bacıllı which live in The saprosymbiosis with the real organism phytic tubercle bacillus may regain its virulence by passage through animals never can feel sure that a given subject may not have been tuberculous in childhood, it becomes almost impossible to compare tubercle bacillus carriers with typhoid or diphtheria carriers - Munchener medizimsche Wochenschrift, November 4, 1927

Abdominal Symptoms of Heart Disease, with Special Reference to the Rôle of Auricular Fibrillation - Alfred M Wedd (Surgery, Gynecology and Obstetrics, December, 1927, xlv, 6) discusses certain groups of patients suffering from cardiovascular disease, who, because of the predominance of abdominal symptoms, often present themselves to the surgeon These abdominal symptoms may be purely reflex, as the abdominal pain, nausea and vomiting, seen in disease of the coronary arteries or acute inflammation of the heart, or there may be secondary changes in the abdominal viscera which are responsible for the symp-In the latter group, symptoms dependent on acute or passive congestion of the liver and portal stasis are common They occur frequently as a result of auricular fibrillation and the impairment of the circulation dependent on the arrhythmia itself offers a ready explana-

So completely may the liver compensate for the inadequacy of the pump by removing a large volume of blood from the general circulation, that these patients may show not only the absence of edema but even no congestion of the lungs and slight or no cyanosis The accumulation of blood in the liver may occur so rapidly that the capsule is suddenly distended producing acute pain in the upper Abdominal symptoms resulting abdomen from infarction of the spleen and perisplenitis occurring in subacute bacterial endocarditis have been observed. The writer reports three cases in which laparotomy was performed under these circumstances It should be remembered that patients suffering from cardiovascular disease may develop any known abdominal disease, but because of the frequency and variability of abdominal symptoms in purely cardiac cases the burden of proof is on the establishment of an independent pathological process in the abdomen

Diagnosis and Curability of Amyloid Disease -H Waldenström, a Swedish surgeon interested especially in surgical tuberculosis, in an important contribution to our knowledge of amyloid disease, gives some new data on this subject which are of great interest. Amyloid has heretofore been regarded as something final and fatal, giving the worst of prognoses because it is not known to be absorbed The author, in following up some cases of amyloid liver and spleen, profited by the recommendation of a colleague to puncture the liver in the interest of a biopsy This was in 1917 and after repeated efforts he obtained from 12 individuals 10 beautiful specimens of amyloidosis of the liver The patients suffered from the prolonged suppuration incidental to surgical tuberculosis with mixed in-In this way our knowledge of the diagnosis of this affection has been greatly advanced for heretofore the diagnosis has been inferential save when the urine contained the waxy casts of amyloid kidney But this is not all, for the author continued to puncture his livers to control the progress of the disease and was surprised to find that in some of the amyloid areas of the liver this tissue had disappeared Thus far he has evidence of the complete curability of amyloidosis, which is of course to be anticipated when the suppuration is checked. One patient had ascites due to an enormously enlarged liver yet made a complete recovery With the closure of bone fistulae he now looks forward to this favorable termination -Klimsche Wochenschrift, November 19, 1927

The Cause of Scarlet Fever — Mandelbaum, the bacteriologist of the Munich-Schwabing Hospital, Munich, has been at work on this

subject for ten years, and while he does not deny that the hemolytic streptococcus and its toxin are responsible for scarlet fever as we know it clinically, he regards it as a secondary invader and not the primary cause of the dis-He has found in about 4 per cent of throats of sufferers from scarlet fever, a microorganism which was at first believed to be the bacıllus of diphtheria, but attempts at pure culture were finally successful in showing that it had no connection with the latter nutrient medium of serum basis containing lipoids this organism is able to form myelin drops which sufficiently distinguishes it from all diphtheritic and pseudo-diphtheritic bacilli In seeking to trace a connection between the activities of this organism and the disease he believes that he has shown that it is in itself able to give rise to the latter, the syndrome set up by the organism, however, differs in some respects from classical scarlet fever in which presumably the hemolytic streptococcus is actively pathogenic Clinically the disease as set up by this pseudo-diphtheria bacillus has a greater resemblance to diphtheria than to scarlet fever, and only the supervention of desquamation called attention to the possibility of an error in diagnosis The disease appeared as a simple or diphtheroid angina or a bloody rhinitis Such cases might readily have passed for diphtheria but for the author's method of differentiation Some such factor is necessary to account for the full natural history of the disease, for it is evident that children who harbor these peculiar organisms are carriers of scarlet fever-not as might be thought carriers of diphtheria. It enables us to explain mysterious outbreaks of the disease without apparent contagion In at least 90 per cent of scarlet fever cases we shall not find this organism at all The streptococci quickly force it out of the picture The author's paper is of course a tentative one, as much remains to be learned of his new find -Munchener medizinische Wochenschrift, November 11, 1927

The Potential Severity of Mumps-J K. Friedjung of Vienna mentions the prevailing impression among practitioners that epidemic parotitis is mild and harmless although distinguished pediatrists regularly point out that it may be The symptoms which may occaserious at times sion some solicitude are high continued fever great prostration and emaciation, etc., believed to be determined chiefly by metastases to the testicle or pancreas In the first place, the name parotitis is a misnomer for instead of the parotid the submaxillary may be the chief seat of the infection or the two salivary glands may be synchronously involved. Epidemic submaxillaritis would in fact be the more suitable name But the sublinguals may also participate so that "salivitis" would be still more appropriate, especially

as the pancreas, sometimes termed the "abdominal salivary gland" may also participate volvement of the testicle in this affection is a paradox, for this gland has nothing in common anatomically or functionally with the other structures mentioned Orchitis is much more rare than is commonly supposed and the much experienced Henoch stated that he had never seen a case The author has seen two cases, one in a boy of 11 and the other in a youth of 16, while a third came to light after the completion of the paper and is mentioned in a foot-note, the patient being a youth of 15 Both the second and third patients were sexually developed while the first was sexually immature, thus disposing of the statement sometimes encountered that only sexually mature males are attacked by orchitis Only the second case is given in detail. This patient suffered from double orchitis and pancreatitis and both parotids, submaxillaries and sublinguals, were involved. For five days there was a continuous high temperature which sometimes passed 104°F and resisted all attempts to lower it. The patient made a good recovery, or at least there is no mention of any sequelae - Munchener medizinische Wochenschrift, November 18, 1927

Ear Complications of Mumps — Professor O Voss, an otologist of Frankfurt am Main, refers to disturbances of hearing and equilibrium sometimes encountered in epidemic parotitis These were once thought to depend on extension by continuity of the inflammatory process from the parotid through the petrosquamous fissure, or by implication of a branch of the trifacial or facial nerve Later it appeared that in unilateral cases the symptoms could appear on the sound Other explanations were then in order, such as severity of the infection shown by involvement of the submaxillary or sublingual glands, testicle, or pancreas A toxi-infectious labyrinthitis or metastasis to the labyrinth has been invoked. The author now proceeds to analyze a number of cases in his own and others' He has seen nine patients with these ear complications in which lumbar puncture was practised In some of these there were meningeal symptoms which showed that a mild type of meningitis may complicate mumps, and increased intracranial pressure could account for the ver-In other cases there were no meningeal symptoms but a pleocytosis of the cerebrospinal fluid was shown by lumbar puncture One patient presented symptoms (deafness) explained by a slight otitis media, and in another case in which at the time of the disease there was a pleocytosis, deafness on one side became evident at a later period. It is evident that this process, with or without meningeal symptoms, can damage the ear The author concludes that we frequently find disturbances of audition and equilibrium in the course of epidemic parotitis, especially in older children and adults. In opposition

to others the author refers the origin of the same to a serofibrinous meningitis which is part of the general infection. Some support to this view is lent by the results of some experiments by Kermorgant on artificial parotitis in apes. This author also discovered the presence of a spirochete in the ape disease and suggests that the injection of arsenical salts may prove to be of value in the human disease—Deutsche medizinische Wochenschrift, November 25 and December 2, 1927

Metaldehyde Encephalitis - P Wolfer of Zürich in an article on this subject touches on certain collateral problems of interest a tablet for domestic use in Switzerland sold under the proprietary name of "Meta" which is merely an abbreviation of metaldehyde, an isomer of ordinary aldehyde (acetaldehyde) The article does not mention the purpose for which these tablets are used, but they are insoluble in water and have been sold without due caution The victims appear to have been young children who have swallowed tablets or fragments of them, and while the author's patient recovered other cases have ended fatally The encephalitis is manifested by a variety of severe symptoms comprising cyanosis, collapse, tetanoid convulsions, etc., but despite this localization a clean recovery is possible. It had been supposed that metaldehyde, which has long known to be toxic, is changed in the body to acetaldehyde or alcohol and that the pathogenic action partakes of the nature of poisoning by one or the other of Study of the author's and quoted these bodies cases shows that this supposition is quite erron-The minute amount of metaldehyde which is sufficient to set up encephalitis could not give rise to enough alcohol to cause symptoms of any kind and this is probably equally true of ordinary aldehyde Moreover, a close comparison of these symptoms with aldehyde poisoning shows little resemblance, for the latter is usually characterized chiefly by stupor Metaldehyde poisoning is therefore a condition sun generis. The auing is therefore a condition sin generis thor, however, does state that the local action of metaldehyde agrees with that of aldehyde The action of metaldehyde is of considerable scientific interest, for much of the picture suggests strychnine poisoning There are, however, in addition some clonic convulsions noticed between tetanoid crises vulsive element was overcome by opiates and chloral, the collapse state with adrenalin and glucose infusion - Schweizerische medizinische Wochenschrift, November 26, 1927

Possible Danger of the Calmette Protective Vaccination Against Tuberculosis—Professor E Wieland of the Basle Pediatric Clinic asks this question Encouraged by numerous reports from France to the effect that children and even nurslings are being safely and efficaciously immu-

nized, and in view of the fact that this vaccine will soon be in the hands of Swiss practitioners, he is anxiously awaiting the outcome, yet he feels obliged to sound a mild warning by reason of some statements made at a recent session of the German Pediatric Society at Budapest to the effect that von Pirquet had opposed the vaccine because it had been found capable of causing fatal tuberculosis in test animals No attempt is made to dissuade against a trial of the vaccine but it should be made with due regard to this unfavorable animal test. Apparently no one thus far who is qualified to express an opinion has combated Pirquet's statement, but the author, bearing in mind the extraordinary efforts of Calmette over many years to prepare a safe vaccine, is of the opinion that the last word on the subject cannot yet be spoken The problem of the practitioners who are to make use of this vaccine, which is to be furnished gratis, is to satisfy themselves that it will do what is claimed for it, namely, immunize the greater number of children vaccinated, and that it is perfectly Thus far both points are open to doubt, even if slight Concluding, the author states that in his opinion it would have been better to wait a while before turning the vaccine over to the profession at large—Schweizerische medizinische Wochenschrift, November 19, 1927

Anorexia, Colic, and Vomiting in Childhood —Under this title J Brock of Marburg describes attacks or crises of disease in childhood which coincide largely with what is termed cyclic vomiting or recurrent acidosis. He discusses, however, not only this condition but various others which simulate it. In his general summary he refers chiefly to acetonuric vomiting and its treatment As soon as the diagnosis is made we must force the child to eat, which will abort the attack, but if this fail or if we are too late, we must be prepared to treat the secondary consequences, which are a deficiency of water in the tissues and carbohydrate starvation child cannot be made to eat it must receive glucose solution by the rectum or by hypodermo-These children are very suggestible and one can play on their imagination in various ways The threat to repeat the subcutaneous infusion sometimes works as well as the infusion itself Exsiccation may lead to collapse symptoms which require hot bottles and cardiac stimu-The food must be concentrated and given in morsels only-bits of zwieback and butter, or minced white bread and ham However small the amounts and long the pauses, it is possible in this manner to avert the carbohydrate starva-If this kind of feeding succeeds we may

proceed with bulkier and less concentrated food Some recurrence of vomiting may be expected at times and must be met by cracked ice and sips of carbonated water The rectal is the method of choice for glucose infusion In certain cases vomiting is not due to acidosis but is purely neurotic, although the symptoms and secondary results are at times the same, and the treatment is in part along the same lines, the secondary manifestations sometimes making it necessary to interne the patient Separation from the family plus the routine of the hospital often quickly cures these children The author warns that epidemic encephalitis at its outset may be confused with acetonuric vomiting—Munchener medizimsche Wochenschrift, November 25, 1927

Senile Cataract and the Short Wave Light Rays - Prof Birch-Hirshfeld adduces many arguments to answer this question in the nega-It has long been known to experimenters that the ultraviolet rays may be made to produce lens opacities in animals, although the author has never been able to cause them with the pure rays, and the element of electric ophthalmia could not be excluded in his results. Glassblowers' cataract is due to ultrared and not to ultraviolet rays Some support to the ultraviolet theory is suggested by the incidence and early appearance of cataract in India, but other countries in the same latitudes do not show similar incidence, and in polar regions where snow blindness is common and ultraviolet light negligible cataract is not uncommon The fact that excessive light can cause ophthalmia does not imply that light rays cause cataract The author has studied intensively all of his senile cataract material for the past 12 years at the University of Königsberg eye clinic, and has divided the patients into two groups-one comprising shepherds, fishermen, and others exposed to sun glare while the other consisted of those whose vision had been protected against the same. He found considerably more senile cataract in the latter class and in general he could find no support for the actinic ray theory Van der Hoeve, who has been a partial adherent of the latter, has found that another possible result of exposure to the rays is senile degeneration of the macula although the two very seldom coexist thor found that only 6½ per cent of his senile cataract patients presented the other lesion and he is quite unable to understand how ultraviolet rays are able to produce lesions of the retina The hypothesis of Van der Hoeve, that when the rays are harmless to the lens they attack the retina, seems without any support — Deutsche medizinische Wochenschrift, December 2, 1927



LEGAL



By LLOYD PAUL STRYKER, Esq Counsel, Medical Society of the State of New York

THE GOVERNOR'S MESSAGE

One full year has elapsed during which the Medical Practice Act as amended by the Webb-Loomis Bill of 1926 has been in actual working effect. The results of the application of its various provisions are highly gratifying and bespeak the judgment of the medical profession in sponsoring and supporting this legislative measure.

The effect of this act upon the quack and charlatan was decisively demonstrated by the recent report made by Dr Harold Rypins The Grievance Committee created by the bill has also been effectively functioning and has given to both the profession and the public an official body for the fair, just and equitable settlement of numerous

disputes and misunderstandings

This legislation and the reports of operations under it have been the subject of much favorable editorial comment, has been likened by one daily newspaper to the Baumes Laws and characterized as beneficial legislation and a real deterrent force against quacks and charlatans. This legislation would not have been possible except for the hearty sympathy, broad knowledge and keen insight into the matters of public health possessed by the Chief Executive of our state.

The Legislature has recently convened for its annual session and the Governor has delivered his annual address to it on the various problems affecting the state. Of particular interest to the medical profession are his remarks with refer-

ence to public health He says

"Proper attention to the preservation of public health will produce a strong, healthy, vigorous people. There is no greater state asset. We have abundant reason to be pleased with the progress of the state in the last ten years in this field."

There then follows a review of the activities of the State Department of Health In speaking of the Medical Practice Act, the message says

"A part of the duty of the state in the pre servation of public health is the suppression of unauthorized practitioners. Public agitation for drastic amendments to the Medical Practice Act grew out of a conference of the Medical Societies and leaders in public health called in the Executive Chamber in 1923, and after a long struggle amendments to the Medical Practice Act were written into our statute books in 1926. They received nation-wide attention and were favorably spoken of at national conventions of medical authorities. They are proving effective measures of control."

That the medical profession has in our Governor a staunch, true friend and supporter in its fight to better, improve and protect the public health is clearly demonstrated from his message, and his attitude in this matter justly entitles him to the sincere respect and appreciation of the medical profession

Because of the results of the past year, let us not be lulled into a sense of false security, but be ever watchful of any attempt by chiropractors or other quacks and charlatans to force through the present session legislation for their personal benefit, which would be injurious to the public health or tend to nullify or weaken the present Medical Practice Act

You should, therefore, do your utmost to support and uphold the Legislative Committee of the State Society in supporting legislation beneficial to the public health and medical profession and defeat that which may redound to its detriment

CONGENITAL DISLOCATION OF HIP—THROMBOSIS—GAN-GRENE—SUBSEQUENT AMPUTATION OF TOES AND FOOT

When a child had reached the age of thirteen months, her parents discovered that she walked with a slight limp on her right side. The infant was brought to physicians for examination, upon which it was discovered that the child had a congenital dislocation of the right hip, and the parents were then advised that when the child reached three or four years of age, to again seek medical advice and have an operation performed for the correction of the deformity. They were

further advised that more beneficial results in conditions of this nature were obtained when the reductions were made when the child was about three or four years of age

Pursuant to this advice, the mother, when the girl had reached about three or four years of age, again took the child to physicians for examination. The limp had become more marked in the intervening years. Examinations made at that time confirmed the previous diagnosis of a

congenital dislocation of the hip, and the mother was then advised that a reduction of the hip be made and the limb placed in a plaster cast where it would have to remain for possibly several The mother was further told that if medical and surgical steps were not taken at that time for the attempted correction of the deformity, that as time went on it would become more marked, the extent of the dislocation would increase, and the limp would become more pronounced, with an increased shortening of the In spite of this advice, the mother apparently having some fear or dislike for an operation and the placing of a plaster cast upon the child's leg, did not have the child submit to the operative procedure at that time

Years went by, and the child was permitted to walk or run around and play with the other children impeded, at least to some extent, by the dislocation and the limp caused thereby at times complained to her mother of pain and discomfort and of readily tiring, but no medical advice or attention was sought or procured for

the child

When the girl had reached the age of about ten years, and conditions of this nature were receiving rather widespread publicity, the mother again, for the first time in seven years, sought out the physician who held one of these clinics, and had him examine the child and diagnose her condition, and he advised that she have some one He himself, however, renoperate upon her dered no treatment to this child About that time, an X-ray was taken of the pelvic region of the child, which confirmed the diagnosis of a congenital dislocation of the hip of the right side

Shortly thereafter, an operation by the bloodless method for the reduction of the dislocation was performed by a well known and able orthopedic surgeon in the locality where the child re-The leg was put up in a plaster cast following the operation, and the next day an X-ray was taken of the hip, which showed that the head of the femur was not in the acetabulum plaster cast was removed from the leg, and the child kept in the hospital for a few days, and

then sent home

Shortly thereafter, the mother sought the advice of another orthopedic surgeon. He advised the performance of an open operation mother, however, did not consent at this time to that procedure She sought the advice of various other surgeons, and finally consulted an orthopedic surgeon of marked ability. He, too, advised the reduction of the dislocation by means of

an open operation

About ten days later, pursuant to the advice of this surgeon, the child was taken to the hospital, and on the following day, under a general anesthesia, an open operation was performed for the reduction of the dislocation. The limb was then placed in a spica plaster cast extending from just below the umbilious, involving the pelvis and the leg down to and including the foot, but not the toes, the leg being placed in slight abduction Following the operation, the child was in the orthopedic ward of the hospital, receiving the usual good care and attention given at this hos-For several nights, the child was some-However, she bewhat restless and sleepless came more comfortable

There were no untoward events in the child's condition until the seventh day after the operation, when it was noted that the toes of the side that had been operated on had become black and blistered When this condition was observed, the cast was immediately removed from the knee downward, and treatment instituted to relieve the apparent gangrenous condition of the toes days later, the cast was bivalved, and removed from the knee upward Shortly subsequent, the calf of the leg became involved Though every means was used to check the gangrenous condition, it still progressed, and the toes began to The gangrenous condition became such that about a month after the open operation, the four metatarsals were removed from the right The infection had spread to the site of the Subsequent to the removal of operative wound the metatarsals, another operation was performed for the excision of necrotic tissue from the calf of the leg During all of this time, every possible means was resorted to to control and check the gangrenous condition About five months after the original operation, the child was discharged from the hospital

From time to time, for about a year and a half subsequent to her discharge from the hospital, she returned to the surgeon who had operated upon her for examination and treatment her discharge from the hospital, advice and treatment were sought from other physicians child's knee also became stiff, and she received massage, baking, electrical and light therapy twice or three times a week for about two years subsequent to the discharge from the hospital There was no marked improvement in the condition of her leg, other than that the spread of the gangrenous condition had been controlled Again medical advice and treatment were sought for the child, and finally about four years after the open operation for the reduction of the dislocated hip. an amputation was performed, and the foot and leg about midway between the ankle and the knee The child was fitted with an arwas removed tificial foot

About two years after the open operation, the father of the child instituted an action against the surgeon seeking to recover for the loss of his daughter's services, and for moneys expended by him in the care and treatment of his child this action it was charged that the defendant surgeon was negligent in that he put the head of the dislocated femur in the old socket which was too shallow to hold the same, and that he should have built another socket higher up on the pelvis, and

that by placing the head of the femur in the old socket, he stretched the blood vessels of the limb too much, causing the same to rupture, and setting up the gangrenous condition, with the ultimate loss of the toot and part of the leg

When this action came on for trial, the girl then about sixteen years of age, in testifying in the action, presented a pathetically sympathetic figure, and told how prior to the operation she had been able to run and skip and jump the way other girls did, but that now she has to go about on an artificial limb She told too of the numerous treatments she had received and the various operations which had been performed timony was substantiated and somewhat reinforced by the testimony of her mother

The plaintiff's attorney then sought by an Xray technician to have him interpret the various X-ray films which had been taken of the child at various times, and to have him testify that the acetabulum on the right side was shallow and not as deep as that on the left, not as deep as the natural acetabulum and too shallow to hold the

head of the dislocated femur. Any expression of opinion by this witness was objected to, and the objection sustained on the ground that he was not qualified to express an opinion On crossexamination of this witness, it was shown that the X-ray films that he was examining were merely shadows, and that from a visual inspection of them one could not tell the depth of the acetabu-He was practically completely discredited on cross-examination, and gave no testimony that any act of the defendant surgeon was the cause of this child's suffering injury There was not produced on behalf of the plaintiff any physician to give testimony as an expert that the defendant did not follow the proper and approved practice, or that any act of his was the competent producing cause of the bad result complained of

The plaintiff then resting his case, a motion was made to dismiss the complaint on the ground that the plaintiff had wholly failed to make out any cause of action The trial court granted the motion, thus terminating this action in the defend-

ant's favor

POST-PARTUM HEMORRHAGE—PLACENTA PRAEVIA—DEATH

A physician was called to the home of a patient and found her in labor An examination disclosed that the fetus was apparently Attempts were then made to deliver the fetus with forceps which, however, slipped from the head of the fetus. The defendant, upon arrival, seeing the condition of the patient, immediately called another physician to assist him and to administer the anaes-The second physician likewise attempted to remove the fetus with forceps, but was unsuccessful Chloroform anaesthesia was then administered and a version performed by the first physician, the fetus being delivered feet first The fetus was dead when delivered The placenta not being spontaneously delivered the defendant then attempted to do a manual delivery of the placenta, but in attempting to withdraw the placenta the uterus came down This he immediately replaced and after about ten minutes further effort he succeeded in delivering the placenta. Both physicians remained with the patient until she had completely come out of the anaesthesia hypodermics of strychnine were administered to the patient. The physicians remained in

attendance upon this patient for a period of about six hours

When the first physician called upon the patient on the following day he found her heart action weak and administered a hypodermic of strychnine and digitalin mained with the patient about three hours, using every effort and means to resuscitate and revive the patient, but she died while the physician was exerting his efforts to revive The death certificate was prepared by the defendant physician and filed with the health authorities, the cause of death being given as post-partum hemorrhage, contributory cause placenta prævia

In a malpractice action against the physician who was first called it was charged that he was engaged to attend and treat the patient in her expected confinement and to deliver the expected child, that because of his failure to use proper care and skill in his treatment of the expectant mother, she was caused injuries which resulted in her death

During the pendency of this action the defendant physician died, thus causing the action to abate



NEWS NOTES



LEGISLATION

The following Bulletin was issued January 11th by the Committee on Legislation

"With this Bulletin we begin the legislative season. The Public Health Committees in the Senate and Assembly have been announced. In the Senate there will be one change, Senator Hastings has been selected to succeed Senator Carroll who died. Eight of the thirteen members of the 1927 Assembly Committee have been continued for this year. Of the five new men on the Committee, three were members of the Assembly last year and two have been elected for the first time. The personnel follows.

Senate Committee

Name	Residence	Occupation
Webb	Hyde Park	Farmer
(Chairman		
Baumes	Newburgh	Lawyer
Thayer	Chateaugay	Manufacturer
Mastick	Pleasantville	Lawyer
Hickey	Buffalo	Lawyer
Wicks	Kingston	Laundrying
Love	Brooklyn	Physician
Kennedy, M J	New York City	Real Estate
Hastings	Brooklyn	Broker

Assembly Committee

Name	Residence	Occupation
Lattın	Albion	Physician
Chairman		
Esmond	Ballston Spa	Lawyer
Austin	Spencerport	Pharmacist
Loomis	Sidney	Physician
Van Cleef	Seneca Falls	Farmer
Bernhardt	Buffalo	Retired
Edmunds	Cohocton	Real Estate
Van Alstine	Weedsport	Dentist
Gimbrone	Buffalo	Pharmacist
Cline	Brooklyn	Real Estate
Doyle	Brooklyn	Mercantile
Reidy	New York City	Lawyer
Streit	New York City	Lawyer

"Several bills have already been introduced that claim our attention Mr Vaughan has reintroduced his anti-vivisection bill (See Assembly Int 885 of Feb 9, 1927, among your last year's bills), which will be known as Assembly Int No 33 Assembly Int No 83 (As Int. 1625 of March 3, 1927) and No 84 (As Int 938 of Feb 14, 1927), are Mr Esmond's chiropractic bills of last year No 83 would amend the Education Law by introducing sections 1275 to 1290, which would provide for the practice of chiropractic, outlining a course of study, establishing an examining

board and providing waiver clauses The bill is just as objectionable this year as it was last and will receive our hearty opposition. In his bill No 84, Mr. Esmond endeavors to amend the definition of the practice of medicine by making exceptions that would govern the practice.

tions that would cover chiropractic

"Assembly Int No 102, by Mr Gedney, which would make reasonable fees of physician for examining persons charged with intoxication in operating motor vehicle or otherwise at time of commission of crime, a town charge, was also introduced by him last year. It passed the Assembly, but died in the Senate Internal Affairs Committee. Mr Gedney is personally very eager to have the bill become a law, he thinks a great injustice is done physicians by having them appear as witnesses in cases of this character and allowing them only the ordinary witness compensation fee.

"Senate Int No 99, by Mr Brown, would amend section No 78, Mental Hygiene Law, by providing that the commissioner may permit authorities of a psychopathic ward of a general hospital to detain a person under observation as to sanity for an additional thirty days on written request of such person or one competent to petition therefor

"There is enclosed, for your information, a

copy of the Clerk's Manual

"May we suggest, since there is likelihood that the legislative session this year will be short and snappy, that you read the bills promptly as they are received and give us your suggestions immediately? No bills are printed now, but with the next Bulletin we shall send such as may be available

BULLETIN OF JANUARY 17th

The chiropractors are not asleep by any means, on the contrary they have taken courage in believing that the change in the Department of Education may be to their advantage. We are confident that their hopes will be short lived

Assembly Int. No 139—Mr Phelps has introduced a compensation bill which would make all disabling diseases and disabling illnesses contracted in the occupations now included by law, as compensable. For the last several years efforts have been made to increase the number of compensable diseases and illnesses encountered in certain industry. There has been a great deal of opposition to these laws both from the carriers and industry, but backing the bills are powerful welfare organizations and women's clubs.

Assembly Int No 156—Mr Jenks has reintroduced the osteopath bill The new matter reads

as follows (Old matter in Roman type, new in italics)

"A license to practice osteopathy shall not permit the holder thereof to administer drugs or perform major surgery with the use of instruments, provided, however, that no osteopath, duly licensed without examination prior to November thirteenth, nineteen hundred and seven, shall be permitted to practice surgery as aforesaid, unless he or she shall pass the regular medical examination in surgery under such terms as may be prescribed by the department Notwithstanding the foregoing provisions, a person licensed to practice osteopathy may use in the treatment of patients the following therapeutic agencies cotics for the relief of suffering by administration but not prescription, antiseptics, vaccines and antitorms"

The Pennsylvania legislature has appointed a commission of legislators and laymen to investigate cult practice in Pennsylvania They held a hearing in Philadelphia in December and another

is planned for for Pittsburgh this month, to be followed later by one in Scranton. The chiropractors there are seeking an examining board of their own, because they are licensed in that state, but the physicians are championing a single board such as we have here

Ohio, at the last election in November, took a referendum vote as to whether special legislation should be enacted for the purpose of licensing chiropractors. The vote was lost by over 600,000

majority

The New Jersey State Society is endeavoring to arouse interest in the enactment of a registration law such as New York and Pennsylvania are now working under Through the influx of unlicensed practitioners from these two states, they are reaping the disaster of non-registration

HENRY L K. SHAW, GARRET W TIMMERS, HARRY ARANOW,

Committee on Legislation, Medical Society of the State of New York

THE ANNUAL MEETING OF THE STATE SOCIETY

The annual meeting of the Medical Society of the State of New York will be held in Albany beginning on Monday, May 21, 1928, with a meeting of the House of Delegates, and ending on Thursday, May 24th, with a scientific exhibit

The Committee on Scientific Work announces that the program for the scientific sections is well past the tentative stage

There will be meetings of all sections on Tuesday afternoon and all day Wednesday

The Society's Joint Meeting, with a very attractive program, will be held in conjunction with the Annual Banquet on Tuesday evening

On Wednesday evening there will be a Joint Meeting of all the sections, presided over by the

President of the Society, at which exceptional papers of outstanding importance will be presented. These papers will deal with the trend of medical practice, the economic aspects of medical practice and various features of the Workmen's Compensation Law which affect the entire profession. The subjects will be presented by men who have made intensive studies of these tonics.

Thursday will be devoted to an exhibit on "Cardio-vascular Disease"

The members of the Society are urged to make arrangements to attend these sessions

Samuel J Kopetzky, MD, Chairman of the Scientific Committee

JEFFERSON COUNTY

The regular monthly meeting of the Jefferson County Medical Society was held on January 12th at the Jefferson County Golf Club, with 41 members present. The program consisted of a paper on and a demonstration of the electrocardiograph

by Dr George F Bock of Watertown It was discussed by Dr George S Nellis of Watertown The members dined in a social dinner at 6 30 o'clock

W S ATKINSON, Secretary

WAYNE COUNTY

A meeting of the Wayne County Medical Society was held in Lyons on September 21, 1927, with the president, Dr W H Sweeting in the chair

Dr James E Sadlier, President of the Medical Society of the State of New York, gave an address on the functions of a county medical society (This is printed on page 135)

Dr W D Johnson of Batavia gave an address on the surgery of the handicapped patient

Dr F R Wright of Clifton Springs spoke on fallacies about diabetes He first touched upon the old fallacies of the earliest definite plan of treatment for diabetes and told how, at one time, the strict carbohydrate diet was tried, and then the non-carbohydrate diet Then he called attention to a large number of fallacies which have been in existence for a long time and which are still brought to the doctor's attention by the questions which the patients ask him These, both old and new fallacies, cover such subjects as the different foods, misunderstandings in regard to the significance of sugar in the urine, and the effort of the patient to maintain his body strength

The speaker dwelt upon the causes of diabetes and made a plea for more autopsies in order that the profession might have a better understanding of just what changes have taken place in the pancreas of the diabetic. His closing remarks emphasized some very recent fallacies regarding the use and abuse of insulin

Dr E W Phillips of Phoenix, Arizona, gave a brief address on tuberculosis in Arizona (This address is printed on page 139 of this JOURNAL)

EDITOR'S NOTE The secretary of the Wayne County Medical Society sent a typed copy of the stenographer's notes of the meeting and thereby set a commendable example which other secretaries might follow

GREENE COUNTY

The regular quarterly meeting of the Greene County Medical Society was held on January 10th in the Saulpaugh Hotel, Catskill The scientific session was preceded by a most enjoyable dinner at which twelve members of the Society sat down together with Dr John Sampson, Professor of Gynecology at the Albany Medical College and Dr Frank Laidlaw, District Health Officer

Dr A O Persons of Lexington, President of the Society, was in the chair, and the following members were present Drs Daley, Branch, Willard, Goodrich, Waller, R E Persons, Van Hoesen, Rapp, Atkinson, Sinclair, Honeyford and Cooper

Dr Branch, chairman of the committee appointed to appear before the Board of Supervisors reported that they were very gracefully received but that no action was taken by the Board at that time

Dr Atkinson then introduced Dr Sampson, who spoke on pelvic infections, and gave a most interesting and instructive talk, conveying a number of very important points for the general practitioner to remember A general discussion followed to the great advantage of all Dr Daley moved that a rising vote of thanks be given Dr

Sampson Seconded by Dr Van Hoesen and carried

The matter of recommending three members of the Society to the Board of Supervisors for appointment to the Public Health Nursing Committee was then taken up Dr Rapp told of the present status of the matter up to this time. A general discussion followed

Dr Honeyford made a motion that Society recommend the following doctors to the Board of Supervisors, Drs Rapp, A O Persons and Van Hoesen Seconded by Dr Daley and carried

Dr Honeyford, Chairman of Committee on Hospital, reported that the Hospital Board had a meeting last night and that they were getting ready for a drive in August for additional funds

It was moved by Dr Daley that the Secretary be instructed to ask for a post-graduate course on circulatory diseases Seconded by Dr Atkinson and carried

Dr Laidlaw expressed his appreciation of the co-operation given by the Society in the Public Health Nursing proposition

The minutes were then read and approved and adjournment taken to the next regular meeting in May

W M RAPP, Secretary

DUTCHESS-PUTNAM

The Poughkeepsie Academy of Medicine following the example of the Watertown Academy, has united with its County Medical Society Hereafter the Dutchess-Putnam Medical Society will perform the functions of the Academy of Medicine It will meet monthly and its membership will be that of the County Medical Society

Poughkeepsie, like Watertown, is the natural meeting place for the whole county, commercially,

politically and socially, as well as medically The automobile has brought all parts of Dutchess and Putnam counties within easy riding distance of the city, and rural physicians can attend the meetings as readily as their urban brethren a generation ago. It is expected that the entire membership of the county medical society will keep in better touch with the many activities of the organized profession and make our County Society a factor for greater usefulness than heretofore

The Poughkeepsie Academy of Medicine was organized in September, 1905, the object at that time was to draw in closer contact the physicians practicing in our city, and make them a unified orce in promoting health and welfare measures At the same time it was hoped that the social element would eliminate many existing sources of unpleasantness The Academy was most successful over the twenty-three years of its existence in promoting better health conditions in our Its Milk Committee did much to procure for us a cleaner and safer milk supply physicians from the membership were induced to take positions on the Board of Public Works and as a result succeeded in eliminating the waterborn typhoid fever which had been in existence to an alarming extent for many years Several epidemics of diseases affecting this community were better handled by reason of the closer relationship between physicians and their unified sup-

port in matters appertaining to Public Health Meetings were held monthly and much scientific work was done These meetings were frequently addressed by men of national reputation. Our Academy of Medicine was very forceful in stabilizing the medical profession, increasing their knowledge and uniting their efforts Developed as it was twenty-three years ago when roads were bad and access to the different points of the county rather difficult, it seemed wise then that we should have this local organization, but now with good roads and better method of transportation, physicians from the distant points of the county can easily get together and the local Academy is no longer required, for in its place we will have monthly meetings of the Dutchess-Putnam Medical Society and carry on in a proper way the various activities which should belong to it

JAMES E SADLIER

GRADUATE EDUCATION

District conferences have been instituted by Dr Thomas P Farmer, chairman of the committee on Public Health and Medical Education The first conference was held on January 4 in Binghamton with representatives of the medical societies of the counties of Broome, Cortland, Tompkins, Tioga and Chemung As a result of this conference, plans are being formulated to start a course in physiotherapy early in Tompkins County Courses in internal medicine are being planned for Chemung, Tioga and Cortland Counties Broome County is considering plans for a course, which, however, may not be held until next fall

A conference was held on January 11 in Albany with representatives of societies of the counties of Albany, Schenectady, Saratoga, Greene, Fulton, Otsego and Schoharie Messages were received from Columbia and Montgomery Counties As a result of this conference, tentative plans are being arranged for courses in internal medicine in Albany, Fulton, Otsego and Schoharie counties, and a course in heart disease in Saratoga and Greene Coun-

ties, and one in neurology in Montgomery County, a course in physiotherapy or endocrinology in Columbia County is also planned Schenectady County still has the matter of a course under advisement

In addition to the above, courses are being arranged for St Lawrence and Jefferson Counties on heart disease and diseases of the blood, also Allegany County on obstetrics

The committee now has fifteen counties in which courses are definitely planned for this spring, and can only take care of a very few more counties. The limitation is not due to the matter of expense, but to the fact that the hands of the committee will be full in doing the work already planned.

Dr Farmer has appointed the following subcommittee to study county health units Drs E MacD Stanton, G F Chandler, C J Longstreet Dr Thomas P Farmer, chairman

Dr Farmer also appointed Drs George W Kosmak and John O Polak as his associates on a subcommittee to study the puerperal death rates in urban and rural districts

THE NEW YORK ACADEMY OF MEDICINE

The officers, trustees and fellows of the New York Academy of Medicine wish to extend its courtesies to physicians who are visiting New York, and especially to the members of the Medical Society of the State of New York When plans for moving the Academy to a new site were under consideration, its

President, Dr George David Stewart, wrote "The Academy—if its building and its resources permitted—would gladly extend a medical hospitality to individual physicians or to visiting medical societies that wish to hold sessions in New York City In a word, the function of an academy of medicine in the

city of New York contemplates not simply the facilities of a great library and the stimulation to the profession arising from interesting lectures and from fruitful sectional meetings, but it aspires to become an effective center in the greatest city of the new world for those activities of medical men and of medical associations which are not now able to find in any one place either the information necessary for their right conduct nor yet the sort of welcome which the medical science of one continent should extend to the medical representatives of every other continent."

The Academy has now occupied its new building for over a year and has developed its functions and personnel to a point where it can extend the medical hospitality which Dr

Stewart planned

The facilities which the Academy offers to medical visitors may be described under four heads

1 General hospitality

2 The Library

3 The Bureau of Clinical Information

4 The meetings

The Academy offers its facilities as the headquarters for visiting physicians and their famlies where they may have their mail addressed, meet ther friends, receive and make telephone calls, and even obtain a modest lunch in the dining room that is maintained for the While the Academy is not a club employees house, yet visiting physicians will find themselves among cordial friends who will lend their advice and assistance. As the visitor enters the building, he will find an information room at his left, where he will be received and instructed If he, or any member of his family wishes to rest or wait, he will be shown into the reception room across the hall

The visitor is welcome to the privileges of the library, which is located on the third floor As he enters the rooms, an attendant at a desk on his right will explain the facilities of the library and direct him how to use them He will find current numbers of most of the medical literature of the world on the shelves, and he can obtain any book by applying at the desk. If he wishes to study research work in medical literature, the attendant will explain the card index system and will get the volumes for him. If he wishes an illustration copied it will be done on the photostat apparatus for a small fee. Every kind of service of a medical library will be at the visitor's call

A Bureau of Clinical Information is conducted by the Academy in room 61, on the sixth floor. The Bureau offers detailed information regarding opportunities for graduate medical study in New York and other cities of the United States and Canada, and in European centers. The Bureau has prepared a guide in which the opportunities for clinical study in the hospitals of the city are listed and described. It also publishes a daily bulletin of medical and surgical clinics of the city.

Here also the inquiring visitor will find applications of those seeking professional opportunities, as well as offers of such opportunities to qualified medical men and women. Here too one may obtain information regarding all phases of medical matters such as the location of stations of the Board of Health and how to

get a patient into a hospital

The Academy also offers visiting physicians the courtesies of its meetings Besides the two stated meetings of the Academy held each month there are monthly meetings of the twelve different groups of Fellows organized into sections devoted to various branches of medicine and surgery and to historical and cul-These stated and section tural medicine meetings are open to all physicians and to medical students. In addition to these meetings many medical societies of the city hold their meetings at the Academy There are usually one or more meetings held at the Academy each night of the month except Sundays and holidays

The Academy is located at Fifth Avenue and One Hundred and Third Street, New York, and may best be reached by the Lexington Avenue subway to the One Hundred and Third Street Station, or by the Fifth Avenue Bus line Its tele-

phone number is Atwater 4700



MEDICAL WARES



WINDOW GLASS

The necessity of sunlight in the growth of plants and animals is well known. The basic act, or starting point, in the creation of living matter out of earth, air, and water is that of chlorophyll,—the green matter of leaves—in making starch out of water and carbon dioxide. Without sunlight all the vailable carbohydrate would soon be exhausted, and life would cease because of lack of material to sustain it.

Sunlight is equally necessary in the growth of lower animals and human beings, for it has a controlling effect on the utilization of calcium compounds. Research points out the probability that sunlight affects the cholesterol of the skin, and makes it potent in promoting the utilization of calcium compounds. (See the Journal of the A. M. A., December 29, 1929, p. 2196.) A child does not grow normally if it does not receive rays of sunlight on its skin or eat substances which have been subjected to the rays.

The anti-rachitic properties of sunlight he in the ultra-violet part of the spectrum. Wave lengths of light are expressed in angstrom units, one of which is one ten-millionth of a millimeter. The visible rays of sunlight have wave lengths running from 7200 angstrom units for the red to 4000 for the violet. Still shorter rays form the ultra-violet portion of the spectrum, which is visible to the human eye. The ultra-violet spectrum is arbitrarily divided into three portions.

1 The near, extending from 4000 angstrom units to 3200. These rays are not effective in preventing rickets.

2 The middle, extending from 3200 to 2750 angstrom units. These rays are anti-rachitic and produce a tanning effect on the skin

3 The far ultra-violet rays are those having wave lengths less than 2750 units. These have a more intense effect than those of longer waves. They exist in the light given off by the sun, but they do not penetrate the denser layers of the atmosphere. They are abundant in the light produced by ultra-violet lamps.

Ordinary glass transmits a large proportion of the near ultra-violet rays, including those which affect photographic plates and promote the growth of plants, but it does not transmit the middle rays. The light of an ordinary greenhouse, for example, will not prevent animals from developing rickets, although it will enable plants to grow normally. But in recent years glass and other substances have been invented which can be used as windows that will transmit the anti-rachitic rays of sunlight. The first of these substances to be put to practical use was quartz, which is transparent to all the ultra-violet rays that are

used therapeutically, but its cost is great and its use is limited to "quartz" lights for the production of therapeutic rays of the shorter wave lengths. The Journal of the American Medical Association for May 14, 1927, page 1562, contains a report on an investigation of the anti-rachitic properties of practically all the various kinds of window materials on the market

Much original research into the optical properties of glass has been made by Mr F E Lamplough in the laboratories of Chance Brothers, glass manufacturers, in Birmingham, England This company produces a window glass, called by the trade name of vitaglass, which transmits 50 per cent of the middle ultra-violet rays which fall upon it The Journal of the A M A credits this glass with a high efficiency in the prevention of rickets. The glass has the appearance and building qualities of ordinary glass, and its cost is from four to eight times that of ordinary glass. It is especially valuable in children's nurseries, schools and hospitals

A German product, called helioglass, resembles vitaglass closely, and is also available in the open market

A peculiar glass, called corex, has been made by the Corning Glass Works, of Corning, New York, for two years This is transparent to the middle ultra-violet rays, but its present physical limitations prevent its practical use on a wide scale

Cellulose acetate is also adapted to use as windows. One form called celoglass consists of thin sheets of the cellulose acetate supported on a frame work of wire mosquito netting. It is especially well adapted for use as windows of chicken houses. It transmits about 20 per cent of the middle ultra-violet rays that fall upon it, but this amount is sufficient to promote the growth of young chickens.

The thin celluloid material called celophane, which is used for wrapping sausages, also transmits the ultra-violet rays of the sun

Some of the paraffines also transmit a portion of the middle ultra-violet rays. A product, called flexoglass, consists of a thin woven cloth impregnated with a peculiar paraffine. It transmits a small proportion of the middle ultra-violet rays, but yet enough to have some anti-rachitic effects on chickens.

Both flevoglass and celoglass are cheap, and may be bought in rolls of any length. Their limitations are the difficulty of cleaning dust from them and their lack of durability, but these defects are offset by their cheapness and the ease of their installation.



THE DAILY PRESS



DEATHS CAUSED BY AUTOMOBILES

The State Department of Health is sponsor for a health talk Friday evenings broadcasted from the General Electric Company's station in Schenectady, N Y They are also sent to the newspapers as news releases on the following morning. The talk for December 3rd was by Dr Matthias Nicoll, State Commissioner of Health. Following a brief comment on the announcement of a new model of a popular make of automobile, that it will go 60 miles an hour, he said

"There is only one reason for advertising this feature—that is to sell more cars. In other words, many people are going to purchase this machine largely on account of its speed. Now what does that mean—just so many thousands more death-dealing vehicles on

our highways

"In the first nine months of this year one thousand six hundred and sixty-six lives were snuffed out in this state by automobiles, and more than one-quarter of this appalling total were children. In addition more than 61,000 persons were injured. Railroad accidents, on the other hand, caused only 366 fatalities and street car accidents resulted in only 90.

"This large number of deaths due to automobiles exceeded the combined total of deaths in this state caused by typhoid fever, smallpox, scarlet fever, infantile paralysis, measles and diphtheria If tomorrow I should tell any one of the parents listening to me tonight that one of these diseases was epidemic in his community, he would immediately take every precaution to protect his children, yet how many of you appreciate that the speed epidemic which is constantly before your eyes is far more likely to kill your child than one of the communicable diseases What does it avail the State of New York and all of the cities, towns and villages to spend large sums of money to prevent disease only to have the people killed by automobiles

"Analysis by the State Motor Vehicle Bureau of the reasons for accidents shows that the two greatest causes of fatal accidents were exceeding the speed limit and driving off the roadway. Perhaps the drivers in the latter instances were not exceeding the legal speed limit, but this does not signify they were not going too fast under the particular conditions confronting them. There is usually no reason for a car going off the road unless the driver is proceeding at an improper speed.

"Speed, speed, and yet more speed! This is the day for speed and now one manufac-

turer is quoted as saying that he won't be satisfied until a family of six owns six cars—and his cars can go 55 miles per hour

"I don't mean to say that there is not often contributory carelessness on the part of the pedestrian There is, but remember that of those killed and injured this year from January 1st to September 30, 25 per cent were children and children cannot be expected to be careful

"Railroad engineers are required to pass rigid physical examinations before employment, and they drive locomotives running on tracks with a well defined right of way they rarely exceed a speed of 50 miles an On the other hand, despite all the efforts of the state to prevent it, many are driving automobiles today who are physically unfit The thorough examination of the hundreds of thousands of applicants for drivers' licenses is a practical impossibility, but every such applicant is required to swear to a statement that he is physically competent perjury seems to mean little to many people. and repeated instances of licensed drivers afflicted with heart disease or epilepsy have come to the attention of the State Motor Vehicle Bureau and in every such case the license has been revoked Both of these conditions are easily concealed and it is virtually impossible to discover them if the applicant wishes to hide the facts Any one knowing of a motor vehicle operator who suffers from any disabling physical affliction should immediately notify that bureau giving full information of the facts in order that an investiga-. tion may be made Such persons imperil the lives of thousands of people every day

"Many of those listening to me tonight are drivers Just a word of warning to you—the State of New York cannot permit the wholesale slaughter of innocent lives to go on Unless you wake up to the situation and drive at conservative speeds, I predict the time will come when every car in this state will be equipped with a governor to prevent a speed greater than 20 miles an hour. When that time comes, you'll all protest that the just are being made to suffer for the sins of the unjust, but the only way I can see of forestalling this action by the state is through the force of public opinion in creating a demand for less speed and greater care. No longer can the Empire State countenance the loss of 6 lives and the maining of 225 persons

every day"

COLDS

The New York *Times* of January 9 makes the following editorial comments on announcement of The New York City Department of Health regarding the prevention of colds

"Commissioner Harris's announcement that respiratory diseases are at their lowest is, of course, welcome He couples it with the timely injunction not for this reason to avoid taking the necessary

precautions to check incipient colds

If only this good health record could be directly connected with the development of preventive hygiene to control the spread of the common cold, we should be able to record a new and great achievement of medicine. The public is slowly beginning to realize that colds can be avoided, but that if this is to be done, they must no longer be treated as unavoidable and non-transmittable."

The same editorial page has another editorial entitled "Our interest in health" in which the writer says concerning speakers at a conference

on preventive medicine

"They presupposed the active approval of the public in the work they are doing" This means simply that doctors cannot carry out preventive

measures any faster than the people will follow hygienic advice. The people are by no means ready to follow the measures which will prevent colds. Physicians teach the contagious nature of the common cold, but they are unable to recognize its specific germ or to prescribe a special vaccine or serum or drug or procedure that will overcome it. Yet the oldfashioned measures of isolation and quarantine are still effective in preventing the spread of colds of all forms. However, the people almost unanimously would resent an official quarantine of cases of colds, and only a few observe the voluntary isolation of colds, even the campaign to "cover coughs and sneezes" has had little effect on the public."

The people are surfeited with commonplace advice to keep the feet dry and to avoid drafts. They need to hear the positive teaching that colds are contagious and that the time to take preventive precautions is in the incipiency of the cold. The prevention of colds depends on education in personal hygiene and personal ethics, and that is a slow process.

SECRETS OF PATIENTS

The French law follows that of New York in regard to the revelation of a patient's secrets by a physician A Paris physician was fined 500 francs for giving information in aid of a husband who was seeking a divorce from his wife. The wife brought suit against the doctor for revealing a professional secret improperly, and won her case, although the doctor claimed that the facts were

already known The court ruled, according to the New York Times of January fourth

"The obligation of silence is incumbent on a doctor even when the facts are known. A doctor receiving confidences from a patient, by that fact becomes obligated not to repeat them, nor in any way confirm or authenticate to others what has been told to him."

THE TIN CAN AND FAMINE

It is impossible to choose the invention which is the most essential to the human race, for anything that is essential cannot be spared. The tin can is much more than a convenience,—it is essential to the happiness and well being of a great part of the human race. What the tin can has done for civilization is told in an editorial in the New York Herald Tribune of August 21, from which the following extract was taken

"Virtually no one starves to death today as millions starved annually not so many generations ago Freedom from famine is a gift, quite largely, of the tin can It is not enough that food-stuffs be sufficient, they must also be preservable between harvests That is why grain was so long the staple Barring mice, damp and weevils, grain will keep Nowadays everything will keep—inside the tins Neither mouse nor mold can force its way within "

Cold storage also is essential in the preservation of food, but it must be done on a large scale. The tin can goes into every household, and is an ever present symbol of man's conquest of the malevolent forces of nature.



BOOKS RECEIVED



Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review as dictated by their merits or in the interests of our readers.

- Tonic Hardening of the Colon By T Stacey Wilson, MD Octavo of 210 pages London and New York, Oxford University Press, 1927 (Oxford Medical Publications)
- FEDERAL HEALTH ADMINISTRATION IN THE UNITED STATES By ROBERT D LEIGH Octavo of 687 pages New York and London, Harper & Brothers, 1927 Cloth, \$500
- AMERICAN MEDICINE AND THE PEOPLE'S HEALTH AN Outline with Statistical Data on the Organization of Medicine in the United States By Harry H Moore Octavo of 647 pages, illustrated New York and London, D Appleton and Company, 1927 Cloth, \$500
- OUR TIMES The United States, 1900-1925 II America Finding Herself Ry Mark Sullivan Octavo of 668 pages, illustrated New York and London, Charles Scribner's Sons, 1927 Cloth, \$500
- PRACTICE OF UROLOGY AND SYPHILOLOGY A Surgical Treatise on Genito-Urinary Diseases and Syphilis By Charles H Chetwood, M.D. 4th Edition. Octavo of 879 pages, illustrated New York, William Wood and Company, 1927 Cloth, \$9.00
- An Introductory Course in Ophthalmic Optics By Alfred Cowan, MD, Octavo of 262 pages, with 121 illustrations Philadelphia, F A Davis Company, 1927 Cloth, \$350
- OPHTHALMOSCOPY, RETINOSCOPY AND REFRACTION BY W A. FISHER, M D 2nd Edition, revised. Octavo of 291 pages, with 260 illustrations Philadelphia, F A Davis Company, 1927 Cloth, \$375
- THE PRINCIPLES OF SANITATION A Practical Handbook for Public Health Workers By C. H Kibber Octavo of 354 pages, with 34 illustrations Philadelphia, F A Davis Company, 1927 Cloth, \$3 50
- AIDS TO BIOCHEMISTRY By E ASHLEY COOPER, D Sc., and S D NICHOLAS, B A. 16mo of 188 pages New York, William Wood and Company, 1927 Cloth, \$150
- HANDBOOK OF DISEASES OF THE EAR. For the Use of Students and Practitioners By RICHARD LAKE, F.R.C.S. Eng., and E. A. Peters, M.D. 5th Edition 12mo of 310 pages, illustrated New York, William Wood and Company, 1927 Cloth, \$400
- Actinotherapy For General Practitioners By H G FALLNER, L.R.C.S.I. Octavo of 152 pages New York, William Wood and Company, 1927 Cloth, \$3.00
- An Introduction to Forensic Psychiatry in the Criminal Courts By W Norwood East, M D Octavo of 381 pages New York, William Wood and Company, 1927 Cloth, \$500
- Diseases of the Nose, Throat and Ear. For Practitioners and Students Edited by A. Logan Turner, M.D. With the collaboration of J. S. Fraser and others. 2nd Edition, revised. Octavo of 444 pages, with 234 illustrations. New York, William Wood and Company, 1927. Cloth, \$6.00
- Demonstrations of Physical Signs in Clinical Surgery By Hamilton Balley, F.R.C.S Octavo of 217 pages, with 261 illustrations New York, William Wood and Company, 1927 Cloth, \$6.50

- FOOD AND THE PRINCIPLES OF DIETETICS By ROBERT HUTCHINSON, M D 6th Edition Octavo of 610 pages, illustrated New York, William Wood and Company, 1927 Cloth, \$500
- THE QUEEN CHARLOTTE'S PRACTICE OF OBSTETRICS By the following members of the Staff of the Hospital J Bricht Banister, M.D., and others Octavo of 629 pages, illustrated New York, William Wood and Company, 1927 Cloth, \$700
- THE NATURE OF DISEASE. By J E R. McDonagh, FR.C.S Part II Octavo of 434 pages London, William Heinemann, Ltd., 1927 Cloth, 21 shillings
- STUDIES IN PSYCHOLOGY Memory, Emotion, Consciousness, Sleep, Dreams, and Allied Mental Phenomena. By WILLIAM ELDER, M D Octavo of 212 pages London, William Heinemann, Ltd., 1927 Cloth, 8 shillings, 6 pence
- MEDICAL CLINICS OF NORTH AMERICA. Vol 11, No 3, November, 1927 (Tulane University Number) Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$1200 net
- A Text-Book of Pathology By Francis Delafield, M D, and T Mitchell Prudden M D 14th Edition Revised by Francis Carter Wood, M D Octavo of 1339 pages, with 830 illustrations New York, William Wood and Company, 1927 Cloth, \$1000
- LECTURES ON THE BIOLOGIC ASPECTS OF COLLOID AND PHYSIOLOGIC CHEMISTRY A Series of Lectures Given at the Mayo Foundation and the Universities of Minnesota, Iowa, Washington (St. Louis), and the Des Moines Academy of Medicine, Iowa—1925-1926 12mo of 244 pages, illustrated Philadelphia and London, W B Saunders Company, 1927 Cloth, \$2.50
- NUTRITION AND DIET IN HEALTH AND DISEASE. By JAMES S McLester, M.D. Octavo of 783 pages Philadelphia and London, W. B. Saunders Company 1927. Cloth, \$800
- THE METHODS OF CLINICAL DIAGNOSIS BY ALEXANDER GEORGE GIBSON, MD, and WILLIAM TRECONWELL COLLIER, MD 12mo of 398 pages illustrated London, Edward Arnold & Co [N Y, Longmans, Green & Company], 1927 Cloth, \$700
- Tobacco and Physical Efficiency A Digest of Chincal Data [with annotated bibliography] Preface by Henri Vaquez, M.D., Published under the Auspices of the Committee to Study the Tobacco Problem, with a foreword by Alexander Lambert, M.D. Octavo of 134 pages, New York, Paul B. Hoeber, Inc., 1927 Price, §185
- OPIUM By JOHN PALMER GAVIT Octavo of 303 pages New York, Brentano's, 1927 Cloth, \$3 50
- THE NORMAL DIET A Simple Statement of the Fundamental Principles of Diet for the Mutual Use of Physicians and Patients B; W D Sansum, MS, MD 2nd Edition 12mo of 136 pages St Louis, The C V Mosby Company, 1927 Cloth, \$150
- DISEASES OF THE SKIN BY HENRY H HAZEN A.M., M.D. 3rd Edition Octavo of 572 pages, with 248 illustrations St. Louis, The C V Mosby Company, 1927 Cloth, \$10.00



BOOK REVIEWS



Modern Medicine. Its Theory and Practive in Original Contributions by American and Foreign Authors Edited by Sir William Osler, Bart., M.D. Third Edition, thoroughly revised Re-edited by Thomas McCrae, M.D. Assisted by Elmer H. Funk, M.D. Third Edition, revised Volume 5. Diseases of the Read Diseases of the Livebette Section Description. Blood—Diseases of the Lymphatic System—Diseases of the Ductless Glands—Diseases of the Urinary System-Vasomotor and Trophic Disorders-Diseases of the Locomotor System. Octavo of 948 pages, illustrated. Philadelphia, Lea and Febiger, 1927 \$9 00

Volume V maintains the high standard of those preceding it in this third edition of Osler's Modern Medicine. McCrae and Funk have done their re-editing well.

The first part is devoted to diseases of the blood. Cabot's contributions on general pathology of the bloodforming organs, and the anemias and leukemia are thoroughly abreast of present-day opinion. The increasing infrequency of chlorosis is noted and the disease is spoken of as "nearly extinct" Pratt writes on purpura and hemophilia, and presents a classification of purpura modeled on that of Leschke. Duke's bleeding time estimated mation is carefully described and its value emphasized. The article on anaphylactoid purpura (Schonlein-Henoch disease) is complete and stresses the importance of careful consideration of all visceral crises. Splenectomy is recognized as a treatment of striking success in thrombopenic purpura. Differentiation from aleukemia leukemia is not mentioned by Pratt, but later on in the volume (p 175) Krumbhaar refers to it, and considers the identification of immature cell forms as of great value, since in such a case splenectomy is contraindicated. He reports rapid death as a sequence of inadvisable operation, as does Nathan Rosenthal of New York.

Krumbhaar's section of 50 pages on diseases of the

spleen is splendid, as always

Harold Jones has prepared a short chapter on blood transfusion, with a description of Jansky's and Moss' groupings. He is conservative and warns against the use of this method in acute fulminating septicemia. The paragraphs relating to the transfusion treatment of pernicious anemia are due to be rewritten in the light of the Minot-Murphy diet, to which Cabot makes slight but adequate reference on page 57

Warthin and Longcope write respectively on diseases

of the lymphatic glands and Hodgkin's disease.

160 pages are devoted to chapters by Dock and Lisser on diseases of the adrenals, pituitary, pineal, thyroid and parathyroids. It is to be noted that they do not advise dropping digitalis from the treatment of failing thyroid heart. Lugol's solution receives thorough consideration and the prevailing view that its use should be confined to preparing patients for operation is emphasized chapter on diseases of the thymus gland is by Warthin

Part IV is devoted to diseases of the urinary system and the contributions are by the late John McCrae, Rowntree, Garrod, Thomas McCrae, O'Hare, T R. Brown and Young Classification of diseases of the kidney is always an interesting subject to the internist That used by O'Hare is a modification of Vohhard and February That the magnification of the contraction of the co Fahr's The term nephrosis therefore appears frequently the condition is limited to tubular degeneration and the sub-groupings are the nephrosis of pregnancy, that of bichloride of mercury poisoning and lipoid nephrosis

Vascular hypertension is splendidly discussed in the pages devoted to the scleroses of the kidney, of which the concluding 14 pages are devoted to chronic nephritis with hypertention, a disease "in no sense limited to the

kidney alone"

The fifth division of the volume is devoted to vasomotor and trophic disorders. The chapters on Raynaud's disease, Quincke's disease, scleroderma and erythromelaigia are revised by Malloch

In the concluding chapters on diseases of the locomotor system, Thomas McCrae gives a fine account of arthritis He again warns against enforced confinedeformans ment indoors, deprivation from protein, prolonged hot baths and large doses of salicylates

The reviewer is glad to see the term fibrositis appearing in American literature, although the three-page dis-

cussion in this volume seems rather brief

Osteomalacia, achondroplasty, Paget's disease and related diseases close the volume FRANK BETHEL CROSS

Baltimore, The Williams and Wilkins Com-1927 Cloth, \$2 50 (Medicine Monographs, Hypotension pages pany, 1927

Volume XIII) This is one of the excellent series which originally ap peared in the periodical, Medicine, and like its predeces sors presents a thorough review of its subject. Hypotension is studied in relation to the various factors which ordinarily maintain normal blood pressure. No single cause has been found to explain diverse types of hypo In adults, below 110 mm systolic pressure is considered to be hypotension by the majority of writers The force of the cardiac contraction, the peripheral resistance to the blood stream determined by the vasomotor system, and the blood volume are believed to be the most important factors in maintaining the blood pressure. These are of more importance than the conditions of the state of the stat dition of the vessel walls

Acute hypotension is considered to be "part and parcel" of traumatic anaphylactic and anesthetic shock, as the loss of blood volume can be compensated only to a limited degree by contraction of the vessel walls. The work of Cannon on traumatic shock is discussed at length Escape of plasma into the tissues, hemorrhage, cold and exposure may be factors in the production of marked hypotension. Undue anxiety and dread of op eration through the nervous system may be factors in the production of primary shock and tissue trauma, handling of the abdominal viscera and anesthesia, factors in surgical shock.

In the treatment of wound and surgical shock, drugs are considered generally to be of no value and the best measures those which increase the amount of circulating fluid, fluids by the usual methods of administration and especially blood transfusion. This is believed to be of the greatest value in dealing with low blood pressure whether due to hemorrhage alone or shock.

Hypotension in relation to acute and chronic diseases and the actions on the blood pressure of tissue and glandular extracts as well as drugs are studied in detail A general summary and full bibliography conclude the book which is the best so far to appear dealing with this subject.

W. E. McCollom

LIPPINCOTT'S POCKET FORMULARY By GEORGE E. REM-BERGER, M.D. Narrow octavo Philadelphia and Lon-Cloth, \$3 50 don, J B Lippincott Company, (1927)

This little book, convenient in size for the pocket, is a valuable reference manual for the general practitioner in the therapeutic management of his cases It supplies the essentials of modern therapeutic knowledge in concise form. The various diseases and symptoms are alphabetically arranged for quick reference. The prescriptions conform to the standards of the U.S. P. X. and the National Formulary. There are also numerous tables, a list of incompatib lities, urinalysis, etc.

Practical Nursing For Male Nurses in the R. A. M. C. and Other Forces. By Colonel E. M. Hassard, A.M.S., and A. R. Hassard. 2nd Edition. 12mo of 407 pages. New York, William Wood and Company, 1927. Cloth, \$3.50

The author has divided the art of Nursing into three divisions that is Medical, Surgical and Mental branch is treated as a separate entity, valuable suggestions in each being outlined. To the nurse in training this work is excellent not only for the practical side of her work but also the theoretical has been simplified in pointing out the more obvious symptoms of the common diseases and the importance of their recognition side routine is carefully stated. While the book was intended for the Orderlies in Army Service, the military details make it the more valuable for civil practice. A good book not only for the nurse but also for the practitioner to carefully read.

COLLECTED PAPERS OF THE MAYO CLINIC AND THE MAYO FOUNDATION Volume XVIII, 1926 Octavo of 1329 pages, with 386 illustrations Philadelphia and Lon-FOUNDATION Volume XVIII, 1926 pages, with 386 illustrations Philadel don, W B Saunders Company, 1927 Cloth, \$13 00

This, the 13th volume of "Collected Papers of the Mayo Clinic and the Mayo Foundation" has 1329 pages The print is clear The subject mat-It is well bound ter is systematically and concisely presented, and is pro-fusely illustrated. There are approximately 194 separate articles, covering almost every conceivable subject of current interest in medicine, surgery and research. One hundred and eighty-nine contributors have made this work possible.

A review of the contents of a book of this sort would necessitate a resumé of the 194 papers contained therein. Such a resumé is not possible in a brief review of this kmd

It is pertinent to note that the articles relative to the alimentary tract occupy by far the greatest amount of space. Some of the other subjects upon which six to twenty individual papers appear are 1 The urogenital organs, 2 The ductless glands, 3 The blood and circulatory organs, 4 The skin and syphilis, 5 The head, trunk and extremities, 6 The brain, spinal cord and nerves, 7 Technic

For the medical student, the case reports, as well as much of the subject matter, will serve as excellent supplementary reading to his study of surgery For the clinician, the surgeon, and the specialist there is a message well worth having in each article pertaining to his special branch of medicine. As an up-to-date work of reference this volume is incomparable.

MERRILL N FOOTE.

MENTAL HANDICAPS IN GOLF By THEO B HYSLOP, M D With forewords by Rolf Creasy and John Henry Taylor 16mo of 111 pages Baltimore, The Williams and Wilkins Company, 1927 Cloth, \$150

The average golfer today, in quest of a way to improve his game, thinks only in terms of swings and stance. But this little book brings to our attention the effects of psychology on our game. The author offers a very clever formula for raising our game to par Practice, Automatism, Reason

The book will improve anybody's game, but it is especially helpful to the tournament player

KENNETH MACINNES

THE THOMAS SPLINT AND ITS MODIFICATIONS IN THE TREATMENT OF FRACTURES By MEURICE SINCLAIR, C.M.G., M.B., Ch.B. Octavo of 168 pages, illustrated. London and New York, Oxford University Press, 1927 Cloth, \$450 (Oxford Medical Publications)

Out of a rich experience in War, Major Sinclair has developed a treatment by means of the Thomas Splint for various types of fractures in the upper and lower extremities as well as the handling of the adjacent tis-

sues in the area of the fractured bones. A careful study of what appears at first reading as complex, becomes clear, reasonable and easy of application on second consideration. Emphasis is placed on restoration of func-tion and the best methods for obtaining the same. The importance of careful and accurate first aid treatment is stressed in order that subsequent treatment may be lessened and the local areas saved as much trauma as possible. Closing chapters on Radiography and dimensions for upper and lower extremity splints as well as the preparation of the glue or gelatine adhesives will aid the attending surgeon or physician in preparation for the treatment of these fractures. A very valuable contribution to the Treatment of Fractures

THE MEDICAL CLINICS OF NORTH AMERICA of March 1927 (Boston Number) Published every other month by the W B Saunders Company, Philadelphia and London. Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$12.00 net

The fifth number published in March, 1927, is the Boston Number, and the same statement regarding special mention of individual articles applies as in the case of the New York number. There are twenty-three articles in this volume of clinical lectures from the various Bos-ton hospitals Naturally, it is impossible to mention each article of such a long series individually, so that a few will be mentioned here and there to show the general tone of the book and the character of the work contained therein, for instance an article which seems worthy of mention is one on The Effects of Tonsillectomy on the Acute Attack and Recurrence of Rheumatic Fever, by William H Robey and Louis M Freedman, of the Boston City Hospital, another on Diabetic Coma and Its Treatment, by Drs Elliot P Joslin, Howard F Root and Priscilla White of the New England Deaconess Hosrisk Others that might be mentioned also are The Report of a Clinic on the Prognosis of Chronic Nephritis, by Dr Henry Jackson, Jr, of the Boston City Hospital, and The Healing of Gastric Ulcer, by Dr Franklin W White of the same institution

In both numbers, the articles are so numerous and on such widely diverse subjects, that together they consti-tute almost a condensed text book on clinical medicine.

WM HENRY DONNELLY

MEDICAL CLINICS OF NORTH AMERICA. Vol. 10, No 6 May 1927 (Heart Number) Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$1200 net.

This number of the Medical Clinics of North America presents the lectures given at the Seminar on Diseases of the Heart under the auspices of the Philadelphia Medical Society during the fall and winter of 1926-1927, and is devoted entirely to cardiac conditions with the exception of three lectures, one on general par-alysis of the insane, one on sickle cell anemia, and one on This number is an excellent one and stresses the important factors in the diagnosis and treatment of heart conditions The mechanical instruments of precision are explained as clearly and as simply as possible and the value of each instrument is clearly indicated Such subjects are presented as How to Tell the Cardiac Arhythmias at the Bedside, Acute Endocarditis, Diagnosis of Heart Failure, acute and chronic Pericarditis, Diagnosis of Aortic Aneurysm, Angina Pectoris The Circulation in Relation to Surgery. The two main objects of these lectures as described by Dr Riesman in the introduction of the volume are

1 To restate in terms of practical experience the facts concerning the circulation that every medical surgeon and specialist-should man-physician, know

2 To lay before you the most recent discoveries in physiology, anatomy and technic.

These objects have been accomplished in this excellent volume of the Medical Clinics HENRY M MOSES



OUR NEIGHBORS



PARE AND VESALIUS

Medical history becomes like history in the making, as has been done by Dr Jean Oliver of San Francisco in the following article on Paré and Vesalius in the December California and Western Medicine

"A Plutarch of the sixteenth century, writing of the great who had preceded him, would have chosen without doubt among his subjects two names that stand out in the history of science, Andre Vesalius and Ambroise Pare For you remember, Plutarch, after describing the lives of his heroes, groups them in pairs and adds his "comparison," setting forth their similarities and differences and detailing in orderly fashion the first, second, and third "advantage" of one over the other

"In political affairs the opportunities for such estimates are perhaps easily found—kings, emperors, and statesmen present themselves automatically and their lives and deeds are public matters to be weighed and judged—It is otherwise in



The "Thanacth" Monster in which Paré Believed

the history of science But if ever the method were applicable to the subject of our interest, it is in the case of the two whom we have mentioned So let us see what it will bring forth

"They were born to the same times—Pare three years the elder But to what different conditions Vesalius into a noble family, the aristocracy of medicine and the university—the great grandfather, physician to the Emperor and rector of the University of Louvain, the grandfather, a physician and author of mathematical treatises, the father, personal physician and pharmacist to

the Princess—Governess of the Low Countries— Pare, one of the three sons of a cabinet maker

"The contrast of their early life might be imagined from these conditions Vesalius, trained in the classical humanities at Louvain, 'does' his medicine at Paris and Montpellier, is admitted to the doctorate, and at the age of twenty-three becomes professor of anatomy at the University of Paré acquires, between intervals of domestic service with a priest, the elements of reading, writing and arithmetic, and, what was to prove in the end a boon to his country, even if an embarrassment to him, no Latin Inspired by the operation of a traveling lithotomist on his master, the priest, he apprentices himself to a barber and after seven years in the provinces we find him in Paris 'bound' to a master surgeon-barber so, between cleaning the shop, shaving patrons, and coiffures, he interns at the Hotel Dieu and at last is received into the company of barber-sur-Not until late in life, and then only by the influence of his friends among the great, does he receive the doctorate in order that he, the greatest surgeon of his time, may teach publicly A contemporary describes the ceremony and smiles at the candidate's rendition of the Latin thesis which had been prepared for him in order that the requirements might be met He read as best he could the words which had no meaning to 'uneducated' eves

"Both men used the armies of the times as a means of education, for here was material for the anatomist or the surgeon Vesalius took no great pleasure apparently in these experiences, but throughout his life Pare was enjoying his camp bed with 'its cover all sown with brilliant stars, more clear than fine gold' as he expresses it, following the wars, describing new methods of treatment, devising new operations, among these his greatest gift to surgery, the ligation of arteries in amputations And furthermore, what was to be of exceeding importance to a Protestant such as he on the Bartholomew's Eve which was to come, during these campaigns his skill saved the lives of men, among them the Duc de Guise, who would later save his with their political influence live to the age of eighty and die in one's bed was an achievement in itself for a Protestant of Pare's Doubtless his early hardships and his life with soldiers had taught him the art of living under perilous conditions with equanimity alius, with no such handicaps, too much the aristocrat to bend before the storm, could only go from controversy to controversy in a life that ended prematurely in tragedy

(Continued on page 168-adv xv1)

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(Continued on page 168-adv xvi)

STERILIZATION OF THE MENTALLY UNFIT

The subject of the legal sterilization of the unfit is discussed in the December 1927 issue of Northwest Medicine in an article by Dr R. E. L. Steiner, of Salem, Oregon, in an article entitled "Eugenics in Oregon". After quoting the recent decision of the United States Supreme Court upholding the constitutionality of a similar law in Virginia, the article says

"This decision is a positive index as to the serious thought and wishes of our best minds Oregon has been well to the front in this movement. Oregon's Board of Eugenics is composed of the members of the State Board of Health, the Superintendents of the State Mental Hospitals, the Feeble Minded School, and the State Penitentiary Each case reported is given careful legal protection to the person involved, with all possible court review The members of the Board pay their own personal expenses in this work Dr J N Smith, Superintendent of the State Institution for Feebleminded, is the fearless and outstanding man in the Oregon work, and everyone should appreciate his work and worth in this movement The following resume will show the activities of the Board of Eugenics

OREGON STATE HOSPITAL

Male—Castrations Female—Sterilizations	20 41
Since the Act was passed 1918 Male—Castrations	57
Vasectomies Female—Sterilizations	79
Ovariotomies Institution for Feebleminded	22
Male and Female sterilizations and castrations Eastern Oregon State Hospital	280
Male and Female sterilizations and castrations	70
Total	574

"The California institutions, according to Dr F O Butler, have sterilized and unsexed more than 4,600 Our adjoining State of Washington has not been active in this line of work Idaho, at her last session of the legislature, passed a sterilization act similar to the Oregon law

"The financial side of this matter should not be overlooked. In a recent article by Secretary Herbert Hoover, statistics were shown that in the United States the institutional population of the insane was 225,685, with a total expenditure for maintenance of \$63,673,-15900, or a general average per capita cost for the year of \$28213. It is generally accepted that the average hospital life of insane patients is ten years, so, at a glance, we can see where

(Continued on page 170-adv xviii)

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the vitamin potency of the oil which is prescribed.

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CHESTER FORD DURYEA, M.D. DIRECTOR

(Continued from page 166)

"In the books of these two men we see their essential differences 'Vesalius' in classical Latin, superb in its illustrations and form, is a treatise to marvel at 'Paré', a readable, rambling collection in the homely, forcible French of the day, is a book to be enjoyed. Here, too, is a contribution of Paré, not to medicine alone, for he should be grouped with Rabelais and Palissy as one who crystallized French prose and liberated it from the yoke of Latinity. No wonder that Ronsard should have graced his works with a sonnet, for here was another fellow artisan at the edifice of a national language which the 'Pleiade' was building

"Contrasting with the formal well-planned text of the trained professor of anatomy we have the well-intentioned but somewhat disorganized recordings of a man who has gained his experiences slowly and with difficulty and whose childlike amazement before the wonders of nature in the end runs riot. So we see at the head of the list of chapters the very proper introduction to anatomy, followed by wounds, bandages, and operations. Then there succeeds such a "hodge podge" as gout, syphilis, pest, smallpox, poisons, the physiology of generation, culminating in the 'Monsters' where are depicted the 'thanacth' which we have illustrated and the 'hait, which lives on air alone'. Can we imagine Vesalius concerned with such old-wives tales!

"The illustrations of the two books also differ in selection and treatment. Those of Vesalius with their classical beauty of the Italian Renaissance have never been equaled in the history of medical illustration. In Pare we find simple wood cuts, the majority showing surgical instruments and matters of technique of this practical man or the naïve representation of strange animals and mythical monsters which had excited his wonder.

"As to style, we must leave that of Vesalius to the appreciation of the Latin scholar, but can hazard a guess that it is as formal and correct as was the man Paré we can enjoy—homely, forceful phrases, savory of the talk of the common people of his day It is easy to feel an intimacy with this kindly humored man who tells how he stopped one day to laugh with a crowd of children at the antics of a monkey who, he says, 'monstroit son cul qui estoit tousiours a decouvert, á cause que son habit estoit court, de peur quil ne fust saffrane' Here surely is the touch, not of pity, but of vulgarity, which also makes the whole world kin

"So if you wish to know this man, get his 'Apologies and Travels'—his story of his daily life in those troubled times will hold you like a novel"

(Continued from page 170-adv xviii)

wound and the vas divided just below this ligature. The lower stump of the vas is then cut off without ligation, about one-half inch of it being removed, the skin is then closed by two catgut sutures.

"For the female a general anesthetic is used The abdomen is opened by a short incision in the median line immediately above the pubic The tube and cornu of the uterus are brought into the wound and held there by an assistant, the tube being grasped at the isthmus by a forcep The tube is severed within the cornu of the uterus by a small V-shaped incision and buried in this position facilitated, if a suture is passed on each side and parallel to the tube where it enters the uterus and just far enough apart to allow for the V-shaped incision Then the incision is made and the sutures tied, immediately closing the incision, controlling the bleeding and burying the proximal stump of the tube in the cornu The operation is finished by stitching the distal end of the tube with its overlying peritoneum to the cornu in its original posi-The other side is then treated in the same manner and the abdominal wound closed The operation is simple and convalescence is prompt

"I hope that the time will soon be here when our courts will carry an order for these operations along with their prison sentences for certain definite crimes. What right has society to expect reform from a three-time loser? He is hopelessly and helplessly defective, only to go out at the end of his sentence to repeat and repeat his crimes."

INFLUENZA PREVENTION

Epidemiologists often excuse their failure to prevent the spread of influenza by saying that they do not know its cause. However, the virus of the disease is conceded to be in infected human beings, and that an efficient prevention is the avoidance of contact with persons in the incipiency of the disease. This means quarantine against all who show signs of colds. There is abundant evidence that companies of soldiers observing quarantine in army camps escaped influenza. The December 17 issue of the Journal of the American Medical Association contains a letter from Dr. H. K. Marshall of New York, regarding the preventive effects of quarantine in 1918 in the South Sea Islands.

"I have read with interest the instructive articles on influenza based on the epidemic of 1918, which have appeared in recent issues of *The Journal*

"During this epidemic I was a member of the (Continued on page 172-adv xx)

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(Continued from page 169-adv xvn)

\$636,731,590 00 of the taxpayers' money will

be expended

"This can be greatly reduced, and here is a definite and a certain method which will give society certain and immediate relief. Many could be released on parole if sterilized, and relieve the states of the burden of their care by making themselves self-supporting, or at least partly so. I will cite a few cases in the Oregon State Hospital which are similar to many others.

"Mrs M A, three of her boys and two of her daughters were inmates of the Oregon State Hospital, and many are scattered

throughout the country"

"Annie H D was admitted to the Oregon State Hospital in March, 1926, the mother of fourteen children Two died in infancy, twelve are in institutions for the feebleminded Patient again in advanced pregnancy Education very limited, can only read and write. Married first at the age of 18, had ten children by this husband Husband became insane and was committed in Idaho Two years later, apparently without divorce, patient married second husband and had four children This husband (1925) was arrested for bootlegging and convicted, later sent to a hospital on account of illness, and from there committed to this institution where he died after a few days"

"Clara D T, admitted October 12, 1926 The mother of fourteen children, twelve living, two died in infancy Patient's mother was insane for two years at the age of 45 Unfortunately this woman was again released for the Christmas week with the promise that she would be returned to the hospital They took French leave which prevented us from carrying out sterilization. She had several more years of potential child-bearing, and we have no doubt that by this time she has produced another degenerate for the State to care for She was rabid in her idea of being refused the privilege of bringing more children into the world Her husband served time in three penitentiaries and regularly had sexual relations with his daughters"

"The operation for sterilization in the male is a very simple one, very easily done under local anesthesia. The vas is located by palpation and brought next the skin of the upper portion of the scrotum. It is fixed in this position by two needles passed directly under it about half an inch apart. An incision is then made through the skin along the vas, which is thus exposed and freed from surrounding tissue. A ligature of chromic catgut is then placed upon the vas at the upper angle of the

(Continued on page 171-adv xir)

FEE SPLITTING

The Medical Journal and Record of December 31st has a symposium on fee splitting in which it prints a letter from Dr J. F Baldwin of Columbus, Ohio, outlining conditions in Ohio regarding fee splitting The Doctor says.

"Fee splitting is almost universal in Ohio Cincinnati claims to be less contaminated but, as my information from that city is about four years old, I might perhaps get a different report Nearly all the doctors in Columbus are fee splitters, either actively or passively I have been repeatedly offered fifty per cent if I would refer patients to certain fee splitters. I regard every fee splitter as inherently dishonest, and would certainly not refer a patient to one if I could avoid it I have lost literally thousands of operative cases because of my insistent refusal to split fees I see but one remedy to protect the public from the evils of fee splitting The commercial attitude of the profession is such that I do not believe there is any hope of reform from within In Ohio we had a law passed a number of years ago, at the insistence of a member of the legislature who was a physician, forbidding fee splitting, with suitable penalty, but unfortunately the enforcement of it was placed in the hands of our State Board of Medical Administration and Registration, and there has never been any attempt at its enforcement. The members of the Board in general are known to be very "chummy" with fee splitters The only solution that I can see is by the establishment of State Medicine We all know there are arguments against State Medicine, but in view of fee splitting and all that that implies, and so far as the public itself is concerned, I see but the one thing that can be looked to for protection"

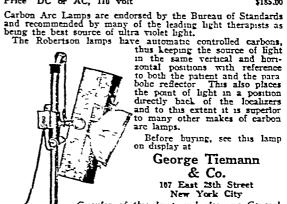
Dr Baldwin quoted a prominent educator who "called attention to the fight that was waged many years ago against the mauguration of our public school system, and he concluded with the expression of the hope that he would live long enough to see the poorest child in the community provided with as good professional services in sickness as that child could now get in securing an education His comparison was to me a novel one but unanswerable, and the essayist was evidently taken by complete surprise at the comparison and was not able to frame any sort of a comeback As the months have gone by since that discussion, I have still been unable to find any flaw in the president's comparsion of medical services and educational facilities"

"In this vicinity our fee splitters are not content with simply dividing the fee with all who send cases, but drum up business by calling on new comers and arranging in a businesslike manner for their 'trade' The standard here seems

(Continued on page 174-adv xxii)

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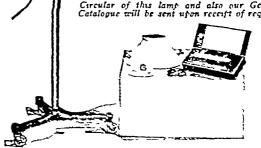
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WILKES BARRE

(Continued from page 171-adv xix)

British medical service of the colony of Fiji Some instances of the effectiveness of isolation against infection of communities with influenza came under my notice at that time which I think might be of interest, as they confirm the conclusion that 'it is quite safe to assert that perfect isolation of an individual or group during an influenza epidemic constitutes a complete protection against the disease'

"An instance of the effectiveness of isolation by means of quarantine measures occurred in American Samoa, which was under the command of an American naval officer. The port of entry here is Pago Pago. Efficient quarantine prevented infection of the inhabitants of American Samoa with influenza. Pago Pago is approximately 60 miles distant from Apia, which is the port of that part of the Samoan group administered by the government of New Zealand. Thus, while British Samoa was ravaged with influenza, American Samoa did not suffer from the disease.

"The little island of Rotumah is located about 200 miles north of the main Fiji group. This island escaped infection during the epidemic for the reason that it was entirely cut off from communication with the outside world. Ordinarily, a schedule of monthly communication between Suva, Fiji and Rotumah is maintained. During the occurrence of influenza in Suva, this schedule was interrupted and no boat was dispatched to Rotumah for a period of three months. It was then found that this island had escaped the infection.

"A resourceful planter who lived and owned a large plantation at a place called Tavium on Vanua Levu, Fiji, kept his district free of infection by means of an efficient quarantine. Although districts around him here were infected heavily, the area which he isolated remained free from infection until long after the peak of the incidence of infection of the epidemic had been reached. The cases that occurred subsequently were of only mild character.

"The Makogai Leper Asylum of Fiji also escaped the ravages of the epidemic I can speak of the facts concerning this instance from personal knowledge, as at that time I was the acting medical superintendent of the asylum asylum is located on a small island separated from Levuka, the nearest port, by 18 miles At that time it had a population of about 400 persons 350 patients with leprosy and fifty person-Until August, 1919, no cases of influenza By virtue of the quarantine restrictions which the government has in force regarding the island of Makogai at all times, an efficient quarantine against influenza was carried out easily It was necessary to make trips to Levuka in order to obtain supplies, but it was possible during these trips to avoid close contacts Levuka suffered heavily from the infection'

(Continued from page 174-adv rru)

The publication of this article had one very interesting result. It attracted the attention of Dr C H Davidson, who had had, in a certain section of Rockbridge County, a series of cases of fever which had never been satisfactorily diagnosed After reading this article he obtained blood specimens from several of these Even though the cases were several patients years old the agglutinins were found to be still present in the blood thus giving a posi-Two of these tive diagnosis for Tularaemia cases occurred in 1920 and are probably the first definitely known cases in the eastern part of the United States

"Up to the present time we have had in the State of Virginia definite knowledge of only twelve cases of this disease. There have probably been many more cases, nevertheless, I believe there have not been enough cases to justify the fear that has arisen. The twelve cases of which we have definite knowledge are as follows.

"One from Chesterfield County (1924), by Dr T S Shelton, Richmond

"Three from Rockbridge (two in 1920 and one in 1925), by Dr C H Davidson, Lexington

"Four from Lee County (1925), U S Public Service Report, February 26, 1926 "One from Surry County (1925), by Drs Douglas Vanderhoof and T D Davis, Richmond

"One from City of Richmond (1926), by Dr C I Sease

"One from Essex County (1926), by Dr F B Wilson, Tappahannock

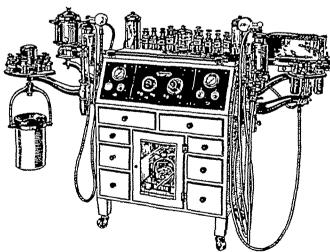
"One from Pittsylvania (1927), by Dr J C Anderson, Chatham

"As noted above there has been only one case so far in 1927 The actual situation does not apparently justify the fear that has arisen concerning the eating and handling of rabbits Rabbits that appear sick and those brought in by dogs and cats should be avoided. It would likewise be advisable for any person handling large numbers of rabbits to use rubber gloves habitually. Tularaemia is nearly always contracted by material from a rabbit getting into an open cut or sore on the hand. There is, of course, no danger from the eating of the cooked rabbit.

"It is urged that physicians send in specimens of whole blood from all suspected cases, so that if this disease is prevalent in any part of the State steps can be taken to control it

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(Continued from page 173-adv xx1)

to be fifty-fifty, but I am told of new aspirants for fame offering as high as ninety per cent"

"As we have no provision in this state, and I do not know of any such provision in any other state, by which only competent specialists can announce themselves as specialists and function accordingly, I think we may easily imagine the condition of affairs when the most incompetent and least experienced offer the largest commission to the attending physicians in cases needing surgery or other special attention. If the conscience of the ordinary doctor lets him sell a patient now for fifty per cent, he will not wait long when some other 'surgeon' offers him seventyfive per cent or even ninety per cent The whole proposition is utterly shameful, but I see no signs of any improvement within the profession itself Here in Columbus men who hold themselves as highest in the profession do not hesitate to de mand their pound of flesh and, as most of these men are connected with our Medical School, or occupy positions on the staffs of our hospitals, you can imagine what the effect is on the morale Here at Grant Hosof students and interns pital, where I have been doing my work for more than a quarter of a century, I do not know of a single intern who has gone out who does not, if within reach, send his work back to the fee splitting members of the staff"

TULARAEMIA IN VIRGINIA

Tularaemia has not yet made its appearance in New York State, so far as known, but this Journal of August 15, 1927, carried an article on the subject abstracted from the July, 1927, issue of the Kentucky Medical Journal The probability is that the disease will appear among rabbits in New York State and that persons will become infected New York physicians will therefore be interested in the following article from the December, 1927, Virginia Medical Monthly describing the disease in human beings in Virginia

"A recent article, on the subject of Tularaemia, in one of the popular weekly Journals having a large circulation has led to a wide spread interest in this disease throughout the state. The interest caused by this article and the desire for facts concerning the disease as evidenced by numerous inquiries causes me to believe that a brief statement as to the actual situation might be of interest.

"In the February issue this year of the Medical Monthly a brief article was published describing the symptoms of Tularaemia and other pertinent facts regarding this disease. These facts will not be repeated but a reprint will be gladly forwarded to anyone interested

(Continued on page 175-adz vrm)

OHIO CHIROPRACTIC LAW DEFEATED

The October issue of the Ohio State Medical Journal contained an article on a proposed referendum on the enactment of a law legalizing chiropractice This article was quoted in this Journal of October 15, page 1162 The December issue of the Ohio Journal contains the following article on the overwhelming defeat of the law

"The medical profession and medical organization again may be proud of still another achievement—distinct service to the public generally and a credit to scientific medicine. The decisive defeat of the initiated chiropractic bill at the general election on November 8, indicated that public opinion and public sentiment when thoroughly informed, usually arrive at the proper result.

"The vote at the election should be a source of genuine gratification to each member of medical organization, and should demonstrate conclusively the proper influence and leadership of the profession in public affairs involving questions on which the profession is especially qualified to speak

"As pointed out on this page in last month's Journal, the Policy Committee, under the direction of the Council of the State Association, has felt all along that the profession was in duty bound to participate in a campaign of public information against the pernicious and destructive proposal, in spite of the fact that many people were only too willing to misconstrue the unselfish motives which ac-This is tuated the profession still another example where the medical profession has furnished the leadership in movements for the public good, consistent with the traditions of the profession in determining the policies and activities of medical organization on the basis of public benefit

"Likewise, the result of the campaign is a definite demonstration of harmony, coopera-

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tion and effectiveness, and the sincere appreciation and condemnation of the Council, the Policy Committee and the officers of the State Association is hereby expressed to the component societies, their officers and membership

"Effective organization work in opposition to the chiropractic bill was performed by various allied groups as well as by various other high-minded organizations whose leaders recognized the seriousness of the public health menace involved in the initiated bill. Likewise, most of the local health commissioners and health departments, consistent with their duties to serve and safeguard the public, were active in this campaign.

"With the result now recorded and the value of the activities proved, there is quite a general sentiment to the effect that on similar public questions in the future those official and voluntary agencies, established, promoted and maintained for public health purposes, should carry on and conduct proper educational programs, and that the chief burden in such matters should be assumed by them rather than by the medical profession itself"

MALTA FEVER IN IOWA

Malta Fever is becoming well known in many sections of the United States, including New York State The December 1927 issue of the Journal of the Iowa State Medical Society contains the following article on the disease in Iowa

"Malta fever is not uncommon in Iowa This conclusion is forced by our experience in the laboratory in the past four months Nineteen bloods, most of which were sent for Widals, gave an agglutination of the organism which causes Malta fever Twelve of these, on a repeated examination were found to agglutinate in a titre of 1 160,

(Continued on page 179-adv xxvii)



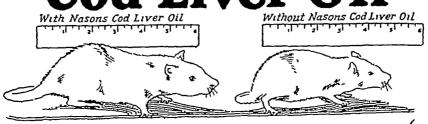
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which is diagnostic of the disease. Three others, on one examination gave good agglutingtion. The number of positives to and varied directly with the number of bloods examined. We feel, however, that there are many cases of Main fever which are not diagnosed.

"An investigation of this disease in the state is now being undertaken. This is made possible by the co-operation of the U.S. Proble Health Service. Only through your interest and assistance will this investigation be successful. We may work together in the following ways:

"1. All bloods received at this laboratory for Widals will be examined for Malta fever. You are invited and urged to send wet or dry specimens from all cases with fever of a week or more duration. We are asking the co-operation of the branch laboratories and it is expected that specimens examined by them for typhoid will be forwarded to us for Malta fever The importance of the agglutination test is well expressed by Craig when he writes, 'There are no pathognomonic symptoms of Malta fever The The symptoms observed are so inconstant and confusing that no one of them can be said to be typical of the disease. A differential diagnosis is almost impossible in the majority of the cases without the aid of the microscope and the serum test.'

"2 An investigation of all or most of the cases confirmed by a positive agglutination test will be made by the state epidemiologist. The object will be to determine, if possible, the source and mode of transmission, and it is hoped that complete clinical records will be obtained

"Malta fever in Iowa is caused by the organism of infectious abortion in cattle or hogs. This disease in animals is present in every county and probably every township. Your patients are exposed. That a typical fever may be Malta fever. Let us help you

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TRAVELING MEDICAL LI-BRARY IN IOWA

The December 1921 issue of the Journal of the Journal of the John Shift Mailler! So feel, has the following editorial remarks concerning the traveling medical library of the State Library.

The new Medical Department of our Iowa State Library has evidently solved the problem which has long confronted every state library in the country that has a medical department—that of making its books and periodicals serviceable to every member, and prospective member of the medical profession in the state. The plan is so simple the wonder is that it remained for State Librarian Brigham to discover and apply it!

"The Iowa idea is simply to apply to the medical department the traveling library system which has been in successful operation in the Iowa Library Commission since 1900

"Instead of being compelled either to buy expensive books and periodicals, or go to Des Moines to consult authorities, the physician, or surgeon, or student, has only to write in for material on any subject, or for a digest of recent books and papers on any subject, and the next mail will carry the information he seeks, if it is obtainable, and the only expense attending the loan is the postage both ways

"The loans, made by the department in 1922 were 1,656—a large increase over those of the previous year. In 1923 they increased to 3,176. In 1924, to 6,308. In 1925, to 7,041. In 1926, to 11,174.

"The Journal has every reason to be proud of the record thus far made by the State's Medical Library and to anticipate the department's steadily increasing usefulness to the members of the medical profession"

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DIABETIC DIET READJUST-MENTS

Some foods cannot be allowed in diabetic diet at all and others only sparingly This means a readjustment in dietary habits that is difficult for the page xix

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NEW YORK STATE JOURNAL of MEDICINE

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THE NON-OPERATIVE TREATMENT OF CHRONIC GLAUCOMA* By SEARLE B MARLOW, MD, SYRACUSE, N Y

SINCE Posey's paper in 1914 on "The Treatment of Chronic Simple Glaucoma with Miotics" very little has appeared in the literature about the non-surgical treatment of chronic glaucoma until 1923 when Hamburger reported his experiences first with adrenalin and later with glaucosan. The increasing interest in this method of treatment is evidenced by the fact that in the "Ophthalmic Year Book for 1923" no paper dealing with medicinal therapy is listed whereas in the volume for 1926, 15 papers are recorded. The surgical treatment, on the other hand, has received and is constantly obtaining much attention. New operations are being proposed, old ones revived Probably no one operation will ever meet the requirements of all surgeons.

The great preponderance of opinion as expressed in the majority of text books and in the discussions of papers relative to the treatment of glaucoma is that some operative procedure will' sooner or later become necessary carlier in the course of the disease operation is done the greater the likelihood that the results will be beneficial and lasting. At the present time our knowledge of glaucoma and the various operations proposed for its cure does not permit us to say with certainty that operation Moreover, operative will cure the disease treatment can never be made entirely free from risk. The possibility of infection, both early and late, will always be present to a certain de-Loss of vision not infrequently results from a marked increase in astigmatism, hemorrhage and the rapid encroachment of a scotoma over the fixation point Weeks believes that this will occur whatever the operation and perhaps in spite of any treatment. These facts are too well known to need extended dis-

They serve, however, to emphasize the uncertainty of operative treatment. The proposal of new operations and the reviving of old indicate further not only the dissatisfaction

*Read at the Annual Meeting of the Medical Society of the State of New York, at Niagara Falls N Y., May 11 1927

with the available operations but also the failure of medicinal therapy. If non-operative treatment can be shown to be at least as effective as operative its advantages immediately become apparent A large majority of ophthalmologists have probably observed one or more cases of chronic glaucoma controlled for a long time by medicinal treatment. These are selected cases and as a rule comprise solely those observed outside hospitals and clinics Zentmayer suggests that miotics may be tried in patients where the tension does not range over thirty and in patients over sixty years of Calhoun advocates miotics in three groups of cases of simple glaucoma, (1) patients over 60 years whose life expectancy is not more than 10 years, (2) patients blind in one eye, (3) in those who have lost one eye as the result of operation

The importance of thoroughly investigating the patient has long been recognized as essential not only for the purpose of diagnosis but also for treatment. In the discussion of a paper by Rowan in 1920 one speaker suggests that whether glaucoma is treated with drops or operation only a symptom is being treated and that if ever a cure is discovered it will be discovered by an internist Imre's cases treated with glandular extracts and the cases of La Grange and others associated with endocrine disorders lend strong support to this contention and indicate new possibilities They serve also to emphasize the perhaps too frequently lost-sight of fact that it is the patient who needs thorough investigation rather than the In this connection the following case may be of interest

Mrs J H N, age 40, was referred by Dr Edward Dennis, of Erie, to whom she had gone because of headache and slight blurring of vision. In the course of his examination he discovered the tension to be elevated, R 35, L 58, Gradle Schiotz. Pilocarpin had controlled the tension so that when she was first seen two months later it was R 18(5/55), L 29(2/55) Schiotz. At this time vision of each eye was

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This table shows that in nearly two-thirds the age at onset was 50 or more. It was under 50 in 5 cases of the chronic inflammatory type, over 50 in 6, of the simple case 8 were under 50, 16 over 50 This suggests a more even distribution for the chronic inflammatory cases and a great preponderance of the simple at a Ten patients were blind in one greater age eye when first seen Six of these were under 50 at the age of onset, 4 over Two of three chronic inflammatory, four of seven simple cases which were blind in one eye were under 50 at the onset of the disease Seven cases came to operation, three were under 50 at the age of These facts seem to indicate that no matter what the type of the disease the younger the patient the more devastating its effects Although the teaching that conservative treatment should be used only in cases over 60 receives some support, its use in much younger patients appears beneficial for long periods of time in both types

Table No 2 summarizes 11 cases of chronic Analysis of these inflammatory glaucoma cases results in the following Four were in an advanced stage of the disease when first seen They are the first, fourth, fifth and tenth cases in the list Case No 5 was the only one favorably influenced by miotic treatment. This patient was also the only one under fifty at the age of onset and had been observed for five years at the end of which time vision was better than at the original examination case was seen only at long intervals and very probably had not followed out the treatment One patient refused operation, consistently miotics maintaining vision for one year patient was successfully operated so far as tension was concerned but with no influence upon Thus miotic treatment was advantageous in one case only

The seven early cases had their age at onset of 35, 42, 36, 50, 52, 64 and 45 years Four subsequently came to operation One was operated elsewhere in spite of the fact that miotics had improved and maintained the vision and tension for more than one year veloped an acute attack after 6 years necessitating iridectomy with good results iridectomy failed to check the loss of vision. In the three cases not operated the vision was maintained for 15, 2 and 1 years the conclusion may be drawn that the advanced cases of chronic inflammatory glaucoma in this series progressed unfavorably in the majority of cases in spite of treatment operative or otherwise In the early cases operation benefited 2, and had no effect in one, the effect of operation in one being unknown. On the other hand three cases were favorably influenced, one for a considerable period of time. Therefore, it seems justified to state that miotics, in some cases at least, are capable of controlling the progress of the disease and that their use for a long time does not necessarily preclude good results from eventual operation. It also appears true that the younger the patient the more likely is operation to become necessary

Twenty-four cases of simple glaucoma are summarized in Table No 3 Ten were in an advanced stage of the disease when they were first seen. In one case iridectomy was done on one eye with apparent arrest of progressive change, the unoperated eye remaining under miotic treatment In two, consultants advised against operation Miotics maintained or improved vision in five cases including one in which operation was considered inadvisable Five cases failed in spite of treatment. The more rapid failure took place in the older patients so that one patient had only P L after 4 years, one 6/60 after 2 years, and one went down from 6/12 + in each eye to R 6/18, L 6-24The first two patients were 65 in one year when first seen, the last 75 The failure of the two younger patients, one 49, the other 37 at the first examination, was from 6/6 to 6/12 in 4 years and from 6/6 to 6/18 in 3 years rate of change was slow in each case, one of which was operated These cases seem to indicate that older patients with advanced disease respond less readily to miotic than young-Miotics are, however, advantageous in advanced cases, only two cases of this series becoming seriously handicapped while under observation Of fourteen early cases the vision of five at the last examination was less than at the first. One case was operated after nine years of observation This was a case of high myopia in which vision continued to fail and the field to contract in spite of the fact that miotics kept the tension at a normal level LaGrange operation was successful in bringing the tension to a normal level but failed to check the advancement of a scotoma and further loss of vision. In two the visual loss was accounted for by the development of lens changes In another advanced cardio-renal disease with retinal changes was an unfavorable underlying factor In the last the vision had fallen from 6/6 to 6/9 after 6 years due to the glaucoma although the tension was not greatly elevated In this case a consultant advised The remaining nine cases maintained the vision of the first examination so that miotics apparently checked the progress of the disease

Thus with two exceptions all the early cases did well no matter what the age at onset While operation may eventually become necessary in some of the vounger patients this is less likely to occur in older patients. The teaching that patients of 60 years or over can be safely treated with miotics gains some sup-

6/5 with her glasses Both a c were deep, pupils 2-3mm, active, shallow cupping of both discs The peripheral field of the R eye was normal, the left somewhat contracted in the lower nasal quadrant, both Blind Spots enlarged 2/1000 test but no other changes The treatment which Dr Dennis had ordered was continued Seven months later when she returned because of blurring the tension was R 18(5/55) L 16(55/55) Her glasses were modified with relief After another two months her symptoms recurred but vision remained At this time the tension of the left eye was 36 (3/75), the R unchanged Eserin, Pilocarpin and Cocaine was ordered to be used more frequently in the left eye She was asked to see an internist at this time Dr W A Groat summarized his report as follows 'My impression was that there was endocrine imbalance, and I linked the inability to nurse her children, the progressive gain in weight with each pregnancy and the type of build as showing some pituitary dysfunction with possibly compensatory hyperthyroidism" In addition he advised X-ray examination of her teeth and the wearing of a truss for an um-In the meantime the tension bilical hermia came down to normal and she was not seen again for another eleven months During the interval eleven abscessed teeth were extracted and she had worn the truss Although-no drops had been used for more than six months, she had been entirely free from symptoms, had seen no halos the significance of which she understood thoroughly, and which had been regularly present prior to each previous visit. At this last examination the vision of each eye was 6/5, tension each 18(5/55) She attributed her good condition to the extraction of the teeth and the wearing of the truss

Until Hamburger's report in 1923 eserin and pilocarpin have been the chief remedies available for the medicinal treatment of chronic glaucoma. The use of adrenalin and glaucosan appear to be effective means of control in selected cases, some writers going so far as to state that by them operation can frequently be avoided. However, insufficient time has elapsed and use by a large enough number of widely distributed observers is still lacking to permit the estimation of its real value. Moreover, the few unfavorable reports in which elevation of tension has followed its use indi-

cate that the cases must be carefully selected Where this is done its trial seems more than justified No cases treated in this way are available for this discussion

The purpose of this paper is to report the results of miotic treatment in a series of 35 cases of chronic glaucoma which have been observed in the practice of my father, Dr F W Marlow The longest period of observation was 14 years in one case, the shortest one year, two-thirds have been observed for four years or less. The following table indicates the distribution

14	"	1	"
10	"	1	a.
9	"	1	"
8654321	"	1	"
6	"	3	cases
5	"	3	"
4	"	3 3 5	"
3	"	5	**
2	"	10	"
1	year	7	"

In all but seven of these cases the miotics have been prescribed according to the formula of Wickerkiewicz which combines Eserin, Pilocarpin and Cocaine in the following proportions

T	0 02
	0 40
	0.20
	20 00
	T

This prescription has as a rule been used only twice daily. In no case have iris adhesions become apparent and cases of toxic conjunctivitis have been exceptional. The impression gained from the extensive use of this combination is that it is more efficient and less annoying to the patient than either eserin or pilocarpin alone.

In order to discuss intelligently the treatment of chronic glaucoma the two forms in which this condition occurs must first be recognized. The distinction between chronic inflammatory glaucoma and simple glaucoma is so well known that no elaboration is necessary. It does seem worth while, however, to restate Schweigger's view that chronic inflammatory glaucoma is dormant potential acute inflammatory glaucoma. It is for this reason that operation is almost universally considered to be necessary early in this type of the disease

All the cases are summarized in Table 1

				Chrome	Inflammatory	Sin	iple	
,	No of cases 4 9	Age at Onset 30-39 40-49 50-59	Average Duration 6 yrs 105 " 83 "	Total No 2 3	One Eve Blind 1 1 0	Total No 2 6 6	One Lye Blind 0 4 1	Oper aled 1 (S) 2 (CI) 1 (S) 1 (S)
	9 9 4	60-69 70-80	38 "	3 0 Table	1	6 4	2 0	1 (CI) 1 (CI) 0

February 15,	192	88					0111		10	0.23		00111														
			LaGrange after 9 yrs.—Tension permanently lowered. Visnon continued to fall owing to advance of a scotoma.	Failure of R. due to cataract Bootenata remained station- ary Died after 2 years.	Failure of Hight due to nuclear estartet.					OH POSIADO	Consultant advised no open- tion.	-	Consulans anymen operation.					Irdectomy R. after 2 year! Progressive field changes. L. Remained unchanged			No field changes L. B.B. N	Now vessels on dusc. Fremen- dous opisciers! ongorgoment.	8	Consultant advised no operation, Advanced vascula.	Kleven teeth extracted,	
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Vision at Last	Right		\$/134	6/13	8/18	0/0	8/9	9/9	P.L.	8/13	6/13		9/9	+0/0	6/18	0/0		6/18	ì	8/18		9/9	6/15	ብ ብ	9/9	
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Treatment		Lecrin	Eserin	BPC	}	E.P.C.	Escria	P.P.C.	Eserin	K.P.O	E.P.C	K.P.C	0 4 H			0 4 अ	n.PO	K.P.C	RPC	043	R.P.C	K.P.C	K.P.U	E.P C	K.P.O	GLAU
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TABLE 2 SUMMARY OF TWENTY-FOUR CASES OF SIMPLE GLAUCOMA.

	,		Operation by someone clae	After 6 years acute attack left eye. Indectomy-6/12, 10 years later	ರ		R. Enveloped.	Iridectomy L. after two years Terrion 15 mm Vision No	E	Left had indectomy before	-	
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ſ	I.		8/2	9/9	H	6/9	8/9	6/36 18	,6 31	28	34 35	91
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State		γpγ	Early	Early	Adv	Adv 0/1	Early	Early 6/6+	Early 0/	Early 6,	Adv 6/	Early 6/36
Treatment	/	Esenn A	Bern	EPO E	E.P.C. A	Eserin A	E.P.O. E	EPO E	RPC E	EPO E	E.P.C. A	EPO E
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Disc		Cupped	Deeply	Deeply N cupped	,	Cupping	None	Norne	Cupped	Cupped	Cupped	No Cupping
$ndn_d igg\{$	R. L.	Large (Large oval Poor reaction	Large	Dilated	Dilated	Large Oval	Dilated	Large		Large reaction dimnished	Large R — L Sluggish
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TABLE 1 SUMMARY OF ELEVEY CASES OF CHROMIC INFLAMMATORY GLAUCOMA

PROGRESS AND OPPORTUNITIES

By CHARLES H GOODRICH, MD, BROOKLYN, N Y

The President : Inaugural Address before the Medical Society of the County of Kings January 17, 1928

COMETIME during the fading years of the last century when our youth and innocence were more conspicuous than now, we listened to a sermon delivered by an aged Presbyterian His small, gentle worn voice, his white hair and flowing beard and his mild conversational reading of his carefully prepared discourse on "Sin" caused us at first to pity and almost scorn his old-fashioned conservatism fore he had completed his twenty minutes of preaching he had convinced us of a new truth upon which we could properly base progressive Briefly, he stated and proved by the action Holy Writ that our sins of commission were trivial in importance with our sins of omission and he declared that a few mistakes, even if wilfull or vicious, were not to be compared with the thousands of opportunities for doing right things that were neglected or unthought Every human effort may occasionally go wrong, but the serious fault lies in not thinking out and making the number of efforts reasonably to be expected from a full life To quote almost verbatim "Our sins of commission are to our sins of omission as is an anthill to Mount Everest in the Himalayas" If this thought is carefully revolved we can see in it the key-note of the progress of which we as individuals dream. And there are no regrets more poignant than those born of neglected opportunities

A second suggestive thought in connection with progress, one that psychologists have recognized for centuries, and which the most lustrous quack of modern times appropriated as a new discovery. It the mind is fully occupied with worthy thoughts and activities, there is no room for the unworthy, that is, lost cerebration is reduced to a minimum

Granting, as we reasonably may, that these two principles can apply to organizations of men and women as well as to individuals, the logical position for us is in the center of the firing line of modern medical thought and activity testing our seventeen hundred minds and their servant functions to full capacity, that we, as a Society, may leave as little as possible undone that can be done. The record of this society is comparatively excellent but we have only "commenced to begin to make ready to start to go"

Progress and Speed—Progress is a stylish word. In the two or three past decades it has been the text of hundreds of sermons and included in the title of thousands of addresses. Many genuine workers have lived by the word, while more have consumed valuable time by gesticulating and vociferating their belief in it, and not a few have scoffed at the word and

the idea, contending that civilization has lost some ground since the so-called new or progressive era began So people fall into one of three groups, the workers for progress (or the team), the gesticulators and vociferators (the cheerio boys), and the pessimists Among the pogressive workers may be found a percentage of those whose intellectual quotient is dated back a few years, who think that speed necessarily means progress They remind us of the late Senator Sutherland's arraignment of the "Progressives" in the political struggles of pre-war days, when he said "the speed limit has been taken off—the Stop, Look and Listen signs have been removed, and the importunate cry is 'Full speed ahead—get somewhere else than where you are, it matters not where, but in God's name let it be quickly!" To any thoughtful, unexcited observer there can be no doubt as to the progress of the past quarter century, notwithstanding the rude jolts and smashes with which its march has been inter-Education, industry, banking, farming and science leading them all by the hand, have progressed But the noise of some people who say a thousand words where two would do has diverted the attention at times from the charms of progress And although progress may be described as beautiful, her graceful curves and satin complexion have been marred by a few deformities, diseases and These defects have served to confuse our appreciation of the real beauty, functional power and physiological activity of this new Goddess of Liberty and Reason We can agree that essentially true progress is a healthy being, and that whatever imperfections she develops are pathological and not histological

Three important lesions are quite evident
(a) The first is destructive criticism. This
is an inflammatory process characterized by a
low-grade infection which gathers force as it
proceeds, ultimately tending to suppuration
and necrosis, and unless competently treated
before necrosis takes place, results in permanent defects and limitation of function

- (b) Second—Eagerness for notoriety This is a hypertrophic, riotous overgrowth of originally normal blasts, benign until magnitude causes pressure and obliteration of normally functioning parts
- (c) The third and most serious lesion is the cancer that threatens the life of progress—the subtle, insinuating arguments and innuendos that would undermine all great accomplishments by pretending to believe and to half prove that they have been the results of base motives and elaborated for selfish

port from those cases They further suggest that the value of this treatment is not limited to patients of this age and that not a few cases can be carried along safely for a considerable

period if they are carefully watched

In 1901 DeSchweinitz in a paper read before the American Ophthalmological Society advocated iridectomy on the second eye at the earliest possible moment in all cases of acute and chronic inflammatory, and simple glaucoma if any signs of the disease could be demonstrated. The general trend of the discussion supported his opinion. In 1920 in the discussion of the paper of Rowan, already referred to, a less radical attitude was manifest although some further support of this opinion is offered. It is interesting in this connection to note the results of non-operative treatment in the patients in this series who were blind in one eye when first examined.

Ten such cases are listed in Table No 4

cases the progressive contraction of the field appeared slowed. In two cases which had nor mal periphery but typical scotomata the scotomata remained stationary under observation. In one case observed for nine years before operation while the tension and central vision were maintained the field progressively changed. Operation in this case while successful in reducing the tension did not check the advance of the field changes. In the advanced cases treatment seemed to have much less effect.

The intra-ocular tension was kept within normal limits in 8 chronic inflammatory cases and 16 simple cases. Three chronic inflammatory cases were operated with a good result Two others were operated without checking the progress of the disease. One of these was in an advanced stage, the other in an early stage of the disease. In four of eight cases of simple glaucoma in which the tension was not con-

Age at 1st Exam	Period Observed	Vis at 1st Exam	Vis at Last Exam
68	2 vrs	T. 6/36	HM Oper Refused
	U	L 6/6	6/6 Iridectomy for acute attack 6/12
37	15 "	1. 6/6	6/8
73	4 "		6/8 20/70
65	2 '		6/60
64	3 "	τ 6/6	6/6
š8	1 1/2 "	B 6/6	6/0
52		1 6/0	6/60 6/6 6/9 6/6
51		T 6/10	6/18
		D 6/6	6/12
	68 45 37	68 2 yrs 45 6 " 37 15 " 73 4 " 65 2 ' 64 3 " 58 1 1/2 " 52 3 1/2 " 51 1 year +	68 2 yrs L 6/36 45 6 " L 6/6 37 15 " L 6/6 73 4 " L 5/100 65 2 L 6/6 64 3 " L 6/6 58 1 1/2 " R 6/6 52 3 1/2 " L 6/9 51 1 year + L 6/18

TABLE 4

Two cases failed rather rapidly and one developed an acute attack In the case that failed from 6/6 to 6/12 after four years a consultant advised against operation The remains ing cases had as good or better vision at the last examination than at the first. They would seem to support Calhoun's suggestion that patients with one blind eye should be treated The fact that one eye is blind with miotics may be contributory to the good results obtained for two reasons First being blind in one eye the diagnosis is made earlier in the second Second having but one eye the patient is correspondingly concerned and takes better care of this eye

Although the treatment appears to have maintained the vision in the majority of these cases during the period of observation it has been less effective in arresting the contraction of the field of vision. In only one case was the field of vision larger at the last examination than at the first. In many of the early

trolled by miotics the vision improved in one eye. One maintained the vision of the first examination for little over a year although tension was considerably above the normal Two failed and may have been operated elsewhere. One had rather marked arterial disease. All but one were advanced cases. The one early case was the case with arterial disease. This constitutes on the whole a favorable showing for the treatment employed. It further indicates that increased tension is only a part of the disease process.

Although this series of cases is too small to allow the drawing of general conclusions, they seem to suggest that nonsurgical treatment is justified in a large number of cases. They also emphasize what is already generally accepted, that treatment, surgical or medical, is more likely to be successful when supplemented by careful and thorough investigation of the patient.

an admirably courageous and efficient Controller of the City of New York who was not trained in a bank or law office. But that there would be a generalized increase of hospital efficiency under universal medical superintendency, is proven by record.

Negro Physicians —Our negro population is increasing and with this the number of colored physicians These receive standard medical education, and a few of them acquire hospital experience as internes. But they have few opportunities to develop as skilled clini-The doors cians and we need them as such of most hospitals are closed to them however excellent their training From a distant city there came some years ago, a skilled learned young negro surgeon, bent on serving his people We met him and heard his story could work only in crowded tenements hospital could be induced to permit him a place to work Conscientiously he referred serious major cases whom he was qualified to serve White nurses refused to to regular hospitals work in the operating room if he was to observe an operation on a white woman He had vision and courage He bought a house, mortgaged heavily, and created his own hospital There he works diligently for rich and poor alike with better than average skill But few could do this If we are to strive consistently for the elevation of the standard of the practice of Medicine and Surgery in our county, we have an opportunity to serve our colored physicians by creating clinical advantages for them How can we help do it? Think it over

Medical Ethics -The ethics of our professional life should not be the sleepy acceptations of the good rules of the past. Here also are opportunities Ethical waves sweep over a people or a generation and affect more or less all classes of workers. And a period of exceptional general prosperity is the time of greatest danger Vices undreamed of in tense. lean times creep in to the disadvantage of the conscientious worker and the needy patron That selfishness is an increasing characteristic of our people is easily demonstrated. Let it In business, dishonesty losses not touch us have increased amazingly in the last two years We should be scrupulously honest not only as to our business relations with our patients and each other, but we should give our patients just as nearly one hundred per cent service as our physical and intellectual powers will per-If there is one line of service in which the Golden Rule should be the standard of measure, it is ours. It has always been easy for the doctor to be selfish, or dishonest, or both because of knowledge he possesses denied to his patient. We hear rumors of excessive charges for minor services, of fee-splitting, of deliberate prolongation of disability for profit. As a society we should lend positive energetic influence toward stopping all these, not only here, but everywhere

We have an opportunity to serve those who labor with their hands for a daily or weekly We believe in a living wage, even a cultural wage, and hours of labor that will permit of reasonable rest, recreation, conservation of health and culture We can show these good men and women who are so much richer in money and time than were their fathers and mothers how to use some of their leisure time in caring for their bodies, elevating their minds, and planning a system of economics that will safeguard their futures The family doctor is sometimes the best and most cultured friend of these homes An informing, friendly suggestion as we move among them may be potentially our greatest hygienic and cultural service to our time For "our life and conduct are ever propagating themselves by a law of social contagion throughout the circles and times in which we live

There Is Another Opportunity in Ethics-Every occupation, especially every professional one, automatically develops competi-Competition of individuals or groups often lead to petty jealousies and differences of varying magnitudes The medical profession is renowned for its petty jealousies, the extreme personal sensitiveness of some and the painstaking care of many to avoid criticism of ethical conduct, even to considering each other while the patient suffers sional life is tense Economic pressure is often a wearying factor for many years or throughout a career And many of us live in a very small world compared with other professional and business men of equal intellectual attainments With these conditions, plus the misrepresenation and plottings of people for their own fancied gain, misunderstandings, jealousies, and differences arise One of our opportunities as a society is to obliterate these by a unanimous determination for fraternalism and comradeship regardless of ancient squabbles, and to allow no professional discussion to lead to personal ennity

The Visiting Committee—We have an opportunity to serve our members when sickness or accident disables them. A Visiting Committee is ready to prove our fraternal spirit. The chairman of last year's committee tells me that no case of illness or accident in our membership has come to him directly and the office of the society corroborates him. If a disabled member, his family, or his doctor friends will report instances of illness or injury to this office our Visiting Committee will gladly enlarge its services.

Medical Economics—In the field of medical economics there are opportunities and duties

purposes The "Smart Alecks" of the literary world have led the way and find a few copyists in all lines, even in ours. This is a real danger today throughout civilization. Progress will die when we cease to believe in each other! Let us credit all good work to good motives and believe that in every man for whom such a credit is established there are more good motives ready to work

However minute these lesions in our progress here, let us practice the only rational treatment—complete, prompt excision of all three budding bumps of pathology—and consign the criticism that is only destructive, noise that is only for notoriety, and the subtle questioning of motives to the dressing-pail and the incinerator. Then all this metabolic vigor can be turned into worthy channels and our Goddess will expand and wax more powerful therefor.

Progress develops with the recognition, seizure, and employment of opportunities. We now take off for a spin over the field of opportunities in our plane "The Spirit of Kings County" and what do we see?

Scientific Programs - This is a body of scientific men and women. We should not be content with routine work, however excellently and even elegantly done We should produce scientific results of consequence and publish them with promptness and care Every member's accomplishment in evolving new methods of diagnosis and treatment is a glory and credit to the Society and its presentation here or in one of the special sections or societies meeting in this building, places Kings County on record Perhaps we have been so busy with large community problems that we have not stimulated this type of work adequately But the call is on from leaders of scientific thought among our membership, and we hope that this cardinal opportunity will be recognized, seized, and employed by many in 1928 The demand for strictly scientific programs and open discussions at some of these meetings is urgent and will be met The response will be watched with interest to ascertain how urgently they were really wanted Research Work—Research work is not pos-

Research Work—Research work is not possible for many of us but there are fields for study in which some of our members may well seek glory and the gratitude of all mankind. The causes and cure of pernicious anæmia, the prevention and cure of blood-stream infections, the prevention and cure of Parkinson's Disease, the cure of Glioma, these are some of the problems for the solution of which the world waits. Why cannot Kings County, with its incompletely used wealth of clinical material, undertake work of this type to a greater extend than heretofore?

tent than heretofore?

The Follow-Up Record -In our work the

true test is the end result of medical, surgical, or special treatment. The follow-up record is therefore essential. Are we, as a group, following-up as we should? It is done in the ward work of hospitals with varying degrees of enthusiasm and efficiency, but how about the vast amount of private work in your practices? This is a real opportunity for service, quite comparable with the work we have done in advancing the periodic examinations of apparently healthy persons

The Teaching of Treatment -A part of our scientific duty is to note the drift of extreme enthusiasms and how they crowd out the timehonored, proven practices, the partial paralysis of progress During the past twenty years, great attention has been focussed by our profession upon diagnosis-and medical college teaching has advanced amazingly the ability of the young graduate and hospital interne to make a logical, intelligent, accurate diagnosis I could tell you at length of several instances of prompt, limbsaving, life saving, emergency diagnoses made by our internes during the past year-diagnoses which would do credit to any doctor One of this same group told me a few days ago, "I know nothing about treatment-especially medical treatment-except what I have learned here"

The trouble is this—in giving to students such excellent training in diagnosis there has been a lessening of teaching of treatment—especially the detailed teaching and training in medicinal therapeutics It has been a case of not loving Cæsar less, but Rome more—forgetful of the fact that had it not been for Cæsar, Rome might have been different The student's years in medical school are limited, only so much time is available If more time is occupied in training him in diagnostics, there is so much less for treatment, and this, with broader training in surgery and new special forms of therapy-electrotherapeutics, physio-therapy and the like-has crowded materia medica, pharmacology, and medicinal therapeutics into a small, very dark corner Thus one of the tasks to which we must co-operatively bend is to induce leading medical schools to teach more materia medica, pharmacology, and medicinal therapeutics even if it means longer courses

Our hospitals are centers of scientific work They function with varying degrees of commendable efficiency. If we can suggest and influence their Trustees and committees in any way that will expand and enlarge this efficiency, it is clearly one of our opportunities. One of the elementary hospital truths of which we all are sure is that ideally every hospital superintendent should be a trained physician with a flair for executive work. Not that there are no efficient lay superintendents—we could name one on the instant, just as we can name

is not this an opportunity to serve the community, to think and plan and work to prevent this killing? The authorities are trying their best Traffic police are in earnest Civic bodies are talking, planning, placarding, pleading What can we do? We can plan to drive safely and heed, not scorn, all notices and safeguards, but anyone can do this We have never believed much in professional emblems on cars, some think you are advertising, and popular prejudice would oppose the special privilege in traffic it sometimes brings we are willing to change and adopt the standard emblem if, by so doing, we can in time make the police when they see it feel "Here comes a safety guy," and imbue with confidence rather than terrified uncertainty every blessed child (and cussed child) and every bent old man and tottering old lady when they see us coming If a fleet of 1,500 motors advertising the safety spirit and demonstrating kindly consideration in driving can be turned loose in this borough, we might by example and precept ultimately help to reduce these killings and render valuable service for

Prevention of Nervous Diseases — When Charles L Dana was with us in November he told us that although measures were studied and advertised for the prevention of all sorts of contagious and communicable diseases, occupational diseases, accidents, and poisonings, no public authorities seemed interested in studying and working out a plan for the prevention of nervous diseases. We hope that a campaign leading to the planning for the prevention of some of the common nervous diseases may be initiated in this community by our society this year. It is a real opportunity

Endowment of the Society—On the financial side we have to recall that while almost all business and scientific institutions are planning to enlarge so that they can produce more money, more profit, our aim is to enlarge our usefulness to the profession and community which costs money. Our running expenses have been paid out of the dues from members, and it is desirable to keep these dues as low as is possible for obvious reasons, chief of which is the desirability of wide participation in organized medicine, the duty and responsibility of every practitioner of character and scientific worth

Now, if we are expanding not to make money but to spend it, we must, somehow, obtain the money that we are to spend. If it is not coming from the dues it must come from gifts. The most permanent kind of gift for any society of this character is that designated for the endowment fund. It seems to us that several hundred of our membership should be able to add twenty, forty, fifty or a hundred

dollars a year to the endowment fund of the Medical Society of the County of Kings Think about it If we are going on with our expansion, if our work is to be larger and finer, we must have money This is one way to get it

The Codicil Club—Another is the so-called Codicil Club—At the Wendell Phillips dinner a little more than a year ago, eight of us in discussing our society, agreed to set aside a definite percentage of our estates in our wills for the Medical Society of the County of Kings—The specific promise was at least two thousand dollars (\$2,000 00)—The Codicil Club is thus started with eight members—We want two hundred members before the year is over. This is an opportunity—It hurts no one, it would be a wonderful thing for the society

A third practical method of increasing our endowment fund is a life membership based upon actuarial figures upon the average expectation of life. This can be so priced as to be as advantageous to the members as the average life insurance contract, and yet if the sum paid is administered as our trustees know how to do it, the annual dues of this member can be paid out of principal and interest and always leave something for the endowment fund of the society Such a plan has been under consideration by our trustees for several If there is a general demand by our membership for it, we are sure that the trustees will make it available promptly. It would be good for the individual and good for the society

As your president sees it, the rapid and continuous development of an endowment fund is the share of our members in financing our For the great building proposition which we have ahead of us we must look to the community at large, for our service to them should recommend our cause to philanthropic citizens of wealth A greater medical society and academy of medicine building would be an ornament and a resource to the community corresponding to a mature university, for our library and reading-rooms constitute the most important permanent scientific resource in the county As President Welton told you a year ago, we must double the capacity of our library stack rooms, double the size of our reading rooms, and double or triple the size of our auditorium We must provide more room for office and library workers, and more workers who must be paid salaries should provide here the offices for all of the allied public welfare committees and agencies who work with us and assist us materially in accomplishing our community work reduced rentals would ease our expense account and much lost motion would be saved for the several corps of workers More work

for our consideration. Some of your officers have long desired and hoped to establish here a credit bureau for your information and advantage. There are too many families who consistently and throughout a life time gain credit from one doctor after another and never

The practice of Medicine and Surgery by corporations is not legalized under the laws of the State of New York This is especially important for us to consider in connection with the workings of the Workmen's Compensation Act Several insurance companies who write large volumes of workmen's compensation insurance are not only giving advice and treatment through physician employees, but are urging and directing the insured to take the companies' treatment rather than that of the doctor whom he or his employer has chosen, while the Compensation Act places the responsibility for treatment upon the employer Although we know of no instance in which the insurance company has charged the patient for services, there seems to be enough financial gain in the procedure to induce the companies to employ salaried doctors and nurses, and equip fine offices and treatment rooms, and to some this savors of illegal Although we seek no quarrel with insurance companies, many of whom are clean, honorable and fair dealing even with busy and unbusiness-like doctors, if they are practicing medicine or surgery illegally, may we not have an opportunity for service to them and to the state in calling attention to the fact?

Another phase of the practice of medicine by corporations has been suggested by the welfare work and medical and surgical care given employees by many of our greatest and most beneficent organizations As far as we have learned there has been no unfavorable reaction to this practice, except fault-finding by the employees thus served freely ever, all questions concerning the practice of medicine by corporations will be recommended to our committee on medical economics for careful comprehensive review and recommen-And on the committee on medical economics we have placed, among others, two Thus the prominent industrial surgeons matter should have wise consideration and

Preventive Medicine—In the realm of preventive medicine we have the opportunity of individual and organized action in conscientiously supporting every regulation mapped out as standard by our City's Department of Health—This is merely conventional citizenship for the physician or surgeon—But above this conventional line there are opportunities and duties potentially great, such as broadcasting to timorous parents the advisability

and safety of the preventive treatment of diphtheria, the creating of popular sentiment and demand for tetanus antitoxin injections in all punctured and dirty lacerated wounds and compound fractures, and making unpopular the person who persists in bringing to theaters, concerts, lectures and church services an infectious rhinitis, pharyngitis, tonsillitis, or These things can be accomplshed bronchitis best by daily personal work by us all We can drop a wise enlightening word wherever the dropping of it can be germane to the subjects we are discussing with patients. And these are only a few of the subjects we can use Tuberculosis is always in the city and many are still ignorant of ordinary preventive measures The recurrence of youth, which is said to be the real cause of wars, makes necessary the constant efforts to diffuse the principles of Organization work venereal prophylaxis such as that done by our admirable public health committee lays a fine foundation, but personal work is the key to complete diffusion of knowledge in preventive medicine and surgery

Anti-Tuberculosis Work — The month of March has been set aside by the National Tuberculosis Association for a nationwide drive for the early diagnosis of tuberculosis are asked by the local committee to co-operate We will furnish speakers for high actively school audiences and offer at least one practical lecture on the subject, but our greatest service in this drive will be individually and collectively to stimulate the physical examination of all the people who have lost weight, color, appetite, voice, or vigor during the winter, and those who have a little coughing to do every day We can easily do this for one month and thereby assist in assuring that nearly or quite every early case is diagnosed But our grand opportunity is to in time make this a consistent, persistent campaign in Kings County throughout the year during every year

The opportunity to serve the county by teaching all of the boys and girls, young men and women, who can be taught, something of first aid in cases of injury, may not seem over attractive to the busy practitioner, but let us get at it with new enthusiasm. Our Trustees have authorized the use of this building for teaching boy scouts these principles on Saturday mornings, and one of our members will be responsible for the conduct of the classes. Let us wish him power and lend him all the help he needs! Some of these boys will be leaders of men hereabouts very soon!

Traffic Safety—Motor traffic still kills by wholesale. This body of educated men whose lives are dedicated to preventing and relieving suffering sense this horror keenly. And

uretero-lithotomy is advised. Stones in the bladder are treated either by a crushing operation through the urethra or a suprapubic cystotomy is done and the stone removed. The question of when to operate is of course a matter of good judgment and there is no doubt that some mistakes have been made in overzealous attempts to make a stone pass down the ureter by manipulation with the ureteral catheter or some of the instruments devised for this purpose. Each case must be judged by the pathology presented as no definite rules can be layed down to govern our action in all

A study of 103 cases taken from hospital and private practice will form a basis for certain conclusions. Of these 79 were males and 22 females. Nothing can be determined from this fact as the work of urologists is chiefly among

Incidence according to age

10 to 19, inclusive	2
20 to 29, inclusive	21
30 to 39, inclusive	2 6
40 to 49, inclusive	30
50 to 59, inclusive	13
60 to 69, inclusive	9
70 to 79, inclusive	2
	103

It will be seen from this that most of these

patients were past middle life

There were 23 of this series which had calculi in the kidneys, 12 were on the right side and 10 on the left side, one patient had stones in both kidneys The diagnosis was made in each instance by finding the stones with X-ray Five passed the stones unaided, on four it was necessary to perform nephrectomy owing to extensive destruction of the kidney, three had pelvio-lithotomy done and in two cases the stone was removed by nephrotomy them still have the stones in the kidney Two of this group died, one from anuria due to stones in both kidneys and the other from a double pyonephrosis. The other five were lost track of so that the subsequent history could not be determined

There were 63 cases of stones in the ureter The distinction between stones in the kidney and stones in the ureter is not great as probably all are renal in origin so they will be considered more or less together. The diagnosis in these cases was based on either the presence definitely determined by combined cystoscopic and X-ray examination or from definite "renal colic" with finding of blood in the urine which quickly cleared up with the subsidence of pain and possibly the actual passing of the stone which was discovered in the urine. The general conception of the cause of renal or ureteral colic is a rough jagged stone scraping its way down the ureter and

each little scrape causing the patient intense agony We believe that it is only when the stone tarries in its journey down the ureter and causes complete though temporary obstruction do we get pain. In other words it is the obstruction to the urinary flow causing distention of the ureter and pelvis above that This is proven by the fact that causes pain we can produce ureteral colic by the injection of fluid through the ureteral catheter We are forced to admit that the passage of a rough jagged stone does cause, often times, perhaps more often than not, enough trauma to the ureter to produce quite a smart hemorrhage but it is probably not true that this trauma is the cause of the accompanying pain 63 cases, 51 passed the stones and five required operation, the remaining 7 still have the stones in the ureters and 2 are under treatment at the present time. In other words about 81 per cent succeeded in getting out of their difficulty without a surgical operation Of the number passed 17 were aided with some form of intra-ureteral manipulation. This 1 think is an interesting observation. If we consider both the renal and ureteral cases together there was a total of 86 and of these 57 passed the stones with or without aid, then from this deduct the five cases which were lost track of. we have 70 per cent passed In other words when a stone starts down the ureter it has a good chance of passing Of the ureteral stones 31 were on the right side and 37 on the left side, 3 on both sides. It is rather difficult to locate these stones as to the portion of the ureter in which they were at the time and as a matter of fact it makes no difference as long as the stone keeps moving. The ureteral stones in which we are chiefly interested are those which become lodged in a saculation above a stricture or become tunneled have definite evidence that a stone will move up the ureter where it is dilated above a stricture, others which were operated on were found definitely incarcerated, mostly due to the large size and rough exterior It has been found that those stones which lodge in the upper or middle ureter are made to pass with greater difficulty than those which are lodged in the lower third It might be well to mention the methods used to urge these stones First an attempt is made by the passage of a plain ureteral catheter which is twisted in an effort to dislodge the stone Sometimes two catheters are passed up the same ureter Occasionally these are left in for 24 or 48 hours Attempts at dilatation are made with the Walther dilator which is a bougie with graduated sized bulbs attached to the end with a fine threaded screw preceded by a small filiform These have proven very efficient dilators in our hands Occasionally

would be done with more alert co-operation and understanding and the expense of every organization would be reduced, therefore more for Brooklyn

Character — Thus we have rapidly and roughly sketched a few of the opportunities for progress which may well be grasped and employed here in order that we may not pile up our sins of omission mounting high. These are some of the thoughts that have thronged as we have considered the honor and responsibility of being chosen as your leader and mentor for the year.

For seventeen hundred busy practical men and women who must earn their livings, to join together in this type of work for mutual and community welfare demands character Our own Cadman recently said "Character is the sole essential foundation of all human progress" We have tons of it roped off in our corral It also requires imagination, which if used in evolving beneficences, acquires a romantic tinge and tone

Some laymen say that the doctor becomes "hardened" We have heard clergymen say that from devoting ourselves to physical affairs we become materialists. But we all realize that we have marvellously constructed material upon which to work, and that there is always a soul housed within. If, therefore, we concern ourselves absorbingly with saving and repairing the house for the sake of the soul, it is really a great adventure.

chosen work Comprehensive organization endeavors should be our sport with which we can round out full days of prolific service. We should turn to it not as dull duty, but with the daring romantic spirit of the poet

"Sail forth! Steer for the deep waters only!

For we are bound where mariner has not yet dared to go"

Nineteen hundred and twenty-eight is the year that now concerns us. To proudly tell and re-tell the splendid story of our society's past as our contribution, would denote age and loss of mental muscle. To merely indulge in fantastic dreams of our palace upon the Acropolis is like the romancing of youth and inexperience. NOW is the fleet, elusive bull that we must tackle by the horns!

From the ancient Sanskrit we treasure this

aphorism

"Look well to this day for it is the very life of life

In it lie all the verities of your existence, The glory of action, The bliss of growth,

The splendor of beauty,

For yesterday is but a dream, and tomorrow is only a vision,

But today well-lived makes every yesterday a dream of happiness,

And every tomorrow a vision of hope Look well therefore to this day"

CLINICAL EXPERIENCES WITH URINARY CALCULI*

By THOMAS F LAURIE, M D, and ALEXANDER MASON, M D, SYRACUSE, N Y

HE management of cases of urinary calculi has undergone somewhat of a change in the last decade owing to the advancement of methods of diagnosis. The cause of these calculi has yet to be determined, many theories have been advanced but none fits every case. It would seem that one of the commonest causes encountered is infection, yet many times calculi are found where at the time no infection exists. From our present knowledge we feel safe in assuming that infection of the kidneys is much more common than was formerly thought and whether or not pyelitis of childhood might not be a cause for the formation of a stone in the kidney is a question for conjecture

The symptoms of stone in the kidney or ureter need not be rehearsed as they are familiar to all Sometimes it is possible to determine the approximate location of a stone in the ureter by the location and character of the pain, but by the use of the cystoscope, the

* Read before the Syracuse Academy of Medicine, May 3, 1927

leaded catheter, roentgen rays and pyelography we are able to determine not only the location but the procedure to be followed in a Our plan has been to perform cystoscopy on every case where possible catheterize the ureters with opaque catheters, and take the X-ray films, both plain and with Sometimes we have used stereopyelogram scopic films to determine whether or not a stone was in the ureter but usually this can be determined by injecting the opaque fluid low down in the ureter thus making an ureteropyelogram If the stone is located in the kidney and is causing symptoms, either pain or signs of infection, we have advised its removal either by nephrotomy or better pelvio-lithotomy If a stone has started down the ureter and is stopped in its descent efforts to make it proceed are attempted by one of the numerous ureteral instruments which have been devised If all attempts to dislodge the stone fail and there are signs that the kidney may be damaged by its continued lodgment there,

uretero-lithotomy is advised. Stones in the bladder are treated either by a crushing operation through the urethra or a suprapubic cystotomy is done and the stone removed. The question of when to operate is of course a matter of good judgment and there is no doubt that some mistakes have been made in overzealous attempts to make a stone pass down the ureter by manipulation with the ureteral catheter or some of the instruments devised for this purpose. Each case must be judged by the pathology presented as no definite rules can be layed down to govern our action in all

A study of 103 cases taken from hospital and private practice will form a basis for certain conclusions. Of these 79 were males and 22 females. Nothing can be determined from this fact as the work of urologists is chiefly among

Incidence according to age

10 to 19, inclusive	2
20 to 29, inclusive	21
30 to 39, inclusive	2 6
40 to 49, inclusive	30
50 to 59, inclusive	13
60 to 69, inclusive	9
70 to 79, inclusive	2
	103

It will be seen from this that most of these

patients were past middle life

There were 23 of this series which had calculi in the kidneys, 12 were on the right side and 10 on the left side, one patient had stones The diagnosis was made in in both kidneys each instance by finding the stones with X-ray Five passed the stones unaided, on four it was necessary to perform nephrectomy owing to extensive destruction of the kidney, three had pelvio-lithotomy done and in two cases the stone was removed by nephrotomy them still have the stones in the kidney of this group died, one from anuria due to stones in both kidneys and the other from a double pyonephrosis The other five were lost track of so that the subsequent history could not be determined

There were 63 cases of stones in the ureter The distinction between stones in the kidney and stones in the ureter is not great as probably all are renal in origin so they will be considered more or less together. The diagnosis in these cases was based on either the presence definitely determined by combined cystoscopic and X-ray examination or from definite "renal colic" with finding of blood in the urine which quickly cleared up with the subsidence of pain and possibly the actual passing of the stone which was discovered in the urine. The general conception of the cause of renal or ureteral colic is a rough jagged stone scraping its way down the ureter and

each little scrape causing the patient intense agony We believe that it is only when the stone tarries in its journey down the ureter and causes complete though temporary obstruction do we get pain. In other words it is the obstruction to the urmary flow causing distention of the ureter and pelvis above that This is proven by the fact that causes pain we can produce ureteral colic by the injection of fluid through the ureteral catheter We are forced to admit that the passage of a rough lagged stone does cause, often times, perhaps more often than not, enough trauma to the ureter to produce quite a smart hemorrhage but it is probably not true that this trauma is the cause of the accompanying pain 63 cases, 51 passed the stones and five required operation, the remaining 7 still have the stones in the ureters and 2 are under treatment at the present time. In other words about 81 per cent succeeded in getting out of their difficulty without a surgical operation Of the number passed 17 were aided with some form of intra-ureteral manipulation think is an interesting observation. If we consider both the renal and ureteral cases together there was a total of 86 and of these 57 passed the stones with or without aid, then from this deduct the five cases which were lost track of, we have 70 per cent passed In other words when a stone starts down the ureter it has a good chance of passing Of the ureteral stones 31 were on the right side and 37 on the left side 3 on both sides. It is rather difficult to locate these stones as to the portion of the ureter in which they were at the time and as a matter of fact it makes no difference as long as the stone keeps moving. The ureteral stones in which we are chiefly interested are those which become lodged in a saculation above a stricture or become tunneled have definite evidence that a stone will move up the ureter where it is dilated above a stricture, others which were operated on were found definitely incarcerated, mostly due to the large size and rough exterior It has been found that those stones which lodge in the upper or middle ureter are made to pass with greater difficulty than those which are lodged in the lower third It might be well to mention the methods used to urge these stones First an attempt is made by the passage of a plain ureteral catheter which is twisted in an effort to dislodge the stone Sometimes two catheters are passed up the same ureter Occasionally these are left in for 24 or 48 hours Attempts at dilatation are made with the Walther dilator which is a bougie with graduated sized bulbs attached to the end with a fine threaded screw preceded by a small filiform. These have proven very efficient dilators in our hands Occasionally

graduated sized bulbs incorporated in a catheter or bougie are used. The Livermore dislodger has been tried without great success due we think to the small shaft which was first used in its manufacture. The latest dilator is known as the Dourmashkin after the man who devised it. It is a simple apparatus consisting of a rubber bulb over the end of a catheter which is dilated by injection of fluid from a small glass syringe. This has not been used enough to form a real good opinion as to its value but the principle of it is sound and simple. There are numerous other instruments on the market, only those which were used have been mentioned.

It is of interest to note some of the symptoms and other conditions existing as an accompaniment or possibly as a cause of the calculi present One patient had pyuria as the only symptom of a large branched stone in the left kidney There were two cases of definite hydronephrosis which will probably come eventually to nephrectomy Three had had their appendix removed for right sided pain, one had had a gall bladder operation One had had three previous admissions to the hospital with the diagnosis of colitis and constipation One patient had a double pelvis in each kidney with double ureter on the left side, there were originally three stones in the upper left pelvis, two of these were passed, the third remaining for a period of at least four years and was located in the upper ureter above a stricture, attempt to remove this by ureterolithotomy failed owing to the fact that the stone went back up into the hydronephrotic upper pelvis A subsequent nephrectomy was done One patient had a double pelvis with a single ureter, on the left side. In one of the cases of uretero-lithotomy there was a recurrence of the stone at the same place about two There was one patient with a years later large spindle shaped stone in the lower third of the right ureter who had had pain in the right side for 20 years Thirty-seven were the largest number of stones passed by one man over a period of years

Calculi of the bladder are not quite so common as those of the upper urinary tract, possibly for the reason that those which originate in the kidney do not rest long in the bladder after they reach that viscus although occasionally they have to be removed transurethrally Just how many originate in the bladder it is hard to say but if a large calculus is found back of a prostatic obstruction it seems reasonable to assume that it was formed there as a result of the urinary stasis Included in this series are 18 with bladder stones youngest was 14 and the oldest 73, males 16 This predominence of males and females 2 over females can be easily accounted for by

the fact that women do not have prostates Ten were removed by suprapubic cystotomy most of them in the course of a prostectomy, six were removed by a crushing operation, either with a lithotrite or rongeur, one passed out through the urethra and one was lost track of For the most part the diagnosis was made with the cystoscope

In considering the methods of removing stone from the bladder we must first know the actual conditions existing at the neck of the bladder or in other words a thorough search must be made for a possible cause of the formation of the stone. If there is distinct obstruction at the vesical neck with the presence of stone it would be foolish to attempt any crushing operation except in a very rare instance of some inoperable condition, because the stone would probably reform. There is also sometimes more shock to a crushing operation than to a suprapubic cystotomy.

Of these stones removed from the bladder there was no doubt that five of them had originated in the kidney, one of the women included in this list had a sponge in the bladder as a result of a Watkins interposition operation This sponge was with a stone formed on it removed by suprapubic cystotomy the cases mentioned above in the list of ureteral calculi had a stone removed from the bladder about three years previously patient had a distinct contraction ring at the vesical neck which was treated with the Punch Another of the patients included in the list of ureteral cases passed his stone into the bladder but in attempting to pass it out it got stuck in the posterior urethra, which necessitated pushing it back into the bladder and crushing it One patient had a nest of stones in the prostate as well as the one in the bladder

From the above study the following conclusions can be drawn

1 Stasis of urine anywhere along the urinary tract favors the formation of stones

2 If a stone gets into the ureter it has an 81 per cent chance of passing down into the bladder

3 Stones in the urcter may be helped to pass by manipulation with instruments in the ureter

4 Most of the stones which reach the bladder pass out through the urethra unaided

5 Before stones are removed from the bladder by any means a thorough knowledge of the condition of the vesical neck must be obtained by cystoscopic examination

6 With the history, physical examination, use of the cystoscope, X-ray and ureteral catheters we now have good command of the situation and with good judgment can deal with it intelligently

ACUTE INTESTINAL OBSTRUCTION*

With Report of Sixty Cases

By LEW H FINCH, MD, FA.CS, AMSTERDAM, N Y

A NY disease which under the best treatment of medical science today exacts a mortality toll of over 50 per cent is surely worthy of the most serious consideration. Such a disease is acute intestinal obstruction.

Since the advent of antiseptic surgery there has been a gradual diminution both in mortality and morbidity, so that today operative procedures which less than forty years ago would have been deemed too hazardous are faced now with a degree of certainty little

dreamed of in a generation past

Only three score years ago Dr Gross, professor of surgery in Philadelphia, contemplating the advisability of removing a goitre, stated that no sane and sensible man would attempt its removal. Indeed, he remarked it was questionable whether the gland could ever be safely removed. What would be his reaction if today, he could see almost any type of goitre attacked with impunity, and discovered a mortality record of less than two per cent in the best hands.

In no field of surgical endeavor has there been greater advance than that of the abdomen with the sole exception of this ugly and baffling condition, intestinal obstruction. Indeed, in many lines surgery has reached apparently the limit as far as asepsis, technic, pre- and post-operative care, mortality and morbidity are concerned. Further progress will undoubtedly be along the line of anesthetics and methods of induction.

In view of the above, why is it that we have fallen so far behind in the case of intestinal obstruction, a disease more fatal than appendicitis, ectopic gestation, gall bladder and even perforative lesions Moynihan has stated in his recent work that few surgeons in any series of over twenty cases can show a mortality of less than 50 per cent I believe there are many reasons for this which will bear frequent and careful review First and foremost, I believe the fault has been an educational How many of us remember our college lectures on this subject? How much time was spent presenting this dreadful condition before us by word, illustration, and case report, that we might realize what a serious condition it really was Yet there are few of us I feel who have not carried away from lecture room and hospital service, a very definite and vivid picture of appendicitis ectopic and acute per-Has not this failure to properly evaluate this disease had something to do with the delay which is so common in insisting on surgical treatment? Over 90 per cent of these cases die under medical treatment, only 10 per cent would be sacrificed if the physician could realize the seriousness of this disease, diagnose his case early and insist on laparotomy

Coincident with the high mortality following treatment of cases seen in the late stages, has been the reticence of some men in reporting their series—for the very reason, a high mortality. They fail to realize that this very fact may be the impetus which will lead other men to more careful study. We have goitre statistics by the thousands, cancer and ulcer of the stomach by the tens of thousands and the same may be said of the gall bladder, appendix, uterine and kidney lesions, but when we come to intestinal obstruction, there are few series running into the hundreds. This is not due to the less frequent occurrence of the disease although it has a definite bearing.

No conscientious surgeon who has done much operative work is not struck with terror when called upon to treat a case of intestinal obstruction The first question he asks is, "How long has the patient been sick?" The reply, so frequent, "fecal vomiting for one, two or three days," or as in a case recently treated by the writer, in which the patient had vomited sterocaceous material ten How long will it be before we days before learn that fecal vomiting is one of the terminal symtoms and a surgeon called at this time is generally soon followed by the undertaker Score the internist not the surgeon and do not say it was "God's will," but rather our own ignorance

From this failure to properly assess the disease has followed the failure to diagnose and consequent delay. Personally, I believe we should make early diagnosis in 90 per cent of these cases. In arriving at this end more will be gained by a careful history of the case, especially previous illnesses including operative procedures and mode of onset. This followed by a careful inspection, palpation and percussion of the abdomen should in a great majority of the cases establish a diagnosis. If in doubt and no force, flatus or feces in second enematy, operate

I ven though it may appear academic. I have thought it best to review the disease briefly as to etiology, symptomatology, diagnosis and treatment. During the past few years much that is new has appeared which I feel may be of help in treating this malady. A great deal of experimental work has been done to

^{*}Rend at Annual Meeting of Fourth District Branch of the Melical Society of the State of New York at Schenectady N Y October 12 1927

produce artificially in animals the condition found in the human. Hausler and Foster to eliminate the factor of profound narcosis have under local anesthetic. (1) produced blockage of lumen of bowel without any apparent involvement of circulation. (2) Acute strangulation with involvement of blood vessels, lymph and nerve supply. These conditions parallel closely two types found in the human, namely, the first as seen in block or obstruction from calculi, foreign bodies, with little or no involvement of the circulation and second, the strangulated type, best exemplified in strangulated hernia, volvulus, and intussus-

In studying the causes of death in intestinal obstruction the same workers have considered shock, bacteriemia, toxiemia, dehydration, amount of bowel involved and degree of venous occlusion They believe that the condition closely simulates that seen in complete starvation and that this latter is the greatest factor in the cause of death. They have proven that toxiemia and retention of production is not the sole cause However, no one factor but rather a combination varying in different types, are the cause Bio-chemical studies have revealed that the blood picture is similar to that found in starvation, viz, high hemoglobin and red blood count, increase viscosity and lowered blood volume Haden and Orr have noted increased dehydration, lowering of blood chlorides and a frequent tendency toward alkalosis A fall in chlorides is noted in every case and an increase in CO₂ combining power followed very frequently Vicar in his metabolism studies of high obstruction calls attention to similarity of acute intestinal obstruction to that of uremia, in chronic nephritis, marked retention of nitrogenous waste products and high blood urea. He also noted a lowering of the blood chlorides

All cases of obstruction fall under one of two great types, the dynamic and the mechanical The dynamic is due to a paralytic condition of the intestinal wall and is most frequently seen following acute appendicitis or septic peritoritis. This type is also frequently found following torsion of intra-abdominal viscera as in ovarian cysts, pedicled tumors of the kidneys, spleen, or uterus or viscera which have acquired long ligamentous attachment. These conditions are frequently accompanied by sterile peritoritis. Involvement of the blood vessels either by embolus or thrombosis will produce similar conditions which however soon result in necrosis and speedy death

The second great division of obstruction is the mechanical and this is by far the most frequently seen. In this group occur the cases of strangulation either by viscera passing through normal or acquired openings or by sliding under bands producing external or internal hernia Then follows kinking of the bowels by bands, result of previous inflammatory reaction either from disease or operative interference, volvulus, intussusception Blocking by calculi or foreign bodies follow in the order mentioned

There are possible a hundred different causes for acute intestinal obstruction but for all practical purposes one who remembers the following will be prepared to meet the remaining

- 1 Strangulation by band, adhesions or through openings Under this head, all the hernias
- 2 Acute localized paralysis due to infection, most frequently seen following suppurative appendix
- 3 Strangulation or kinking from bands
- 4 Volvulus
- 5 Acute intussusception
- 6 Acute obstruction in chronic obstruction
- 7 Impaction of foreign bodies

When we consider symptoms, it is well to remember that the general signs are those most frequently found in strangulated herma There are, however, three major sign-posts which we (1) Pain should constantly remember (3) Constipation which is generally Vomiting absolute Although there are many other symptoms which vary with the cause, severity and extent of obstruction these three should in a great majority of cases put us on our guard and en-Shock, disable us to make an early diagnosis tension, low temperature, rapid pulse, rigidity, Hippocratic facies, visible peristalsis may occur in many cases but let us not forget that pain, vomiting, constipation occur in every case and in Sudden acute abdominal pain the order stated should always be a danger signal in the face of the conscientious physician and he who in spite of this warming dulls the patient's sensorium and lulls his own reasoning factors by administering morphine is headed for disaster which will soon manitest itself in the form of fecal vomiting To parody a boyhood rhyme, he who treats with morphine and runs away will live to regret another No physician should administer morphine unless he is reasonably sure of diagnosis after a thorough history and physical examination is a simple statement but one most frequently The administering of morphine is disregarded the greatest factor in the production of bad results Accompanying the pain shock often occurs and is especially seen in those cases of high obstruction The shock differs from that seen in many other intra-abdominal lesions in that it frequently passes over but the pain persists Voniting accompanies pain or closely follows it First gastric contents, then bile-stained material and later stercoraceous or fecal material. This varies with site and character of obstruction and is most

severe and exhaustive in high lesions The cause of vomiting is a disputed point Several theories have been advanced such as anti-peritstalsis, peristalsis, with a regurgitant axial stream, etc There must, however, be a great nervous influence in its causation as we have all seen it occur where only the omentum had become incarcerated with no involvement of the lumen of the bowel account of the increased sensitiveness of the nervous system it is most commonly seen in children and women and in that part of the bowel most richly supplied with nerve tissue, namely the small Hiccough, or regurgitation of mouthintestine fuls of fluid are probably dependent on a reflex disturbance and should always be considered of serious import Constipation is the most variable of the major symptoms In many cases fair results may be obtained at first Absolute consupation coming only when the block is complete or peritonitis, perforation or thrombosis has developed. This condition is occasionally seen in the Richter hernia where only a portion of the lumen of the bowel is involved. Very frequently the lower bowel may empty itself and thus delude the careless observer Absence of force, flatus, feces with repeated enemata and continued vomiting indicate that the obstruction persists. Absolute constipation is followed sooner or later by This is often very slight where the lesion is high as in the jejunum and duodenum, but marked in the involvement of the large bowel especially in the case of volvulus and where the sigmoid is involved. Meteorism has been produced experimentally by ligation of the nerves of the mesentery. This condition occurs in strangulation and with involvement of the blood and nerve supply Visible peristalsis or coils of bowels generally indicate obstruction in the right lower abdomen or pelvis and are most commonly seen in the chronic type of case

There are few conditions which the medical man is called upon to treat where mistakes in diagnosis, result in such a tragic mortality should not be a difficult test to diagnose acute intestinal obstruction in the great majority of The character of the obstruction may be very difficult to foretell, however no operator will criticize physician for having failed to diagnose the nature of the obstruction if he will only recognize that an early obstruction exists Better an early operation in the hands of a poor surgeon than a late one in the hands of a master In arriving at diagnosis the greatest value must be assigned to a careful history of the case it not true that the more proficient a man becomes either as a physician or surgeon the more careful he is in securing detailed listory field of medicine is this so well rewarded as in abdominal work Movinhan stated that the diagnosis of duodenal ulcer can be made from the history alone in a great majority of cases. It is safe to say that almost 50% of abdominal conditions can be diagnosed by careful history Only the tyro in the field of surgery will rush ahead without a careful history and analysis of the case. In a recent article Deaver stated briefly of a case seen in consultation with Dr. Reginald Fitz. The patient presented a serious abdominal lesion Dr. Fitz spent one hour in questioning the physician in charge. Made a diagnosis of acute pancreatitis. Took five minutes for a physical examination. Diagnosis confirmed by operation

Diagnostic errors represent our greatest crimes in medicine today. Richard Cabot was widely criticized for his glaring statement in regard to the failures in diagnosis. Yet how few could show a better record if cases could be checked up by operative or post-mortem record? We cannot spend too much time in obtaining all possible evidence both from the patient, family, and attending physician

The patient should be carefully questioned as to previous operations, whether drain had been used or not, inflammatory lesions, previous health, history of similar attacks, onset of pain, character and persistence, vomiting, constipation, blood in movements, appearance of tumor mass, have opiates been administered or cathartics given?

We are now ready for the physical examination and less mistakes and oversights will be made if we develop a regular routine in approaching these cases. First, inspection. We should note the patient's position, attitude, facial expression, color, whether emaciated or not, temperament. No inspection of abdomen without all clothing removed should be permitted. General contour, irregularities, distension, peristalsis, with special attention to possible herma. Palpation should follow first at those sites where herma may occur. Especial care should be given in obese subjects and when examining for femoral herma as Richter herma in these subjects may at times be almost impossible to detect.

The remaining portion of the abdomen should then be covered for tumor masses, rigidity, painful spots, and cutaneous hyperaesthesia. careful examiner will not forget the vaginal and rectal orifices and the appearance of abdominal scars, bearing in mind the factor previous operations have in causation of this disease of the stethoscope on the abdomen occasionally rewards the examiner in a most unexpected This valuable instrument has a field of usefulness in the abdomen as well as in the chest The use of the thermometer, blood pressure apparatus, stomach tube and finally blood chemistry will generally place us in a position to give a careful, differential diagnosis. In this we should keep before us the three major symptoms, the presence of abdominal scars, the age of patient, and consider the common things first as, hernia, post-operative conditions, torsion of the viscera Remember that volvulus rarely

occurs before the fortieth year and a great majority of intussusception are in infants under one Tumor mass appears in about 60% of intussusception and bloody stools in a trifle higher percentage Try to determine whether the case is paralytic or mechanical, acute or chronic, site and nature of obstruction Remember that visible peristalsis generally occurs in chronic cases Vomiting is early and persisting in high cases, with early shock and marked prostration from dehydration Thirst is severe, flatus and fecal material pass. In lower ileum and cecum, feces and flatus do not pass, distension is in the mid In this type of lesion visible peristalsis is most frequently observed

The colon and rectum are the most common sites for chronic cases, initial collapse is slight, distension often great, voiniting occasionally late Enemata are not retained, or only in small

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A few surgical don'ts may help in arriving at a diagnosis and materially improve the chances

of the patient

- 1 Don't use morphine, it masks symptoms, deadens the physician's reasoning, induces intestinal paralysis, promotes accumulation of toxins in bowels, hastens the patient on the road to dissolution
- 2 Don't use purgatives They increase pain and vomiting, the family have generally given castor oil
- , 3 Don't fail to use rectal and stomach tubes Repeated enemata are the best medical treatment we can render
- 4 Don't delay laparotomy Fecal vomiting, hiccough, paralyzed bowel are terminal symptoms

The treatment of the disease should be considered surgical Early exploratory laparotomy is the best advice we can give the patient. Remember Agnew's famous remarks, never let the sun go down on a case of strangulated hernia, and this applies to all cases of intestinal obstructions Medical treatment has a mortality of 90% The seriousness of the case increases with A lowering of mortality from 50 to delay around 10% could be obtained if diagnosis was We have obtained this in appendimade early cal lesions, why not here? Delay not only adds to the severity of the symptoms, but increases the extent and severity of surgery, thereby increasing the risk at both ends

In operation two main objects should be obtained. First to relieve the obstruction, second, to empty the distended bowel. The former is only feasible where the case is seen early, the latter should always be secured. No operation should be considered completed that does not relieve distension and empty the dilated bowel of its toxic contents. In late cases, if the obstruction is not readily found, external enterostomy should be done utilizing first distended loop that

presents itself in a midline incision. Repeated observations have proven that this is generally the most favorable site. Prolonged exploration will generally confirm this as the site for external In obscure cases suprapubic midline incision is best Exploration should first be made in the right iliac fossa and pelvis and next in the sigmoid region. With careful handling and protection of the bowels by saline packs, evisceration and thorough inspection is permissible in obscure cases guarding against too much traction on the mesentery In chronic cases or acute obstruction of chronic case, preliminary drainage should always be done. As most of these cases are in the colon, cecostomy is the safest procedure With considerable distension of the bowel, liberation of gas and removal of fluid contents is In the case of strangulation, disnecessary tended loop above should be emptied into the lower collapsed loop providing the viability of the If not, contents should be rebowel is good moved by trocar and canula or a similar device. If the condition of the bowel is questionable, it should not be returned to the peritoneal cavity This is especially deceptive in some cases of Richter hernia High jejunostomy, while approved by many good surgeons, has not been finally The work of Hayden and Orr reveal that in high obstructions jejunostomy hastens a fatal This condition only increases dehydration and alkalosis, the animal dying in three to four days, while if left without a jejunostomy the duration was nine days In cases where jejunostomy has been done, frequent irrigation of the bowel with strong salt solutions should be The above workers found that this prolonged life more than any other treatment

Don't forget that many cases of apparent acute dilatation of the stomach are in reality cases of obstruction. These follow acute infective cases, especially suppurative appendix. If relief is not afforded by a few closely repeated gastric lavages and enemata, suspect obstruction and explore

The choice of anesthesia is a very serious The use of ether 15 question in these cases justified by many, providing a preliminary lavage of the stomach is made However, any one who has followed these cases, realizes that the regurgitant stream fills the stomach almost as fast as it is emptied. By the time the case is under anesthesia and the operation under way, the stomach is again filled. How many cases have been lost by the aspiration of this septic toxic fluid into the lungs, during the operation, we can little imagine Personally I have given up the use of ether in these cases and rely on local infiltration of the abdominal wall or spinal anesthesia, providing there are no serious contraindications, to the latter Any one who has used spinal anesthesia in these cases appreciates the great assistance afforded by the complete muscle relaxation of the abdominal wall llowever, no one should use this anesthesia unless they are able to combat occasional complications by the very excellent line of treatment advocated by Babcock. Of course exploration is a bit more difficult and must be made in a very gentle manner. This however, is in one way a decided benefit to the patient. The post-operative course is so much smoother in spinal cases that it more than compensates for its trouble.

The post-operative care is not the least important part in the treatment Maintenance of tissue fluid and chloride supply is best secured by intravenous glucose solution 10 per cent in normal saline. This may be administered at regular intervals or given by the Matas Nothing less than 2000 cc and better method 3000 and 4000 cc should be given in twentyfour hours, watching carefully the heart and urmary output The tongue is one of the best post-operative indicators we have, especially in adults and should be as carefully scrutinized as the pulse and temperature record Remember that no case with a dry tongue is right and very few with a moist tongue wrong

Many a case has been tided over a stormy period by the frequent use of the gastric tube and many more can be saved by persistent use of intravenous glucose and saline. Nothing in recent years has been of such great help in the writer's hands as the latter This treatment is especially indicated in either acidosis or alkalosis and in many cases results have been mar-I have no faith whatever in the use of sodium bicarbonate, intravenously and believe its use's dangerous in the hands of one who is not in close touch with the laboratory where the CO² combining power can be quickly determined Glucose and saline are the best stimulants and diuretics we have in the great majority of desperate post-operative cases Drugs have a very limited role We have rehed on them too much Let us not follow blind guides but have some reason for the faith that is in us

Conclusion

1 Acute intestinal obstruction is one of the most serious, if not the most serious condition the physician is called to treat

2 Mortality can be reduced 40 per cent by

early diagnosis and correct treatment

3 Few diseases give such a clear cut picture. There are three major symptoms that never fail and on these alone diagnosis can be made.

4 Morphnie is dangerous drug in this disease. It causes delay, increases symptoms, renders operation more difficult and frequently silences the patient forever. It has been the

cause of more bad results than any other factor

- 5 Treatment is operative. Two results are to be obtained
 - a Relief of obstruction
 - b Emptying of distended bowel

In early cases under twenty-four hours, relief of obstruction is all that is necessary. In late cases second object is best, that is emptying the bowel by the simplest method. Do not attempt too much in the late case. Drain the first loop, use the stomach and rectal tube freely and don't forget intravenous glucose and saline.

Following is a resume of cases occurring in the writer's practice, extending over a period of seventeen years. Only important points have been emphasized as duration, pathology, site and nature, type of operation used, and results. I believe something may be learned from perusal of this record.

RESUME 60 CASES OF INTESTINAL OBSTRUCTION

Case 1 Miss J D Age 13 Operated acute appendicitis September 24, 1910 On the 27th vomited, increasing distension was called to treat case on account of absence of the physician who had operated the case before Found adhesions at the site of the drain, Midline external enterostomy first loop of bowel presenting with rubber tube drain Speedy recovery Bowel closed spontaneously

Case 2 Mrs J S Age 39 Pelvic operation post-operative adhesions, persistent vomiting, operated second day following Loop of ileum adherent in pelvis External enterostomy with tube Good recovery, secondary closure not required

Case 3 Mrs J K Age 81 Onset April 2, 1914, operated April 5, 1914, small umbilical herma, torsion of transverse colon Local anesthesia, bowel reduced, good recovery

Case 4 Mrs F H Age 56 Onset April 19, 1914, operated April 21, 1914, strangulated femoral hernia, reduced under ether, recovery

Case 5 Mr C R Age 24 Onset May 10, 1914, operated May 11 Right strangulated inguinal hernia, reduced under ether Recovery

Case 6 Miss C B Age 28 Onset May 21, 1914, operated May 22, 1914 Post-operative occlusion of sigmoid following removal of a very large fibroid of uterus Sigmoido-sigmoidostomy with external enterostomy of lower ileum by tube Ether anesthesia, recovery

Case 7 Miss E Mc Age 31 Onset May 16, 1915, operated May 18, 1915 Pelvic adhesions lower ileum, external enterostomy, secondary

closure not required, early recovery

Case 8 Mr J C Age 79 Onset June 17, 1915, operated June 17, 1915 Right strangulated inguinal hernia, Richter type, bowel ne-

occurs before the fortieth year and a great majority of intussusception are in infants under one year Tumor mass appears in about 60% of intussusception and bloody stools in a trifle higher Try to determine whether the case percentage is paralytic or mechanical, acute or chronic, site and nature of obstruction Remember that visible peristalsis generally occurs in chronic cases Vonuting is early and persisting in high cases, with early shock and marked prostration from dehydration Thirst is severe, flatus and fecal material pass. In lower ileum and cecum, feces and flatus do not pass, distension is in the mid In this type of lesion visible peristalsis is most frequently observed

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The treatment of the disease should be considered surgical Early exploratory laparotomy is the best advice we can give the patient. Remember Agnew's famous remarks, never let the sun go down on a case of strangulated hernia, and this applies to all cases of intestinal obstructions Medical treatment has a mortality of The seriousness of the case increases with 90% delay A lowering of mortality from 50 to around 10% could be obtained if diagnosis was made early We have obtained this in appendical lesions, why not here? Delay not only adds to the severity of the symptoms, but increases the extent and severity of surgery, thereby increasing the risk at both ends

In operation two main objects should be obtained First to relieve the obstruction; second, to empty the distended bowel. The former is only feasible where the case is seen early, the latter should always be secured. No operation should be considered completed that does not relieve distension and empty the dilated bowel of its toxic contents. In late cases, if the obstruction is not readily found, external enterostomy should be done utilizing first distended loop that

presents itself in a midline incision observations have proven that this is generally the most favorable site. Prolonged exploration will generally confirm this as the site for external anastomosis In obscure cases suprapuble midline incision is best. Exploration should first be made in the right iliac fossa and pelvis and next in the sigmoid region. With careful handling and protection of the bowels by saline packs, evisceration and thorough inspection is permissible in obscure cases guarding against too much traction In chronic cases or acute on the mesentery obstruction of chronic case, preliminary drainage should always be done. As most of these cases are in the colon, cecostomy is the safest procedure. With considerable distension of the bowel, liberation of gas and removal of fluid contents is In the case of strangulation, disnccessary tended loop above should be emptied into the lower collapsed loop providing the viability of the If not, contents should be rebowel is good moved by trocar and canula or a similar device. It the condition of the bowel is questionable, it should not be returned to the peritoneal cavity This is especially deceptive in some cases of Richter hernia High jejunostomy, while approved by many good surgeons, has not been finally settled The work of Hayden and Orr reveal that in high obstructions jejunostomy hastens a fatal This condition only increases dehydration and alkalosis, the animal dying in three to four days, while if left without a jejunostomy the duration was nine days. In cases where jejunostomy has been done, frequent irrigation of the bowel with strong salt solutions should be The above workers found that this prolonged life more than any other treatment

Don't forget that many cases of apparent acute dilatation of the stomach are in reality cases of obstruction. These follow acute infective cases, especially suppurative appendix. If relief is not afforded by a few closely repeated gastric lavages and enemata, suspect obstruction and explore

The choice of anesthesia is a very serious question in these cases The use of ether is justified by many, providing a preliminary lavage of the stomach is made However, any one who has followed these cases, realizes that the regurgitant stream fills the stomach almost as By the time the case is fast as it is emptied under anesthesia and the operation under way, the stomach is again filled How many cases have been lost by the aspiration of this septic toxic fluid into the lungs, during the operation, we can little imagine Personally I have given up the use of ether in these cases and rely on local infiltration of the abdominal wall or spinal anesthesia, providing there are no serious contraindications, to the latter Any one who has used spinal anesthesia in these cases appretumor mass appeared at the inguinal ring and

previous operation complicated symptoms

Case 30 Mrs O H D Age 61 Onset April 30, 1922, operated May 3, 1922 Gall stone occluding ileocecal valve Stone pushed back, bowel incised, calculus removed, closed, under Recovery ether

Age 15 Onset November Case 31 K. H 3, 1922, operated November 7, 1922 Band from appendix to site of right pelvis under which loop of ileum had passed and strangulated Band divided, bowel reduced under ether Recovery

Case 32 Mrs J K. Age 32 Onset February 26, 1923, operated February 27, 1923 operative incisional hernia, obstruction Bowel liberated, reduced under ether Recovery

Case 33 Mr J M Age 46 Onset May 18, 1923, operated May 22, 1923 Acute obstruction in carcinoma sigmoid Resection under ether Death in four days (Comment)—Mis-

take in not doing preliminary cecostomy

Case 34 Mrs J V Age 58 June 11, 1923, operated June 14, 1923 Post-operative adhesions with obstruction colon to gall bladder wound, local anesthesia External drainage, re-

Case 35 Mrs F C Age 70 Onset September 14, 1924, operated September 17, 1924 Right strangulated femoral herma, reduction and hermi-

otomy under ether Recovery Case 36 Mrs F W H Age 45 Onset November 29, 1924, operated December 3, 1924 Post-operative incisional hernia with torsion of momentum, reduced by chloroform anesthesia-

wound closure Recovery Case 37 Mr C E N Age 73 Onset November 26, 1924, operated November 29, 1924 Post-operative adhesion of ileum to pelvis Ex-

ternal drainage under ether Death

Case 38 Mr J M Age 61 Onset November 27, 1924, operated November 27, 1924 Postoperative adhesion Reduction and division of

adhesion under ether Recovery
Case 39 Mr W J S Age Age 37 Onset December 18, 1924, operated December 28, 1924 Post-operative internal hemorrhage followed by adhesion which obstructed on the tenth day Ether anesthesia External drainage, recovery

Case 40 Mrs W Age 72 Onset March 31, 1925, operated April 7, 1925 Strangulated right femoral hernia of the Richter type Bowel gangrenous Resection under local anesthesia Endto-end anastomosis Death

Mrs C E Age 39 Onset Janu-Case 41 ary 25 1926, operated January 26, 1926 Adhesion to ileum to a hemorrhagic cyst to right ovary which had ruptured Division of band and removal of ovary under ether Recovery

Mr F L Age 19 Onset February 1, 1926, operated February 1, 1926 Pentonitis following gunshot wound Enterostomy under ether and recovery

Case 43 Mr. C R Age 26 Onset March 21, 1926, operated March 22, 1926 Meckel's diverticulum, adherent to pelvic rim Marked torsion of the bowel and mesentery thrombosis Resection of bowel and mesentery End-to-end anastomosis, under ether

Case 44 Mr C R. Age 26 Above case continued obstruction from mesentery thrombosis External enterostomy was done, local anes-

thesia, but no relief obtained Death

Case 45 Mrs I H Age 62 Onset August
27, 1926, operated September 1, 1926 Acute obstruction in annular carcinoma of splenic flexure Mickulicz two-stage operation First under ether Recovery

Mrs C W Age 60 Onset Sep-Case 46 tember 8, 1926, operated September 12, 1926 Band across terminal ileum Band divided cecostomy under local anesthesia Death

ment)—Case seen too late for surgery

Case 47 Mr W H F Age 58 Onset October 1, 1926, operated October 5, 1926 obstruction in chronic peritoneal tuberculosis Multiple annular bands about ileum, eight or Lateral anastomosis above and below in spite of lesions Under ether Recovery

Case 48 Miss A D Age 25 Onset October 4, 1926, operated October 6, 1926 operative adhesion ileum to pelvis from previous operation for pus tubes Liberation of bowel and

reduction under ether Recovery

Case 49 Mrs J R Age 62 Onset October 8, 1926, operated October 13, 1926 Strangulated right femoral herma, Richter type Bowel and omentum necrotic Resection of gangrenous areas Bowel anastomosed and sutured to peritoneal cavity site of incision. Local anesthesia Recovery

Case 50 Mr C C Age 78 Onset October 11, 1926, operated same day Strangulated right inguinal hernia Bowel gangrenous Lateral anastomosis ileum above and below loop under

local anesthesia Death

Case 51 Mrs W C Age 41 Onset October 13, 1926, operated October 13, 1926 Postoperative adhesion from jejunum to round of mesentery under which loop of bowel had slid Very marked hemorrhagic areas in bowel, free blood in mesentery vessels Operation under Case considered hopeless Uneventful convalescence after two days

Case 52 Mr G W Age 42 Onset November 1, 1926, operated November 4, 1926 Acute obstruction of chronic peritoneal tuberculosis Internal anastomosis ileum to ileum under ether Recovery

Case 53 Mrs C E Age 39 Onset December 31, 1926, operated January 1, 1927 Adhesion of ileum to pelvic contents following operation for intestinal obstruction one year ago Liberation and reduction under ether Recovery

crotic External anastomosis, ether anesthesia

Recovery

Case 9 Mr P B Age 57 Onset August 23, 1915, operated August 25, 1915 Obstruction just below duodeno-jejunal angle due to an annular lympho-sarcoma Resection including mesentery with large nodes, lateral anastomosis Ether anesthesia Recovery

(Above case is well after ten years Had been treated for constipation in Dr Cabot's clinic at

Boston previous to consulting me)

Case 10 Mrs B P Age 60 Onset October 16, 1915, operated October 18, 1915 Adhesion. ileum to pelvic contents, post-operative Aspiration and external drainage by enterostomy Ether anesthesia Death in three hours from shock Local anesthesia should have been used in this

Case 11 Miss A M Age 15 Onset May 13, 1916 Operated May 14, 1916 Post-operative suppurative appendicitis, adhesion of ileum to pelvis around drain External enterostomy by tube Ether anesthesia, recovery

Case 12 Mrs S P Age 36 Onset March 16, 1916 Operated March 18, 1916 Left strangulated inguinal hernia Reduction under ether

anesthesia, recovery

Case 13 Mrs A. S Age 53 Onset December 3, 1916, operated December 6, 1916 Incisional herma, sigmoid obstruction Reduced un-

der ether anesthesia Recovery

Case 14 Mrs J S Age 57 Onset December 9, 1916, operated December 15, 1916 Adhesion of ileum to pelvic contents with torsion External enterostomy and aspiration under ether Death in four hours (Comment) —local anesthesia should have been used seen too late

Master R J Age 10 Onset July Case 15 11, 1917, seen in consultation first, July 14 Im-Slit in mesentery mediate operation advised with herma of ileum Marked torsion of bowel and mesentery thrombosis Aspiration and re-Case died in 36 hours following opera-(Comment)—Case seen too late avoidable fatality on account of mesentery throm-

Case 16 Miss K. L. Age 71 Onset November 27, 1917, operated November 28, 1917 Strangulated right inguinal hernia with mesenteric thrombosis Bowel gangrenous External enterostomy under ether, patient died from shock and toxemia on the third day

Case 17 Master R J Age 51/2 months Onset February 7, 1918, operated February 8, 1918 Intussusception lower ileum and cecum extending to splenic flexure Reduction under ether Death in 15 hours

Case 18 Mrs C V Age 53 Onset February 8, 1918, operated February 10, 1918 hesion from sigmoid to fundus of uterus under which loop of ileum had passed and strangulated

External enterostomy under ether Death five hours from shock and toxemia

Case 19 Mr C L Age 48 Onset May 25, 1918, kicked over pubic region by horse Operated May 26, 1918 Traumatic perforation of ileum, localized peritonitis External enterostomy through perforation Death in 6 hours from shock and sepsis

Case 20 Mrs L H C Age 40 Onset August 27, 1918, operated August 28, 1918 Adhesion of ileum to fundus of uterus following old Baldy-Webster operation Liberation and reduction, division of adhesion, under ether Recov-

ery

Case 21 Mr A M P Age 39 Onset August 28, 1918, operated August 30, 1918 Postoperative appendiceal adhesion, ileum to pelvis Reduction under ether around site of drain Recovery

Case 22 Mrs W S Age 74 Onset September 12, 1918, operated same day Strangulated right femoral hernia Reduction under

ether Recovery

Case 23 Miss E M Age 15 Onset July 12, 1920 Operated July 16, 1920 Acute obstruction of an old chronic generalized peritonitis, probably influenzal in origin External drainage under ether Death Post-mortem examination revealed chronic fibronous peritonitis, primary etiology undetermined

Care 24 Mr J C Age 14 Onset September 25, 1920, operated same day Post-operative adhesion of ileum to pelvis with perforations Primary operation was for from a fecolith drainage only Closure of perforation, reduction under ether Recovery

Case 25 Mrs A P Age 65 Onset November 10, 1920 Operated November 11, 1920 Incisional hernia with involvement of ileum and sig-Adhesions divided, moid with strangulation bowel reduced, under ether Recovery

Case 26 Mr F C Age 34 Onset January 7, 1921, operated January 8, 1921 Incisional herma through old appendiceal wound Strangulated hernia with mesenteric thrombosis Resec-(Comment)—Too tion under ether Death much surgery attempted

Case 27 Mr C H V Age 31 Onset January 13, 1921, operated January 14, 1921 Postoperative band, torsion jejunum Resection of bowel, end-to-end anastomosis Death in one day (Comment)—Too much surgery attempted

Case 28 Mr L L Age 46 Onset May 20, 1921, operated May 24, 1921 Large fecolith in

colon Ether anesthesia Recovery

Mrs S D Age 49 Case 29 Onset April 18, 1922, operated April 21, 1922 Strangulated Richter hernia, right inguinal, occurring three days following operation for gall bladder duction under ether Death (Comment)-Diagnosis rendered difficult in above case as no

overlie the organs affected This is best seen in acute intra-abdominal diseases where the ab-

dominal wall muscles become rigid

Pain resulting from cardiac affections is, like her visceral pain, referred The surfaces afother visceral pain, referred tected are the chest, left shoulder, arm and forearm, especially ulnar side, and outer two fingers Occasionally also the right arm, left side of neck, orbital region, left ear and lower jaw may be affected The viscero-motor reflex gives a sensation of constriction of the chest due to contraction of the intercostal muscles, and if the impulses are strong we may also get the reflexes affecting other organs such as the salivary glands, producing increased flow of saliva, the kidneys, increasing urinary secretion, the stomach, producing the sensation of belching, gaseous eructation and vomiting Reflexes affecting the respiratory center give a sense of suffocation, impending dissolution and imminent death in the more severe Vasomotor affections produce a sense of fainting, collapse, paleness and cold, clammy per-The constant bombardment of the spinal centers by afferent impulses produces a state of hyperirritability there resulting in hyperalgesia of the skin and superficial muscles in the regions affected-"tender spots"

As a reflex and referred phenomenon, pain in the region of the heart may be due to affections of other parts or organs. A working classification of such pain would, therefore, perhaps be of value, and may be put as follows (1) Psychic or neurotic, (2) hysterical, (3) extra-cardiac, and

(4) cardio-vascular

Psychic or Neurotic Precordial Pain —This is seen mainly in women under 50 and in adolescence Its underlying factors are diverse, such as fear, grief, emotional disturbances of any kind, disappointments, and sexual irregularities or ex-Other functional disturbances of the heart usually co-exist exaggerating the pain by added fear A good example of this class is a young woman, 30 years of age, who came to my office complaining of pain in the left anterior chest, palpitation and slight dyspnea on going up three flights of stairs There was nothing in the history and physical findings, confirmed by fluoroscopy and electrocardiography, to indicate cardiac disease Her environmental conditions, however, were of note She was married eight years, had one child who was sick. Her husband likewise was sick and seldom worked. She was compelled to work all day in a small store, barely earning a living Aside from that she was sexually inclined and did not have normal relations for several years It was interesting to learn that her pains were greatest at night when at rest, and physical exertion alleviated rather than accentuated it

This is characteristic of this class of pain, and may be used as a differential point in diagnosis. These patients also have a diversity of other complaints such as pains in other parts of the body, especially in the scapular region, gen-

eral exhaustion, headaches, and abdominal and pelvic complaints. It is hard to tell how much of a rôle focal infection plays in these cases. Many of them probably have some underlying toxic or infectious state. Some of them improve markedly on the removal of infected foci, when found

Hysterical Precordial Pain—This condition may be differentiated from angina by the great frequency of attacks—as many as two hundred a day having been described. Besides, the peculiar and false struggle for air exhibited by vigorous clamoring, constant moving around from place to place, frightful yawning, belching and hiccoughing and other stigmata of hysteria, make its diagnosis easy. It reminds me of a case that I "cured" in two days by giving six sterile needles a day, the pain not recurring for 18 months thereafter

Extra-cardiac Disturbance Giving Precordial Pain—The usual non-cardiac organic disturbances giving precordial pain are diseases of the thoracic wall, diseases of the lungs, pleurae and anterior and posterior mediostinum, and, diseases of the oesophagus and abdominal organs, especially the stomach. In all these conditions the pain is not confined exactly to the precordium, and can be usually traced to its seat of origin by other

signs

Of the commoner thoracic wall diseases giving precordial pain may be mentioned intercostal nerve affections and pleurodynia, leaving out the easily recognizable skin and subcutaneous affections, such as superficial inflammations and Her-Pleurodynia is differentiated from pes Zoster intercostal neuralgia by pain occurring during respiration, and by the presence of tenderness along the affected intercostal muscles Intercostal neuralgia is characterized by pain occurring in paroxysms independent of respiratory excursions, and by the presence of three points of maximum tenderness corresponding to the three branches coming off the intercostal nerve-anterior cutaneous, at the costo-sternal articulation, lateral cutaneous, at the mid-axillary region, and the posterior-primary division, at the vertebral column The intercostal nerve pains due to pressure at their origin, in or outside of the spinal column, by fracture, aneurism of the descending thoracic aorta, primary or secondary new growths, carcinomata of the spinal canal, are characterized by girdle pains, not exactly localized to the precordium

Pleuritic and pneumonic affections giving precordial pain can usually be differentiated by symptoms and signs referable to those organs

Acute and chronic mediostinitis are rare. The pain here is situated behind the sternum associated with a sensation of tightness of the chest. There is marked tenderness in the sternal region, and the pain has a tendency to radiate to the neck and shoulder. In the acute form mediostinal crepitation may be made out. In the chronic form the precordium is involved, and the resulting mediostino-pericarditis is recognized by

Case 54 Mrs M C Age 57 Onset January 5, 1927, operated January 15, 1927 Strangulated right femoral hernia, Richter type, with gangrenous bowel Resection of bowel Closure of ends and lateral anastomosis under spinal anesthesia Death two weeks later from sepsis, following large abscess of buttock and abdominal (Comment)—Case seen ten days after onset of fecal vomiting

Case 55 Mr J B Age 69 Onset February 15, 1927, operated February 15, 1927 Ileum adherent to lower angle of appendiceal wound with marked torsion of the bowel Adhesion divided and bowel emptied upper loop into lower.

under spinal anesthesia Recovery

Case 56 Mr J W Age 66 Onset July 31, 1927, operation August 2, 1927 Diagnosis acute obstruction of a carcinoma of the sigmoid Intense distension of abdomen Cecostomy done under local infiltration, novocaine Later Mickulicz three-stage operation Good recovery

Case 57 Miss E S Age 46 Onset July 23. 1927, operated within six hours Loop of ileum had slid under band from previous appendectomy operation twelve years before, loop of bowel was black, also a second loop which was apparently Bowel resected and end to end anastomosis under ether anesthesia Complicated re-

Case 58 Mrs S M Age 81 Onset June 1 1927, operated June 3, 1927 Acute obstruction of an annular carcinoma of sigmoid Operation under infiltration anesthesia Colostomy done Good recovery from obstruction Condition inoperable as far as carcinoma was concerned

Case 59 Mrs C S Age 74 Onset October 31, 1926, operated October 31, 1927 lated left femoral herma bowel black, mesentery circulation intact, bowel revived under hot packs, closure of herma by Moschovitz method Local anesthesia Recovery

Mrs C McN Age 62 Onset No-Casc 60 vember 23, 1927, operated November 23, 1927 Strangulated right femoral hernia Loop of ileum Richter type, mesentery vessels not thrombosed, bowel revived under hot packs and dropped back Herniotomy by Moschovitz meth-Spinal anesthesia Recovery

Conclusion from detailed study of tabulated cases shows

- 1 Sixty-one per cent of cases occur in females
- 2 Great majority of cases occur in fourth, fifth and sixth decades of life
- 3 Fifty per cent of cases have a record of former operative procedure
- 4 External herma is the cause of thirty-four per cent of the cases of obstruction
- 5 In seventy-eight per cent, the site of pathology is in the lower ileum and pelvis
- 6 In cases operated during first twenty-four hours mortality was sixteen per cent, this including several with mesenteric thrombosis Demonstrates value of early diagnosis
- 7 Mortality in cases requiring resection was fifty per cent Tragic sequence of delayed diagnosis and late operation
 - 8 Mortality in above series 30%

THE INTERPRETATION OF PRECORDIAL PAIN By LOUIS H SIGLER, MD, BROOKLYN, N Y

AIN in the region of the heart with or without areas of radiation requires great care in its interpretations Often it is an indication of organic cardiac disease. At times, however, it signifies other disturbances reacting on the nervous mechanism connected with the heart, giving a rather false perception as to its seat of origin It is of great importance, therefore, to decide where the pain originates and to find its relation to disease of the heart To do this we must have a clear conception of the meaning of pain and its modus operandi

Essentially, pain is a reaction on the part of the organism to harmful stimulation and tends to warn the individual of approaching danger appreciation depends upon the character and intensity of the stimulus and the perceptive power

or sensitiveness of the individual

The localization of pain is best developed in the structures at the surface of the body, for the receptor organs there are directly connected by means of sensory neurons with the central nervous system, and the sensation is carried from

each part to a corresponding pain perception area in the brain The pain perception of the viscera, however, is not thus conveyed, but is carried by the sympathetic afferent neurons which make connections with the sensory neurons of the voluntary nervous system in that segment of the From there spinal cord in which they enter these impulses are carried to the brain. For this reason, irritation occurring in internal organs is felt as pain not exactly in those organs, but is referred to an area on the surface of the body the nerves of which are in synaptic relation in the spinal cord with the sympathetic neurons supplying these organs Referred pain may thus be felt at a great distance from its seat of origin

Associating referred pain there are usually two other classes of reflexes induced by harmful stimuli acting on any viscus The first is the class of reflexes inducing remote organs such as gastro-intestinal, vasomotor, pilomotor and others to become hypo- or hyperactive The second 15 the so-called viscero-motor reflex resulting in the contraction of those muscles at the surface which

discomfort This is true even in coronary thrombosis if a small branch of an artery has been affected

There are certain characteristics that make the differentiation of these cases possible. In coronary spasm the pain is excruciating and is attended with a sensation of impending dissolution, and with a fear that the slightest move will end in death. The sufferer, therefore, sits very steadily, absolutely motionless, holding on to the sides of the bed to prevent the slightest move. The attack is short-lived, and when over it may leave the patient in a weakened but fairly comfortable condition. Nitrites give immediate relief

In aortic disease the attack is likewise excruciating, but instead of sitting still the patient rolls around in severe agony until the attack is over. The pain is retrosternal, and the intervals between attacks are associated with a constant dull ache

in the same region

In coronary occlusion, if a large artery has been involved, death may result instantly. If a smaller branch is affected there is a long-continued, very severe substernal pain, lasting many hours, not relieved by rest or nitrites but only massive doses of morphia may relieve. The pain is sometimes referred to the epigastrium and may be associated with vomiting in which case it is often mistaken for severe indigestion or some acute abdominal disease from which it must be carefully differentiated. The important differential point is more or less cardiac decompensation which must be carefully detected.

In conclusion I must add that although the attempted classification here given fits in with most cases, we must realize that many cases are not as clear-cut as would seem from my description. This is due to the fact that many cases have several physiologico-pathological factors inducing pain in the same individual and would not definitely fit in with any single factor.

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Summary

An attempt has been made to classify precordial pain on a clinico-pathological basis as fol-

lows (a) Psychic or neurotic pains with some toxin or focal infection as probable underlying factors, (b) Hysterical pains, (c) Pain due to disease of the extracardiac structures, such as the thoracic wall, pleuræ, lungs, mediostimum, æsophagus and stomach, and, (d) pain due to cardio-The last group may be subvascular disease divided into two classes—the class in which pain occurs on exertion or effort and that in which pain ocurs in explosive outbreaks, effort not being much of a factor Of the first class we have the cases of coronary sclerosis, disease of the first part of the aorta involving the coronary orifices, anæmias, overexertion and the hypertrophied hearts incident to hypertension and valvular dis-In the second class we have cases with coronary spasm, cases with acute aortitis and cases with coronary occlusion, due to embolism or thrombosis Differentiation of the various groups is made

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A PLEA FOR CO-OPERATION BETWEEN THE MEDICAL AND DENTAL PRACTITIONER*

By THEODOR BLUM, DDS, MD, NEW YORK, N Y

E are all quite aware of the fact that the co-operation which exists at the present time between physician and dentist and oral surgeon is not what it should be Therefore, I am very glad to have the opportunity to encourage the understanding between these professions if I possibly can

To realize the importance of such co-operation the physician must know what to expect

* Read before the Metropolitan Medical Society, November 22

from the dental practitioner or oral surgeon as a consultant

What constitutes an examination of the mouth? Aside from the actual physical examination of the teeth, jaws and surrounding soft tissues, it includes a complete series of about fourteen intra-oral films of the teeth and surrounding tissues as well as extraoral plates of the maxilla and mandible. The study of these films will also show beginning decay—at times the cause of obscure pain—which

symptoms of adherent pericardium such as marked dyspnea and signs of venous obstruction, as distension of the thoracic veins, ascitis, anasarca and lividity

Pain in oesophageal disease is characterized by being deep-seated, usually referred to the bottom of the sternum, and is evoked by the act of swal-

lowing

Affections of the stomach is a very frequent cause of pain in the precordium, associated at times with palpitation. This pain is usually localized, however, to the bottom of the sternum and epigastrium, and is of a dull boring nature, with a tendency to radiate to the left breast and to the back, behind and between the scapulae. It is relieved by vomiting and gaseous eructation

Precordial Pain Due to Cardiovascular Disease -In speaking of this class of pain we have in mind angina pectoris—a very fascinating term and one subjected to many theories as to cause, since its original description by Heberden¹ in 1768 This writer depicted the attack in a most detailed and perfect manner, leaving nothing to be improved upon to this day He thought it to be due to cardiac contraction In 1772 Janner and in 1788 Perry noted its coincidence with sclerosis and calcification of the coronary arteries In 1812 Warren² described a case of typical angina in which post mortem findings showed pleural and pericardial adhesions, enlarged heart, dilated ascending aorta with "tubercles" and dilated coronaries Since then, numerous other pathologic findings have been described, and some cases have been reported in which there were no anatomic abnormalities found post mortem is noteworthy to add, that many conditions where definite and most severe cardiac pathology exists are not associated with angina Enumerating the findings in the examination of 1500 consecutive heart cases, White found only 188 cases of angina, 48 of which showed no organic disease Baird in an analysis of 100 cases of heart pain found 42 cases associated with heart failure or myocardial weakness, 17 cases of cardiac neurosis, 17 cases of hypertension, 15 cases of the socalled "true" angina pectoris, 7 cases of chronic endocarditis and two cases of aortitis Satterthwaite⁵ considers angina a "dangerous but rare He states that records of 823 cases of his own clinical experience and of 2,300 cases of some of his colleagues, failed to show a single case of true angina pectoris. As no definite distinction is to be drawn between the so-called "true" and "false" anginas—all cases according to Mackenzie being true angina-his statement probably needs correction

In view of these facts it is not surprising that numerous theories have been advanced as to the cause of angina—some highly speculative and fascinating, others more logical. The latter are those of Mackenzie, Vaquez, and Clifford Albutt.

Mackenzie blames the condition on diminished blood supply to the heart muscle incident to coro-

nary disease or obstruction, added to which there is a hypersensitive nervous system. The resulting heart weakness or failure is thus expressed by the nervous system in the form of pain.

Albutt considers the condition to be due to a painful distension of a diseased aorta. This view is held also by Vaquez who adds that in some cases, notably in his so-called "angina pectoris of decubitus," it is due to a sudden distension of the left ventricle incident to a sudden spell of hypertension. He compares it to the pain induced by sudden distension of the bladder as compared to the absence of pain in the gradual distension such as exists in a gradually increasing hypertrophy of

the prostate

It would seem that in view of the occurrence of the condition under various pathologic or even apparently normal states of the heart and aorta, one theory is not sufficient to explain all cases would perhaps be best to classify the condition In one group I would put into two groups those cases where the anginous syndrome occurs on exertion and in the other where it occurs as a sudden explosion, even without exertion first group would comprise those cases in which there is a deficient blood supply to the myocardium or in which the supply is impure or toxic The second group would include the functional angiospastic individuals, the structurally diseased aorta, and coronary thrombosis

The first group would include the cases of coronary sclerosis, diseases of the first part of the aorta at the orifices of the coronaries, occluding those openings, cases incident to anaemia, especially pernicious anaemia as reported by Evans® and by Coombs¹⁰, the overstrained heart due to too much exertion, and, the hypertrophied heart incident to hypertension or chronic valvular disease, in which the coronary supply does not keep pace with the hypertrophy, resulting in partial The cause of pain in all anaemia of the muscle these cases is probably irritation of the nerves of the heart by metabolic toxins produced by muscular contraction, which are not removed quickly enough due to deficient circulation. It may also be due to a greater production of such toxins in the absence of a sufficient amount of oxygen required in the case of increased muscular activity The characteristics of this group are more or less typical anginal pains induced by effort verity of the pain is dependent on the amount of exertion and the limitation in blood supply to the muscle

In the second group may be included cases of coronary spasm, cases of acute aortitis or chronic aortitis with acute exacerbations, and, cases of sudden occlusion of a coronary artery resulting from embolism and thrombosis. The characteristics of this group are that it is the most painful, that it comes on very suddenly and at times without any warning and that in the intervals between attacks, the patient may be free from pain, and can do at times a good day's work without any

While scientific research in dentistry has not accomplished much so far, the dental profession is much ahead of the medical when it comes to periodic health examination and prevention. To refresh your memory I wish to inform you that the dentist has created the profession of dental hygienists, women who at intervals of from three to six months and under a dentist's supervision clean the patients'

teeth — prophylactic treatment — and examine them also for early decay and diseased gums. The dental profession must be highly congratulated for having taken this important step.

In closing, let me again ask you to assist as much as possible in bringing about a better understanding between the medical and dental professions and closer and more friendly cooperation in the interest of our patients

THE SYNDROME OF SPONTANEOUS POLYNEURITIS

By L GRIMBERG, MD, NEW YORK, N Y

THE syndrome described here has been mentioned by various authors under different names Gordon Holmes¹ called it "Acute Infectious Polyneuritis," and Osler in his Practice of Medicine described it as an "Acute

Febrile Polyneuritis"

Clinically, the cases form a group which stands out among all the other polyneuritides The chief characteristics are that we are primarily dealing with a polyneuritis of an ascending type, that the onset of the disease is rather stormy—a sudden onset, rapid course -and the regression of the symptoms is also rapid, followed by a slower and gradual recovery with very few, if any, sequelæ There is no doubt that the disease is an entity by itself possibly of an epidemic nature, and unquestionably of infectious origin. The literature on the subject contains a great many cases, particular attention being paid to cranial nerve involvement. However, a careful scrutiny shows that not all of them could be classed in the group described here Following the trend of today prevailing in neurology, I will describe them under the name of "the spontaneous polyneuritic syndrome"

REPORT OF CASES

1 J R, 40 years of age, laborer, married, was taken suddenly ill with weakness in his legs and difficulty in walking. Two days before onset while at work he was caught in the rain and became thoroughly wet. In the evening he had a chill. For the next two days he felt weak and painful but he was able to get around the house. The third morning after the exposure he was unable to get out of bed. He had pains in his legs and arms and was unable to walk. The paresis of his legs crept up to his arms and by the end of the third day after onset, his arms and legs were paretic and he could not stand up in errect posture.

The examination showed a well nourished man, unable to stand up and walking with

very great difficulty Temperature was 101 F and pulse 100 Blood pressure 180-90 Otherwise the general physical examination was negative Urine negative He denied venereals or alcohol

Neurological examination Gait was difficult on account of a double foot drop foot drop was practically complete on the left side and less pronounced on the right hands showed a wrist drop, more so on the Both arms showed a flaccid paralysis The body was kept bent forwards on account of a weakness of the errector muscles of the The motor power of both, the upper and lower extremities, was greatly diminished The pupils reacted well to light and accommodation and were equal No ocular muscle The right as well as the left side weakness of the face showed immobility, but more accentuated on the left There was no other cranial nerve involvement The affection of the seventh nerve was peripheral No loss of sphinteric control The reflexes of the upper limbs were greatly diminished. The patellar reflex was absent on the left and diminished on the right. The achilles jerk was absent on both sides Sensation in all forms preserved

In the course of the next three days the paralysis of the lower extremities became much better. He was able to walk, his arms became stronger and the power returned. At the end of two weeks, the difficulty in gait completely disappeared, and the only sequelae was a weakness of the left hand. The right face was normal, but the left showed a slight immobility.

The blood count at the beginning of the disease showed 11,000 white cells, otherwise normal. The blood Wassermann was negative. The spinal fluid was normal and the Wassermann was negative.

Conclusions

The history of a man taken suddenly ill with an ascending paralysis affecting the periph-

may not be easily or at all detected by ordinary examination Because the pulp of a tooth may be devitalized without such a condition being recognized by x-ray or other nonoperative means, the electric pulp test of all teeth should be a routine procedure, although actual drilling into the crown of the tooth may have to be resorted to in some instances to finally decide the condition of the pulp

Anyone treating patients for oral surgical lesions must have an intimate knowledge of the anatomy and pathology of this region As long as these subjects are only adequately taught in dental schools the operator should

be a dentist first of all

Let us for example consider the general He is far too radical when operating for osteomyelitis of the jaws Very frequently a number of teeth can be saved and an external incision avoided. In the removal of tumors he overlooks the fact that a dentist will have to restore the masticating apparatus and that conservatism is indicated especially in benign cases Most salivary calculi can be removed through the mouth and the glands left Many cases are erroneously diagnosed as angina ludovici and apparently cured, though they really were dealing with a periostitis or lymphadenitis

The antrum being an accessory sinus of the nose, belongs to the rhinologist Only when of dental or maxillary origin should a diseased maxillary sinus be treated by the oral surgeon provided the nose and other sinuses of the same side are intact. In many instances the rhinologist and oral surgeon will advantageously operate together Frequently Vincent's Angina spreads forward into the mouth, when careful prophylactic treatment of the teeth is very important Erupting third molars especially in the mandible often simulate an attack of tonsilitis and abscesses developing from it

a tonsillar abscess

Harelip and cleft palate although often operated upon by the general surgeon, are more advantageously taken care of by the oral surgeon or the rhinologist. At any rate, the treatment of these cases is a special study and should not be attempted without it

Co-operation with the general roentgenologist for the diagnosis of disease of the sinuses is indispensable. However, a complete series of intraoral films and their interpretation is better left to the dental specialist who has a more intimate knowledge and clinical experience in the oral field The general roentgenologist will rarely be called upon for the localization of foreign bodies or malposed teeth

Regarding oral focal infection I wish to say that its importance is somewhat exaggerated. Of course, most patients coming under my observation usually have had all their devitalized

teeth removed and still continue to complain of their original ailment But although we know little about this subject we must advise sacrificing every devitalized tooth if we want to be certain of having eliminated every possible focus of infection However, devitalized teeth satisfactory from the dental standpoint should be removed only as a last resort and not without having first examined and treated diseased conditions in other parts of the body

On the other hand, reflex nerve pains and nervous conditions are often caused by malposed teeth and cured by their removal is on this account that I believe quite firmly that malposed teeth should be either placed into their normal position or removed. While on this subject I wish to recall to your minds that the cause of trifacial neuralgia is not known and that the best treatment is surgical and consists of the modified operation of cutting the sensory root of the fifth cranial nerve, (fractional section of the sensory root Frazier), while alcohol injections should be used only if contraindications for the surgical procedure are present Even though the removal of roots, infected or impacted teeth does not permanently relieve the patients, such procedure is advisable to be able to give them a clean bill of oral health

The modern physician knows that the examination of a patient is not complete without one of the mouth and teeth The oral diagnostician and consultant who must be familiar with medicine and dentistry is therefore indispensable As a rule, the oral surgeon, preterably the one who is also a medical graduate, fulfills best the requirements of such a consultant, who can also link together the physician and general dental practitioner the future the important dental and oral subjects will be taught in medical schools such a relationship may cease to be important

The physician is very apt to belittle the dentist, who, however, fulfills quite well his branch of the health service. When graduating from his dental school he is better equipped to serve his patients than the medical graduate under similar_circumstances He will naturally feel indignant if you instruct him to remove a number of teeth, because the majority of physicians is not in a position to judge the condi-, tions present Congenial co-operation between the two will be very advantageous to our pa-

Physicians holding important and influential positions in hospitals must study the dental question very thoroughly A dental interne and dental hygienist are important members of a staff and still, how many institutions include them amongst their co-workers? Can a hospital claim to be up to date without having a dentist on the medical board?



EDITORIAL



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For list of officers of County Medical Societies, see this JOURNAL, advertising page xxvii

THE ANNUAL MEETING

The time of the annual meeting of the Medical Society of the State of New York is fast approaching and the committees have already begun to make their arrangements

The dates are May 21 to 24-Monday to

Thursday—inclusive

The place is Albany and the building is the Armory, which insures abundant room and provision for sociability

The Registration Booth and Commercial Exhibits will occupy the center of the large drill hall. with a large space left for the gatherings of the doctors At one end there will be a room which doctors and exhibitors may use for showing pictures

The assemblage of all the features of the meetings under one roof will enable physicians to gét the greatest benefits with the least effort

eral nerves of the arms and legs and the rapid clearing up of the symptoms with practically no sequelæ It is important to note that the parallysis affected the extensors

2 Q, young man of 33 years of age, single, merchant Two days before onset he was caught in a rain and became chilled and wet the following day he had a chill and a slight rise in temperature. Three days after the exposure he was unable to get out of bed, on account of weakness of both legs. He had slight pains in the calves and in his arms. In the course of the following three days his hands became weak so that he was unable to grasp things strongly. He could not walk

Past history was negative He denied

venereals and alcohol

The examination showed a very well built man walking with great difficulty on account of a double foot drop There was a flaccid paralysis involving the lower and the upper Though the affection was bilaextremities teral, the right side seemed more involved No cranial nerve involvement The pupils were equal and reacted to light and accommodation No ocular muscle paralysis The upper limb reflexes were diminished The patellar reflexes were absent and achilles jerks were absent No loss of sphinters Sensation was normal Blood pressure was 120-70 The blood count showed 9,000 white cells and otherwise normal The spinal fluid was normal Urine negative The blood and the spinal fluid Wassermanns were negative

After one week the gait was improved, the patient being able to walk, the weakness of the hands was not so marked, the right showing a slight wrist drop. After another week the recovery was practically complete with the exception of a weakness of the right hand

Conclusions

The history of a man taken suddenly ill after an exposure to rain, with an ascending paralysis of the peripheral nervous system. The rapid ascent of the affection was followed by a rapid regression and practically a complete recovery. The ethiological factor here is unknown, possibly an infection similar to an influenza.

Discussion

In the two cases described above we are at a loss to know the etiological factors. We can draw the conclusions from our knowledge, and say that the course of the disease is similar

to the usual influenzal infections. However, we are unable to group the cases among the influenzal cases, because we are entirely unable to demonstrate it. We are also unable to call them post-influenzal cases. As a matter of fact, the conditions described are not "post" to any disease, but they seem to be independent and primary. It seems to be a disease entity by itself spontaneous and with features which make it characteristic and worth while to be considered. The features which single this condition out from any other polyneuritis, are few but very important.

1- Sudden onset with a flaccid paralysis of the lower extremities The affection is limited

to the peripheral nerves

2 The ascending character—and this is also limited to the peripheral nerves. It is peripheral not only by the fact that the distribution of the paralysis did not follow the segmental type, but also that it affected the most distal parts of the peripheral nerves (Distal from the point of origin). The paralysis is practically limited to the extensors of the lower and upper extremities giving it more the appearance of polyneuritis.

3 In the course of a few days the disease reached its height and the regression of the symptoms started in the parts which were first

affected

4 The affection was bilateral

Similar cases have been described by others However, among the cases described we find a great number which do not enter into our group. I believe that many cases described as Landry's were in reality cases of acute polyneuritis. I would especially call attention to the few cases of Landry's which recovered. The disease described here is more frequent than suspected and that it may appear as Gordon Holmes thought in epidemic form. The rapid course and the fairly rapid recovery makes it so that many cases are overlooked.

To my mind we are dealing in such conditions with a disease limited to the peripheral nervous system, a typical polyneuritis, but acute and spontaneous, rarely fatal, ascending in character and with a tendency to rapid recovery. It can best be described as a "Syndrome of Spontaneous Polyneuritis" 2

BIBLIOGRAPHY

1 Gordon Holmes in Osler and McCrae Modern Medicine, vol v, 1915, p 590

2 Case 1 was studied at the Bronx Hospital and Case 2 at the New York Neurological Institute.

the preventive aspects of disease the students would acquire the same attitude, and would place a proper value on the instruction in the department of public health. Almost the only change in the teaching that is needed is that every professor shall consciously emphasize the prevention of the disease that is being considered. If this instruction is given, there will soon be no ground for the assertion that young doctors are not likely to practive preventive medicine until they have come under the influence of the medical societies and have heard the complaints of the people that the doctors cannot keep diseases from developing

The medical school also has a responsibility for the student's outlook over the medical field, and his point of view regarding ethics, civic medicine and his duties generally toward his fellow practitioners and the public Since the physicans have a monopoly of the practice of medicine, they must be ready to give any form of medical attention that any individual or community requires Much of that service must be done by medical societies, especially those of the county and State. The average graduate from a medical school has little conception of the concrete work of the county medical society in speaking in the name of that abstraction called "The Medical Profession" Every practitioner of medicine is a member of the medical profession, and should also be a member of the county medical society would probably seek admission at the first opportunity if its importance and value had been impressed upon him during his student career But here again the teaching is not so much by means of formal lectures, as by the example of the instructors and their references to the activities of the County Societies

When the recent graduate enters upon his hospital interneship, he is subjected to disillusions regarding the infallibility of the diagnoses taught in the medical school, and at the same time he receives revelations of the trustful attitude of patients towards their physicians. He learns that a patient is a human being who judges the doctor by his manners quite as much as by his science. He discovers that discreet promises and assurances have a high therapeutic value and yield good returns in the gratitude of the patient. He learns human nature as well as sickness.

The young doctor entering private practice is Shall he adhere confronted with a dilemma strictly to the scientific medicine of the medical school or shall he yield to commercialism of whose possibilities he caught a glimpse in the hospital? The medical society will help him to de-If the medical society has been brought to his attention in the medical school and hospital, he will apply for admission to it, and will find that its members are constantly seking more light in scientific medicine, and are trying to meet the medical needs of the community The medical society will be his medical school and fraternity, and his guide and inspiration in the discharge of his civic duties to the community

Medical societies have a degree of responsibility for the courses of instruction in the medical school. The practicing physicians know the needs of their communities, and they expect the school to prepare students to fill those needs. Conferences of representatives of medical societies with the Deans of the medical schools will be of mutual benefit to the schools, the medical profession and the public

THIS JOURNAL TWENTY YEARS AGO

County Laboratories - The first county laboratory in New York State was that of Ontario County which was opened October 1, 1906 establishment of this laboratory is described in the Tebruary, 1908, issue of this Journal in an article by Dr O J Hallenbeck of Canandaigua, N Y, as the result of an epidemic of diphtheria in the winter of 1905-6, in the Ontario County Orphan Asylum The matter was first taken up by the physicians in January, 1906, in a meeting of the County Society, which appointed a committee to consult the Board of Supervisors, and to conduct a campaign educating the people principally through the press, Mrs Mary C Thompson, of Canandaigua, offered to build and equip a laboratory if the county would support and operate it at a cost estimated at fifteen hundred The Medical Society at once secured the passage of a law by the Legislature authorizing the Board of Supervisors to support the proposed laboratory and establishing rules for its operation. Furthermore, the health officers of the county formed an Association and took an active part in promoting the laboratory.

Dr Hallenbeck describes the work of the laboratory as follows

"The cost of the building was approximately \$1,000 and the cost of the equipment about \$400 Our laboratory was opened October 1, 1906, with Dr H I Davenport as bacteriologist, a graduate of Johns Hopkins University

"Our expenditures for the fifteen months ending January 1, 1908, were \$11191, and our receipts were \$163, leaving a balance with the County Treasurer in our favor \$5191"

The seed was small, but it was nurtured by Dr O J Hallenbeck himself, who was one of the most active and progressive health officers of New York State

THE MEDICAL SCHOOL AND THE MEDICAL SOCIETY

Three organizations enter successively upon the training of a physician

1 The medical school,

2 The hospital,

3 The medical society

The three organizations form an inseparable trinity whose unity is becoming more and more evident The inclusion of the County Medical Society in the trinity has been recognized only recently, but it is now a powerful factor in the training of physicians The education of the practicing physican never ends, but if he does not continue to study the subjects of his under-graduate course—even the basic sciences of his first year he falls behind the times within five years after his graduation Moreover, the doctor is often confronted with problems of a social and civic nature involving phases of the practice of medicine which are the peculiar fields of organizations whose functions are of an official, or political, or legal nature The County Medical Society continues the work of the medical school in educating the physicians in scientific medicine, and in addition, it is the teacher and leader of the physicians in the medical civics of the County

The Medical Society is the medical school of the practicing physicians of the County, and it can have a valuable influence on students from the time that they begin the study of medicine ideal condition will be realized when there is a close fellowship between the Medical School and the Medical Society of the County and State While the medical school, the hospital, and the medical society each has its peculiar responsibility in training physicians, yet each can be of essential help to the other The responsibility for training the physician has fallen on the medical schools primarily, with the assistance of the hospitals in recent years, but with comparatively litle help from the medical societies However, the leaders among practicing physicians are now planning the discharge of all their duties, including the training of physicians from the outset of their student careers A concrete evidence of that interest is the recent conference of the representatives of the Medical Society of the State of New York with the Deans of the Medical Schools of the State (see p 220)

Who shall be our future physicians is determined almost solely by the medical schools. This is a grave responsibility in which the practicing physicians can be of great assistance. The medical schools now accept only about one in five of the applicants for admission, and the principal standard by which they measure the desirability of an applicant is his proficiency in scientific studies in the undergraduate college. But there are also to be considered the temperament and character of the applicant, and these qualities can be judged best by physicians who know him Something of the old preceptorial system is

needed in order that the personality of a candidate may be judged and certified by practicing physicians. The ideal physician has a combination of altruism and business acumen, of science and common-sense, and of formality and sociability. These are the qualities which revealed themselves daily to the old fashioned preceptor, and which the medical schools could now ascertain from physicians who know the candidate.

The medical school has a responsibility to emphasize the prevention of diseases. Its peculiar work is to give its students instruction in human sickness-its nature, recognition, treatment, causes, and prevention Nine-tenths of the instruction has been, and probably always will be, on the subject of clinical medicine, by which is meant the study of diseases in a stage in which they are crippling or disabling to the patient But modern standards of medical practice require that a doctor shall diagnose a disease in its incipient stage, and even to recognize a real threat of dis-The attempts to meet these requirements have led to the serious suggestion that two medical courses be given, one in clinical medicine leading to the degree of Doctor of Medicine as at present, and another in preventive medicine and public health leading to the degree of Doctor of Public Health But happily this artificial distinction has been avoided Physicians now recognize their duty to practice public health and preventive medicine, and medical schools give instruction in both subjects

The teaching of the subjects of public health, preventive medicine, preclinical medicine, and periodic examinations is sometimes assigned to a department of public health. When this is done, the students are likely to acquire three misapprehensions

1 That the subjects will have no value to them in their hospital interneship, and little in their private practice

2 If the subjects were important, they would be taught in the departments of medicine, surgery, and pediatrics, and by men who know the subjects better than the professors of public health

3 Many of the teachers in the department of public health have no medical degree, and so they cannot teach medical students

The situation in most medical schools is one of mental attitude toward the subjects rather than of opposition or indifference. The time to teach the prevention of any disease—rheumatism, for example—is while the entire topic is under consideration. The professor of clinical medicine will make a deep impression on every student if he says a few words on the early recognition and prevention of the disease under discussion, and also refers to what the instructor in the department of public health will say about the disease. If all the professors gave the proper emphasis to

mus, for after thymectomy in animals we see a very similar picture, comprising hydrolability, acidotic-toxic exsiccosis, etc. This picture varies with the state of the thymus, for if this is hyperplastic we see water retention and if atrophic water impoverishment (exsiccosis). In the child whose case is quoted above, the first attack of vomiting supervened in 6 hours after beginning the diet — Klimsche Wochenschrift, December 3, 1927

Atypical Sprue -Alfred C Reed and J E Ash, writing in the Archives of Internal Medicine, December 15, 1927, lx, 6, call attention to the fact that the diagnosis of sprue based on the characteristic diarrhea, stomatitis, and afebrile course is comparatively easy, but it does not include many early cases which may later prove to be sprue They describe eight atypical cases in which the gastroenteric disturbances were like those of sprue In seven there was a definite achlorhydria, with the digestive disturbances incident to this condition, there was a history of a previous intestinal phase of sporadic diarrhea of from several months' to several years' duration As a rule the intestinal phase had disappeared when the patients came under observation, and the condition was being handled as anemia thors conclude that there is a definite clinical entity, combining gastroenteric disturbances like those of sprue, an anemia approaching the so-called pernicious primary type, and nervous phenomena characteristic of subacute myelinic degeneration of the spinal cord and peripheral Any of these groups may be found associated This variety of atypical sprue occurs chiefly in white men resident for varying periods in tropical or subtropical climates This fact may account for the predominance of gastroenteric symptoms, in which it differs from Addisonian anemia. It is progressive and, although remissions occur, the course usually proceeds to a fatal termination is assumed that these borderline or composite cases with polysystemic damage are the result of a single type of toxin of gastroenteric origin, it seems reasonable to suppose that classical sprue, Addisonian anemia, and myelinic degeneration may have a similar etiology, and at times develop into this pleomorphic picture

Celiac Disease (Chronic Intestinal Indigestion)—Louis W Sauer, writing in the American Journal of Diseases of Children, December, 1927, NXIV, 6, points out that the three-phased, high protein diet (omitting fresh cow's milk, carbohydrates, and fats) when rigidly enforced is usually curative in celiac disease within from one to two years. This is suggestive of the etiology of the affection. Noxious intestinal products, probably formed by bacterial action.

on carbohydrates and fats, play an important role in the etiology The disease has never been produced experimentally, but circumstancial evidence leads to the hypothesis that it nught be transmitted from one child to another Prognosis depends on the diet rather than on the severity or duration of the disease Sauer discusses a series of 25 patients, in the majority of which a standard three-phased, high-protein diet gave rapid and permanent results The first phase of this diet consists in the use of protein milk alone, diluted with Ringer's solution, until the stools are firm, the distention slight, the gas not excessive, and the appetite good It is advisable to begin with several level tablespoonfuls of powdered protein milk less than the number of pounds the When this is well taken, the child weighs number of tablespoonfuls should be increased by two until the number approximates that of the pounds in the child's best previous weight. The second phase then begins Ringer's solution may be discontinued, and small quantities of curd without whey, lean beef juice, cottage cheese, scraped beef, and egg may be added Powdered skimmed milk may be substituted for protein milk Cod-liver oil, orange juice, and iron should also be given in increasing quantities The duration of this stage may be many months, it may be years. The third stage consists in the addition of carbohydrates, increased in amount slowly and cautiously. It is better not to allow bread, potato, sugar, icecream, candy, cake, and fresh milk until the end of the second year of treatment event of an exacerbation of the disease the first-phase diet should be resumed without delay

Ehrlich's Chemotherapy —In a discourse on certain general principles which require to be brought into application in all treatment of bacterial disease, Sir Almroth E (Lancet, December 24, 1927, ccxiii, 5443) shows that Ehrlich's terminology is inadequate and in many respects erroneous. A grave blot on Ehrlich's wonderful work was that he failed to realize why his therapia magna sterilisans in syphilis had failed The reason is that while some of the infective microbes are circulating in the blood others lie in regions so physiologically remote that in the case of arsenic no trace of the agent would ever penetrate them Microbes may become lodged in nonbacteriotropic or, as Wright calls them ecphylactic niduses. The formation of these niduses is dependent upon the arrest of the blood stream and closing down of the capillaries, with the result that the blood supply in the vicinity is rapidly depleted of its bactericidal potency From these ecphylactic foci the microbes gain access to the lymph or secretory fluids Under



MEDICAL PROGRESS



Cardiospasm —After a general review of the subject of cardiospasm, Crossan Clark (Canadian Medical Association Journal, December, 1927, xvii, 12) states that, while temporary relief may be afforded in a few cases by the use of atropine, the best results have been achieved by the use of the hydrostatic dilator Metal sounds do not dilate sufficiently to afford any permanent relief The hydrostatic dilator is guided into the stomach on a previously swallowed silk thread. It is distended and pulled back forcibly against the cardia The water pressure is then reduced and the proximal end is allowed to slip back into the esophagus The water pressure is now renewed and the cardia dilated, the pressure being maintained for from two to five minutes In cases in which the esophagus is not widely dilated, 16 to 22 feet of water should be the pressure used If dilatation is more marked, 24 to 28 feet can be used with safety As dilatation is usually painful a local anesthetic is generally employed As complications of dilatation fatal rupture of the cardia has occurred, also moderate hemorrhage from the esophagus, and an attack of pleurisy with effusion Roentgenological examination after dilatation usually demonstrates no obstruction at the cardia series of 299 cases treated by dilatation Plummer and Vinson obtained 76 per cent of com-Clark reports the case of a girl, plete cures aged 5 years, who had vomited every meal for six months Ten dilatations during a period of two and a half months effected a complete cure, with a steady gain in weight from 311/2 to 37 pounds

Pathogeny of Peptic Ulcer-Professor E von Redwitz discusses this thankless subject, where the existence of so large a number and variety of possible causal factors tends to confuse the student and at the same time convince him of the hopelessness of the task. He discusses each alleged causal element in turn and combines them in a diagram which tends to show that the stages of the process are circulatory disturbance, necrosis, acute ulcer, and Each of these stages has its chronic ulcer special causal factors and varieties based there-The diagram shows incidentally that mere causes and effects cannot be predicated of this highly complex condition, which in the number and variety of causal elements and reciprocal interaction of the same resembles another highly complex condition-rickets What we have to do in such an affection is to isolate the

dominating factor or factors and direct our therapeutic resources against them, but this is much more easily said than done Under the circumstances it is best to adhere to old and tried measures while at the same time making every effort to improve our technique. This will lead to the individualization of the treatment and the abandonment of a schematic plan of therapy The distinction between medical and surgical cases is based chiefly on gross pathological alterations, especially stenosis, or alarming complications like hemorrhage and perforation Ulcer in the young has a way of recurring over and over and often no plan of either medical or surgical treatment can be depended on to prevent or cure This behavior, which is naturally restricted to the peptic gland area, suggests that there is a special ulcer constitution or ulcer disease of which the actual lesions are mere secondary expres-At the other extreme we find cases in which there are no causal factors in evidence, the subjects being in excellent health, and this too suggests the existence of a deep seated endogenous affection - Münchener medizmische Wochenschrift, December 9, 1927

Diet and Acidosis -H Seckel sums up the histories of two cases of acidotic vomiting in children as follows A boy who had made a recovery from severe acidotic vomiting was fed on a ketogenic diet with the result that in a few hours he suffered a new attack of vomiting with water impoverishment, blood and urine acidosis, tachycardia, and collapse A healthy -control child was fed on the same diet, which involves withdrawal of the carbohydrates, yet did not develop acidosis nor any other manifestations this experimental case the symptoms could hardly have been due to the losses sustained by vomiting and the latter was doubtless only one of the symptoms induced by a basic anomaly of meta-The initial manifestations on the diet are loss of weight and ketonuria The control child showed these two effects of the diet (although, as stated, there were no clinical symptoms apparent) but they supervened at a later The author regards the predisposition to acidotic vomiting as bound up in a constitutional hydrolability which may lead to water impoverishment manifested incidentally by both acidosis The nurshing reacts by an intoxiand toxemia cation, the older child by acidotic vomiting. Insulm cannot benefit this condition unless the diet is first changed There is reason to believe that there is underfunction or dysfunction of the thymus, for after thymectomy in animals we see a very similar picture, comprising hydrolability, acidotic-toxic exsiccosis, etc. This picture varies with the state of the thymus, for if this is hyperplastic we see water retention and if atrophic water impoverishment (exsiccosis). In the child whose case is quoted above, the first attack of vomiting supervened in 6 hours after beginning the diet — Klimische Wochenschrift, December 3, 1927

Atypical Sprue -Alfred C Reed and J E Ash, writing in the Archives of Internal Medicine, December 15, 1927, lx, 6, call attention to the fact that the diagnosis of sprue based on the characteristic diarrhea, stomatitis, and afebrile course is comparatively easy, but it does not include many early cases which may later prove to be sprue They describe eight atypical cases in which the gastroenteric disturbances were like those of sprue In seven there was a definite achlorhydria, with the digestive disturbances incident to this condition, there was a history of a previous intestinal phase of sporadic diarrhea of from several months' to several years' duration As a rule the intestinal phase had disappeared when the patients came under observation, and the condition was being handled as anemia thors conclude that there is a definite clinical entity, combining gastroenteric disturbances like those of sprue, an anemia approaching the so-called pernicious primary type, and nervous phenomena characteristic of subacute myelinic degeneration of the spinal cord and peripheral Any of these groups may be found This variety of atypical sprue ocassociated curs chiefly in white men resident for varying periods in tropical or subtropical climates This fact may account for the predominance of gastroenteric symptoms, in which it differs from Addisonian anemia It is progressive and, although remissions occur, the course usually proceeds to a fatal termination is assumed that these borderline or composite cases with polysystemic damage are the result of a single type of toxin of gastroenteric origin, it seems reasonable to suppose that classical sprue, Addisonian anemia, and myelinic degeneration may have a similar etiology, and at times develop into this pleomorphic picture.

Celiac Disease (Chronic Intestinal Indigestion)—Louis W Sauer, writing in the American Journal of Diseases of Children, December, 1927, xxxiv, 6, points out that the three-phased, high protein diet (omitting fresh cow's milk, carbohy drates, and fats) when rigidly enforced is usually curative in celiac disease within from one to two years. This is suggestive of the etiology of the affection. Noxious intestinal products, probably formed by bacterial action.

on carbohydrates and fats, play an important The disease has never role in the etiology been produced experimentally, but circumstancial evidence leads to the hypothesis that it nught be transmitted from one child to an-Prognosis depends on the diet rather than on the severity or duration of the disease Sauer discusses a series of 25 patients, in the majority of which a standard three-phased, high-protein diet gave rapid and permanent The first phase of this diet consists in the use of protein milk alone, diluted with Ringer's solution, until the stools are firm, the distention slight, the gas not excessive, and the appetite good It is advisable to begin with several level tablespoonfuls of powdered protein milk less than the number of pounds the When this is well taken, the child weighs number of tablespoonfuls should be increased by two until the number approximates that of the pounds in the child's best previous weight The second phase then begins Ringer's solution may be discontinued, and small quantities of curd without whey, lean beef juice, cottage cheese, scraped beef, and egg may be added Powdered skimmed milk may be substituted for protein milk Cod-liver oil, orange juice, and iron should also be given in increasing The duration of this stage may be many months, it may be years. The third stage consists in the addition of carbohydrates, increased in amount slowly and cautiously is better not to allow bread, potato, sugar, icecream, candy, cake, and fresh milk until the end of the second year of treatment event of an exacerbation of the disease the first-phase diet should be resumed without

Ehrlich's Chemotherapy —In a discourse on certain general principles which require to be brought into application in all treatment of bacterial disease, Sir Almroth E (Lancet, December 24, 1927, ccxiii, 5443) shows that Ehrlich's terminology is inadequate and in many respects erroneous. A grave blot on Ehrlich's wonderful work was that he failed to realize why his therapia magna sterilisans in syphilis had failed The reason is that while some of the infective microbes are circulating in the blood others lie in regions so physiologically remote that in the case of arsenic no trace of the agent would ever penetrate them Microbes may become lodged in nonbacteriotropic or, as Wright calls them ecphylactic niduses. The formation of these niduses is dependent upon the arrest of the blood stream and closing down of the capillaries, with the result that the blood supply in the vicinity is rapidly depleted of its bactericidal potency From these ecphylactic foci the microbes gain access to the lymph or secretory fluids Under

these circumstances the cataphylactic procedures which may be employed are both lymphocytagogic and seragogic Many years ago Wright showed that urticaria, chilblains, physiological albuminuria, and anasarca could all be brought under the general heading of serous "hemorrhage" (excessive serous effusion) which is correlated with diminished blood coagulability and is aggravated by the exhibition of citric acid and other agents which diminish coagulability Manifestly there will be a better prospect of bringing a drug into operation in the tissues if the blood, at the time the drug is introduced, is in a state to furnish a maximum of serous exudate fact that in syphilitic infection the unsound procedure, which Ehrlich called therapia sterilisans fractionata, is sometimes effective clinically may be explained on the theory that where many doses are administered there will be a prospect of the drug being carried in turn to all foci which are accessible Furthermore, salvarsan in repeated doses lowers blood coagulability and this promotes a freer flow of arsenic-carrying lymph through the tissues It might, however, be more rational to begin the treatment of syphilis by administering citric acid in quantity sufficient to diminish blood coagulability and increase serous effusion all over the body As much might then be accomplished by the first dose of salvarsan as is accomplished by the ordinary procedure after a long series of doses Since the products of Arthusian inflammation are much more effective than those supplied by ordinary inflammation, this method might be found to be applicable to infections of the central nervous system, not only syphilitic but such as encephalitis lethargica, infantile paralysis, and rabies A mixture of serum and antiserum, or possibly an antihuman precipitating serum by itself, could be injected into infected tissue or a neoplasm, or into an infected serous effusion or secretory fluid In addition, hypertonic salt solutions injected into the blood may have a useful cataphylactic application. They will then function as powerful seragogues and, where the blood contains chemotherapeutic agents, will carry these in a rapid stream through the tissues and into the foci of infection, accomplishing results even more rapidly than reduction of the coagulability of the blood

Prophylaxis of Tetanus—S Heilbronn refers to a paper by Krecke published last summer in the Wochenschrift in which it was counselled to inject preventive serum immediately upon the receipt of an open wound This was the lesson of the war, but already a new generation of practitioners has come to the front to whom the war means nothing

They have never seen a case of tetanus and think it right if only one in a hundred wounded develop this disease to take the chance. The hundredth one then develops the disease like lightning from a clear sky Nothing can be done and yet it would have been so easy to prevent it A case in point concerned a little girl of 7 years who eight days before had hurt herself on a sharp stone The wound healed kindly, without treatment, although a practitioner was called in as a matter of form. A slight break in the sole of the foot was seen, barely 2 cm long without the least sign of inflammatory reaction The child was in the best condition There was time to inject 20 units of serum but Krecke's advice had not been heeded The practitioner pronounced the child well after a second inspection two days later, but in another 48 hours he was summoned anew, for there were present dysphagia, stiff neck, and trismus, though as yet no general convulsions The child was sent at once to the hospital but died on the following day amid very severe convulsions author's contention is that 8 days had elapsed between the date of the injury and the preventive injection—a much too long interval, for the only safety lies in immediate application of the remedy But it must be confessed that Professor Krecke's advice would be difficult to carry out in civil practice -Munchener medizinische Wochenschrift, December 2, 1927

Gas Gangrene Following Motor Accidents -W F Marshall (British Medical Journal, December 24, 1927, 11, 3494) reports the case of a youth, aged 19, who was the victim of a motor accident, sustaining a severe injury involving exposure of the tibialis anticus which The skin was also torn from was lacerated the left ankle, exposing the extensor tendons Both wounds were ingrained with road dirt In spite of thorough surgical treatment gas gangrene developed and was demonstrated by Recovery folbacteriological examination lowed treatment by antigas-gangrene serum and Carrel-Dakin irrigation of the wounds The best hope in dealing with this condition depends on three main points (1) Early diagnosis is essential, (2) it is necessary to excise all contaminated tissue regardless of the amount of mutilation caused, (3) the condition is controllable by energetic use of antitoxic serum, either the polyvalent variety or the specific antiserum indicated by the bacteriological examination

A similar case is described by Edward C Ellis in the same issue of the Journal In this case the head of the fibula was torn away from its articulation, the posterior tibial vein was torn, and other injuries in this region were inflicted Within eighteen hours after the

accident gas gangrene developed Bacterial examination of a piece of vein and tissue showed B welchn, B multifermentans, Streptococcus facalis, and B coli Examination of the bloodstained and nonstained portions of the farm trousers, which the patient was wearing at the time of the accident, showed the presence of the above mentioned microorganisms patient was successfully treated by thorough excision of the infected tissue and Carrel-Dakin irrigation, but without the use of antigas-gangrene serum, a prophylactic injection of antitetanus serum only was administered Ellis emphasizes the advisability of treating all punctured and contused wounds occurring in street accidents and agricultural districts by open irrigation

Rathogeny of Death by Submersion —Drs E Martin and Costedoat of Lyons write in extenso on this subject. The conclusions in briefest form are to the effect that there are two modes of submersion-death in the accidentally and suicidally submerged One of these is sim-. ple syncope while the other results from penetration of water into the lungs. As a consequence the cadavers upon removal from the body of water present different aspects and may be distinguished as the "white" and the "blue" drowned Both in theory and in fact it is the former which hold out the best prospect for resuscitation, for the blues develop alveolar lesions which often resist all artificial aid such cases venesection is a useful addition to artificial respiration Syncope in these cases seems to be visualizable as a conservative effort. for even after 40 minutes of submersion and hours of resuscitation efforts it is possible to reanimate by persistency in artificial respiration and rhythmic traction of the tongue. At the other extreme, a blue subject who has been under water but a few minutes may have forfeited his life If reanimation is at once successful the lesions which develop later may not be fatal provided treatment is at once instituted the first step is venesection to be followed by the same maneuvers as already mentioned for the white subject, save that artificial respiration is best applied in the prone position when a body is first taken from the water, if for any reason the immediate diagnosis between white and blue is impossible, the patient must receive the benefit of the doubt by being bled -Journal de medecine de Lyon, November, 1927

Prevention of Abortion Trauma —Professor Winter of Königsberg sums up a serial article on abortion trauma by laying down the following precepts on prevention. Naturally, the abortion should be allowed to pursue its course as far as possible in a spontaneous manner. Such advice is not popular with the profession for

it involves much time. In fact so true is this that nearly all practitioners have substituted for the conservative course active radical intervention, which gets prompt results but invites infection, retention, and actual trauma The second precept is that manual is preferred before instrumental intervention, because the finger rarely traumatizes and at the same time is technically superior to instruments in detachment of the The third precept is to employ instruments only for special indications—the sound only when necessary to fix the direction of the cervical canal and to locate the internal os, laminaria tents, only in the first three or four months of pregnancy or in retention with closed cervix, the curette, for removing the very youngest ova (up to three weeks after missed menstruation), and so on Fourth, the cervix must be open enough to admit the finger and incidentally the wide curette and abortion forceps great danger in trying to pass instruments through an insufficiently dilated cervix. In general, the greater the degree of preparation the better the outcome Further before any therapeutic abortion is undertaken the woman must be examined under narcosis in order to ascertain the actual condition of the internal genitals When abortion is not under way spontaneously —that is in all cases of artificial abortion—it is allowable to resort to Hegar's dilators until the cervir can admit the finger -Deutsche medisinische Wochenschrift, November 18 1927

Lead in the Treatment of Cancer -P Duhail, after giving a digest of the Blair Bell lead treatment of cancer based on articles by Bell and others, says that Girard in experimenting with implanted rat tumors has made the discovery that the first action of the metal seems to be to stimulate the tumor growth, but later the latter disappears completely In this experimental work the lead is made to reach the tumor cells not by injection but by electrical endosmosis By the injection method, as used in human subjects, the formation of capillary thromboses appears to cooperate with the toxic action of the lead on the cancer cell Somewhat disconcerting is the fact that a dosage of lead which will modify the growth of the tumor may be the very dose which will cause the patient's death. This is shown in a well known case in which an inoperable cancer the size of the fist melted away under the influence of eight injections of lead, until it was no larger than a filbert But unfortunately, the cumulative action of the ninth dose led to the death of the patient from saturnine intoxication Autopsy showed a lead retention of 01 gram Blair Bell now insists, among other regulations in controlling the treatment by taking the blood counts after each injection and at the same time in measuring the blood urea -Lc Progres Medical, November 19, 1927



LEGAL



By LLOYD PAUL STRYKER, Esq Counsel, Medical Society of the State of New York

LAW, ITS ORIGIN, GROWTH AND FUNCTION

This is the first of a series of twelve editorials which we promised in our issue of January 15th, 1928. The subject, as its title indicates, is a large one, possibly too large a one to be dealt with in the compass of one editorial. All that can therefore here be hoped for is some outline of the theme. The title of this editorial is adopted from that given by the late James C. Carter to a course of lectures prepared for delivery by him before the Harvard Law School more than twenty years ago. Our views upon this subject have been largely influenced by this unusually erudite and well-known book.

The complexity of the subject is indicated at the very outset by the difficulty in finding a comprehensive, all-embracing and thoroughly reliable definition of the term law "No tolerably prepared candidate in an English or American law school," wrote Sir Frederick Pollock, "will hesitate to define an estate in fee simple, on the other hand, the greater a lawyer's opportunities of knowledge have been, and the more time he has given to the study of legal principles, the greater will be his hesitation in face of the apparently simple question, What is Law?"

The definitions of this term have been numerous, and none perhaps entirely satisfactory. That with which lawyers are best acquainted is the one given by Sir William Blackstone in his Commentaries where he defines law as "a rule of civil conduct prescribed by the supreme power in a State commanding what is right and prohibiting what is wrong"

John Austin has defined it thus "Every positive law, or every law simply and strictly so called, is set by a sovereign person, or a sovereign body of persons, to a member or members of the independent political society wherein that person or body is sovereign or supreme"

Mr Carter criticizes the definitions both of Blackstone and of Austin in that neither of them informs us "where we are to find the 'right' and the 'wrong' which the law enjoins or prohibits, except in the injunction or prohibition itself."

Demosthenes defined law as that "to which all men should yield obedience for many reasons, and especially because every law is a discovery and gift of God, and at the same time a decision of wise men, and a righting of transgressions, both voluntary and involuntary, and the common covenant of a State, in accordance with which it beseems all men in the State to lead their lives"

Xenophon's definition is shorter and clearer "Whatsoever the ruling part of the State, after deliberating as to what ought to be done, shall enact, is called a law"

The English philosopher Hobbes defined law as "The speech of him who by right commands something to be done or omitted"

The German jurist Dernberg defined it as "That ordering of the relations of life which is upheld by the general will"

Private law, as distinguished from the law of nations, has been defined by our own Chancellor Kent as "a rule of civil conduct prescribed by the supreme power of a state."

The definitions of this apparently simple term could be multiplied without number. We shall content ourselves with three more from Bouvier's Law Dictionary, where law is defined as

"A rule or method of action, or order of sequences

"The rules and methods by which society compels or restrains the action of its members

"The aggregate of those rules and principles of conduct which the governing power of a community recognizes as those which it will enforce or sanction, and according to which it will regulate, limit, or protect the conduct of its members"

The aggregate of those rules and principles of conduct which the governing power of a state recognizes as those which it will enforce or sanction, in our system of government may be classified under three heads

(a) Constitutional law,

(b) Statutory law, and
(c) Common law, which consists of the great body of judicial decisions by the Courts, both of England and of the United States

The people of this State have the right from time to time to change or modify their constitution in any way they choose, subject only to the limitation that they may not so amend it as to conflict with the constitution of the United States The legislature has the power and the right to enact any law which it chooses, provided that it does not conflict with the constitution of the State or of the United States The judges do not make or enact laws, their function is to ascertain what the law is, and after they have determined this question, then to construe that law, and apply it as a rule of conduct for the determination of the

particular dispute that is brought before them

One of the questions which judges frequently are called upon to decide is whether a law, which has been passed by the legislature, is in conflict with the constitution either of the State or of the United States If the Courts decide that a statute, although duly passed, in fact conflicts with some provision of either of the two constitutions mentioned, the Court has both the right and the duty to declare that law "unconstitutional,"—that is, contrary to the constitution, and therefore void Any law duly enacted by the legislature, and not in conflict with either of the constitutions mentioned, is a valid law, that is to say, it is a rule "by which society compels or restrains the action of its members"

But this subject should be considered in a larger aspect than that involved in the mere question of constitutionality. The fact that a legislative enactment has been passed, and that it does not contravene either of the constitutions, does not assure or guarantee that it will be either respected or obeyed as law. It is law, and it should be obeyed by reason of the mere fact that it is the law, but the experience of manking reveals that whether or not it will ultimately be obeyed depends upon the law itself, that is to say, upon its wisdom, justifica-

tion and fundamental justice.

"There are," says Mr Carter, "a vast number of laws on the statute-books of the several States which are never enforced, and generally for the reason that they are unacceptable to the people There are great numbers of others the enforcement of which, or attempts to enforce which, are productive of bribery, perjury, subornation of perjury, animosity and hate among citizens, useless expenditure, and many other public evils All these are fruits of the common notion, to correct which but little effort is anywhere made, that a legislative enactment is necessarily a law, and will certainly bring about, or help to bring about, the good intended by it, whereas such an enactment, when never enforced does not deserve the name of law at all, and when the attempted enforcement of it is productive of the mischiefs abovementioned, it is not so much law as it is tyranny Among the evils which oppress society, there are few greater than that caused by legislative expedients undertaken in ignorance of what the true nature and function of law are, and the effective remedy-at least there is no other—lies in an effort to correct -this ignorance by knowledge?

At another point in his admirable book, Mr Carter writes "The Written Law is victorious upon paper and powerless elsewhere" And then he goes on to point out that the prosecuting officer "is sensible of the feebleness of the command resting upon him to enforce a law

the enforcement of which would send a hundred of the most eminent citizens to jail and throw the industry of the country into confusion. Meanwhile, the interests of peace and order are left to the protection of the nominal criminals! The command of the Sovereign will prove impotent against the unyielding force of custom.

"The popular estimate of the possibilities for good which may be realised through the enactment of law is, in my opinion, greatly exaggerated. Nothing is more attractive to the benevolent vanity of men that the notion that they can effect great improvements in society by the simple process of forbidding all wrong conduct, or conduct which they think is wrong, by law, and of enjoining all good conduct by the same means, as if men could not find out how to live until a book were placed in the hands of every individual, in which the things to be done and those not to be done were clearly set down"

One would think to read the foregoing quotation that Mr Carter had written his lecture with a full knowledge of our Eighteenth Amendment and the Volstead Law, but the fact is that the words quoted were written a dozen years or more before either of these were placed upon our statute books. Even more startling are the sentences which occur at a later page of his book, and may seem to

us almost prophetic in their character

"Take, for instance," says Mr Carter, "the case of laws prohibiting the manufacture or sale of intoxicating drinks The evils of drunkenness are so manifest that great numbers of excellent people are impressed with a conviction that some measures must be taken to repress them The first efforts in this direction were a resort to what are called moral methods The attempt was made to arouse a public sentiment so strong as to prevent men from indulgence, and discourage the sale of the mischievous article, but the results of such efforts are generally too slow and gradual to satisfy aroused and earnest minds Besides the desire of doing good, the selfish determination is formed of carrying out a purpose, and the purpose comes to seem so important that no inquiry is made concerning the means except to consider what will be most effective. It suits the judgment of some and the temper of others to convert the practices they deem so mischievous into crimes, and they think that if nothing else will prevent indulgence in them, the fear of heavy punishment will at least be effective, and indeed many think that the force of law is so great that the mere enactment of a prohibition will accomplish the desired end. and all are inclined to believe that even if the laws are ineffective for the purpose for which they were enacted, they will at least do no

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harm But men forget that their acts, whether in enacting and attempting to enforce written laws, or of whatever other nature, are subject to the great law of causality and will draw after The law them their inevitable consequences when enacted will not execute itself quires the active interposition of man to put it in force Evidence must be found and prosecutions set in motion, and as this is a task in which good men are commonly found to be unwilling, or too indolent, to voluntarily engage, others must be sought for who will undertake it The spy and informer are hired, but their testimony is open to much impeachment, and is met by opposing testimony often false and perjured. The trials become scenes of perjury and subornation of perjury, and juries find abundant excuses for rendering verdicts of acquittal or persisting in disagree-The whole ments, contrary to their oaths machinery of enforcement fails, or, if it succeeds at all, it is in particular places only, while in others the law is violated with im-Attempts are made to insure a more general and effective execution of the law by imposing the duty of detection upon the ordinary policemen, and giving them summary This enables such officers to extend indulgence for a price, and makes their places positions of value which speedily fall into the hands of those who will not scruple to sell their indulgences, and bribery and corruption on a vast scale are the result The necessity felt by the violators of the law to purchase protection carries the struggle for the control of the police establishment into politics, and mis-An especially chiefs almost endless follow pernicious effect is that society becomes divided between the friends and the foes of the repressive law, and the opposing parties become animated with a hostility which prevents united action for purposes considered beneficial by both Perhaps the worst of all is that the general regard and reverence for law are impaired, a consequence the mischief of which can scarcely be estimated "If, at the expense of all these evils, the re-

"If, at the expense of all these evils, the reformation sought by the law were really and fully effected, the benefit would not be worth the price paid for it, but it generally turns out in the end that the legislation is wholly ineffective and that the condemned practices, through successful bribery and by various devices, are carried on much to the same extent as before the enactment of the law

"What a spectacle is thus afforded of the impotence of man's conscious effort to over-rule the silent and irresistible forces of

Again and again we must remind ourselves in reading Mr Carter's book, that all that he had to say was written more than a dozen

years before the Eighteenth Amendment or the Volstead Law were enacted

"I do not hesitate to say," declares Mr Carter, "that any legislation which bears the characteristics of tyrrany as I have defined that term, is vicious in theory and has never yet succeeded, and will never succeed, in gaining its avowed end, or in having any other than an injurious effect, and I venture to add that if the zeal and labour which have been employed by what are called the better classes of society in efforts to enact and enforce laws repressive of liberty, had been extended in kindly and sympathetic efforts to change and elevate the thoughts and desires of those less fortunate than themselves, a benefit would have been reaped in the diminution of misery and crime which compulsory laws could never accomplish Moral ends can never be gained except by moral means All the advances in civilization and morality which society has thus far made are due to the cultivation and development of those moral sympathies which find their activity in co-operation and mutual aid"

As we look into the origins of law, we become increasingly enabled to grasp the full import of these views The origin of all law is custom The tribes in the lowest scale of civilization had rules of conduct by which they Even among lived and guided their affairs the inhabitants of Terra del Fuego, the Patagonians, the tribes of Australia, the Bushmen of South Africa, and the Wood Veddahs of Ceylon, we find customs having the force of law In these societies, as in those of which the earliest human records still subsist, "there is," says Mr Carter, "a constant restraint upon conduct This consists simply in the obligation felt by each one to do as others do-that is, to conform to custom Every one knows that if he does violence to another, or steals his property, he will excite the resentment of the other, and probably receive from him, and those who will aid him, bodily punishment He will provoke retaliation He will lose the approval and friendship of his fellow tribesmen He will be made in various ways to suffer These are the consequences, known before hand, of a failure to conform to custom, and they are sufficient to secure conformity, not indeed in every instance, but in the great ma-The prime requisite of jority of instances human society, that without which it cannot subsist, is that each member should know what to expect in the conduct of others, and that fair expectations should not be disappointed When he knows this, and only when he knows it, he knows how to act himself This requirement is supplied by conformity to custom"

As man became more civilized, and as the various tribes took up agrarian pursuits, and commenced the cultivation of their lands, se-

lecting this means of livelihood rather than resorting to war, plunder and aggression, custom became more and more developed, and this development kept pace with the development of civilization itself. Finally, in the ancient world, in Greece and Rome, the law assumed a definite and formal shape, and the customs of the people were reduced to writing and scientific form. This development in Great Britain has been traced by every student of the English law. We observe the customs of the people, the customs of the merchants and the mariners finally crystallizing into definite form, and emerging ultimately into that vast body of jurisprudence known as the "common law"

But the history of English institutions, as of that of the civilizations which preceded them, reveals that the growth was a gradual one, and that rules of conduct only became really binding and effective when they conformed to the current theories of right and wrong, finding their origin in custom. Thus, that which is really worthy of the name of "law"—that is, a rule of conduct actually enforced, respected and obeyed—is only that which conforms to the views of conduct held by the great mass of the people whom the law was designed to regulate A law which was behind or in advance of this might have all the legal sanction of law, and yet have none of its real fun-It might be written out damental attributes and passed by the legislature, but unless it was in conformity with custom, it became nothing better than a scrap of paper

What was true historically, is true today, that the proper province of legislation lies in

the wise and prudent contriving and shaping of the rules of conduct to which the great mass of the governed are willing to conform, and which they recognize as proper to be obeyed "The general rule of wisdom," and followed says Mr Carter, "which embraces all these precautions is this that it should be kept constantly in mind by the legislator that the function of the law resting upon custom, the function of legislation and the function, indeed, of all Government are the same, namely, to mark out the sphere in which the individual may freely act in society without encroaching upon the like freedom in others, that this sphere is primarily marked out by the unconscious operation of custom with a wisdom far beyond that of the wit of the wisest, that the function of conscious government, whether in the form of legislation or otherwise, is subsidiary to it, and that all legislation should observe this subordination and never attempt to subvert or supersede that which it is designed to aid "

Law, then, is a rule of conduct by which society compels or restrains the action of its members. But law, to be effective, to be really enforced, must be in general conformity with the customs of the governed, since all rules of conduct, in the last analysis, are based on custom. The function of law is to express and define those customs, not to invent or promulgate new customs, but to provide better means for the regulation of conduct in accordance with the views of what is right and wrong entertained by the great mass of society which the law is passed to regulate





NEWS NOTES



DEANS' CONFERENCE

A conference of the officers of the Medical Society of the State of New York with the Deans of the Medical Colleges of the State and representatives of the State Department of Education, was held on January 11, 1928, to discuss the training of students to practice preventive medicine, and especially to make periodic examinations of adults who were apparently healthy The representatives of the Medical Society took the attitude that the older practitioners were showing an increasing interest in the examinations, and that the younger practitioners were often lukewarm The question arose whether or not the medical schools were emphasizing the subjects as much as they might

Some of the deans said that the subjects of preventive medicine and periodic examinations were comparatively new—only ten years old—but that the medical schools had taught the subjects to students who had graduated during the last five years, and that probably the physicians who had graduated within five years had the point of view of preventive medicine and could make a proper physical examination

Two methods of teaching the medical students were discussed

- 1 To give a course in preventive medicine, and
- 2 To give instruction in the prevention of each disease while that disease is under discussion

It was the opinion of the deans that the instruction should be given in each department. The subject of cancer, for example, its prevention and its recognition in its early stages, should be taught by the departments of medicine and surgery, and diabetes in its early or preclinical

stages would be taught in the department of medicine. The representatives of Cornell, Syracuse, Columbia, and Long Island College Hospital said that these schools were using this method to teach the recognition of diseases in their early stages.

Several of the speakers brought out the mental attitude of the students toward preventive medicine, and some deplored the tendency toward commercialism shown by the younger men. The representatives of the Medical Society thought that the ideals of the profession should be emphasized in the classroom daily, so that the future practitioners would at least be conscious of having had the high ideals brought to their attention Medical students were picked men chosen from a large number of applicants. They were of a type that would respond to the ideals which were presented to them

The Columbia and Cornell representatives said that each student in those colleges was given a physical examination and was taught to make a similar examination of other adults who were apparently healthy

The conferees expressed the view that teachers in the medical schools should be in closer touch with the representatives of the medical societies, especially those of the state and counties, in order to inform the students regarding the modern standards of the practice of medicine. The physicians in the field discuss these standards in their societies, and the teachers in the medical school have the opportunity to impress these standards on medical students at the outset of their careers.

The conference was suggestive of lines of thought which will doubtless be followed up in the future

BRONX COUNTY

A regular meeting of the Bronx County Medical Society, held at Castle Hall, 149th Street and Walton Avenue, on January 18, 1928, was called to order at 9 P M, the retiring President, Dr Friedman, in the Chair

Dr Friedman thanked the members, particularly the Chairman of the Standing Committees, for their cooperation. He especially expressed appreciation of the work done by Dr Podvin, Chairman of The Bulletin Committee. He referred to the new Committees started during his administration, the Social Committee and the Relief Committee. In turning the gavel over to Dr Gitlow, Dr Friedman urged the members to give the incoming Presi-

dent the loyal cooperation which was accorded

After preliminary business, Dr Samuel Gitlow, the newly elected president, took the chair, and addressed the Society as follows

"We have had several Building Committees in the past headed by very able and efficient Chairman who have made sincere efforts to obtain a building. The active members of our Society, who consist of those that attend its meetings, seemed to be almost unanimously for a building, so much so, that a Fifty Dollar assessment per member was voted

"Each year has seen the encroachment of lay health organizations on the practise of

medicine I need not name them seperately, but if they were to increase very greatly in number, medical practise would become practically contract practise and the pauperization of the public would become almost complete There are many such philanthropic endeavors right here in the Bronx Your Committee should get in touch with all, if possible, and direct the medical aspects of them We have only begun this activity, the future will teach

"Public opinion is a potent factor for good We must, if possible, retain the good will of the public. This can only be done if we interest ourselves in some part of their wel-Medical publicity cannot in the future be so circumscribed by obsolete rules of conduct as heretofore. Your Society has so acted in publishing a health column in one of the local newspapers Medical publicity can, however, be distinctly abused when it aims at selfish aggrandizement. It then does greater harm than good We still feel that medical publicity must be carried on by your official Only then is it truly effective and un-We would, therefore, ask that assuming whenever a request for such publicity is received by one of the members that such request be referred to your Publicity Committee, which is The Bulletin Committee

"In connection with this, the education of the public in medical matters is important Your Public Health Committee has done this admirably in the past. We urge an extension of its work along these lines in the future The effect of such propaganda is slow in making itself manifest but must eventually redound to

the benefit of each one of you

"Your county society has only one Section that is an integral part of it-The Medical There are now many special societies, the latest just being formed—a Genito-Urinary Would it not be plausible to constitute all these into an Academy of Medicine that would be associated with your County Society and which would greatly help in the getting and maintaining of a Home?

The following members were elected Charles Engelsher, Richard W Finn, Louis Green, Louis M Leibow, Sophia Locke, Louis Saltzman, Abraham I Schmith, Barney Worken

Dr Boas presented the report of the Committee on Public Health and Medical Education The Committee intends to make a special study of the subjects of the medical care of children in schools, and what the proper policy of the Society should be in relation to the

Baby Health Stations

Dr Cunniffe reported for the Committee on Legislation A bill has been introduced in the State Legislature to license chiropractors and the Health Insurance Bill has again been introduced There is also a bill introduced by the Osteopaths for the purpose of granting them the privilege of doing minor surgery and administering narcotics and antitoxins bill this year differs from previous years in that they ask these privileges only for those men who have earned their licenses through examination since 1909 Dr Cunniffe stated that the State Legislative Committee wants to know our opinion of this bill

Following the general discussion, it was moved and carried that the Society go on record as opposing this bill granting further privi-

leges to Osteopaths

Dr Shiffman, chairman of the Social Committee, reported that the committee is planning a Theater party, the proceeds of which will go to the Relief Fund

The Scientific Program proceeded as follows

Papers

1 A Survey of Our Knowledge of the Nasal Accessory Sinuses — Illustrated by Lantern Slides, A Lobell

2 Fundus Photography—Its Value to the General Practitioner, the Specialist and the Patient - Illustrated by Lantern Slides, Arthur J Bedell

> I J LANDSMAN, MD, Secretary

A special meeting of the Bronx County Medical Society, held at Castle Hall, on Monday, January 23, 1928, was called to order at 9 P M, the President, Dr Gitlow, in the Chair

The meeting was called for the purpose of presenting the following Scientific Program

Paper X-Ray Studies of the Heart, including X-ray Motion Pictures of the Heart in Action-Professor Franz Groedel of the University of Frankfort

Discussion followed which was participated in by Drs David Felberbaum, Jacob Bower, Ernst P Boas, Frank Appel and Elsie Fox Dr Groedel closed the discussion

> I J LANDSMAN, MD, Secretary

QUEENS COUNTY

The annual meeting of the Medical Society of the County of Queens was held at Eagle Palace, Jamaica, on Tuesday evening, November 29th, 1927, at 8 30 o'clock, the president, Joseph S Thomas, M D, in the chair The following were elected to membership

Isidor Black, M.D., Jackson Heights, Isidor Kaminstein, M.D., Jamaica, John O'Flanagan, M.D., Long Island City

Reports were received from the following Committee on Graduate Medical Education by Dr F G Riley Legislative Committee by Dr D E McMahon Committee on Publicity by Dr E E Smith

The Board of Trustees reported and offered the following resolution "Resolved, that the Board of Trustees be authorized to prepare plans and specifications for a new building suitable to the needs of the Society for the adoption by the Society, and prepare subscription blanks and bonds in the amount equal to cost of construction and equipment, said bonds to contain the proviso

"That, the bonds will be redeemed by the Society after payment of the building loan and

mortgage bond from time to time as its funds will warrant, and when redeemed the holder shall be paid the principal of said bonds together with the pro rata share of the net income carned by the Society while such bonds were outstanding, but in no case to exceed the annual return of 6% If no building mortgage is required this bond issue will be secured by a mortgage as collateral

"Furthermore, the Trustees be directed to exchange the old bonds for those of the new

issue upon request"

Action on this resolution was deferred until

January

Several amendments to the constitution and by-laws were adopted after a lengthy discussion

E E SMITH, MD, Secretary

LEGISLATION

Legislative Bulletin number 4 issued January 24, records two bills introduced in the Assembly by Dr Lattin, Chairman of the Public Health Committee One bill, Assembly Int No 334, concurrent Senate Int No 221, would amend the County Law by empowering supervisors of a county not a general health district, to appoint one or more dairy and sanitary inspectors. The bill was referred to the Committee on Internal Affairs

The other bill Assembly Int No 335—concurrent Senate Int No 220—would add a new section to the Health Law requiring that all plans for water purification plants must be approved by the state health commissioner

On January 23 Governor Smith authorized an investigation of the Department of Labor and appointed a Moreland commissioner for that purpose. At the same time, the Senate authorized an increase of power and authority for the legislative investigating committee which has been studying compensation affairs for the last two years. This committee was expected to make its report early in February, but if the recommendation which passed the Senate last night is adopted, the committee's report will very likely be delayed and, accordingly, in the meantime, there will be very little legislation introduced on that subject

The osteopaths have amended their bill to permit them to administer anæsthetics, which makes that part of the bill read as did the one introduced last year "Narcotics for the relief of suffering by administration, but not prescription, anæsthetics, antiseptics, vaccines and antitoxins" This bill will be opposed by the Department of Education, the Department of Health and your Committee

Bulletin number 5, issued January 31, contains the following information

The annual conference of County Society Legislative Chairmen will be held on Tuesday, February 14th, beginning at 11 00 A M, at the DeWitt Clinton Hotel, Albany

A hearing will be held before the Assembly Committee on Codes, Tuesday, February 14th, 200 P M on Assembly Int No 33, Vaughan, on experiments on dogs

Two bills in which we have been particularly interested, were advanced within the last week Assembly Int No 102—Gedney, Senate Int No 245—Walsh, physician to be paid reasonable fee for the examination of motorists charged with intolication, advanced in the Assembly to third reading. Assembly Int No 335—Lattin, Senate Int No 220—Webb, requiring the approval of water purification plants by the State Health Commissioner, has been advanced in the Senate to third reading

Senate Int No 335—Antin A new section is added to the law defining under what conditions the county may recover from the state 50% of the amount of money expended by the board of child welfare during the year

Senate Int No 336—Antin This bill would make it possible for a relative of the mother to receive from the state an award for the care of the mother and children where deprived of their father, under certain conditions, and in the event that the mother should recover from her incapacitation, the discontinuance of the payment of an award to a relative and the continuance of payment of an award to her for care of her children

Assembly Int No 426-Coughlin, is an im-

portant bill relating to the payment for medical services contracted by injured persons

Assembly Int. No 430—Cuvillier, relates to fines for cruelty to animals. It is not clear to us who initiated this bill, but it seems that if these fines are no longer allowed to find their way into the treasury of the Society for the Prevention of Cruelty to Animals, there may be less interest in the future in promoting the anti-vivisection bill

Assembly bills Int No 480 and No 481, introduced by Mr Story, increase the penalties of the narcotic law Last year your committee opposed the severe penalty, because it was pointed out that physicians might readily and unintentionally violate the law in some of its details, especially that part of it which deals with record keeping and making. The bill finally passed with the maximum penalty a misdemeanor Now an amendment has been offered, which in itself appears innocent enough, changing the maximum penalty from misdemeanor to felony, thereby threatening every physician who handles narcotics with the possibility of loss of license, if a bit absent minded, or, if in the stress of a busy practice, he fails to make all of the required records regarding the narcotics he handles Every effort made to make the life of the dope peddler more insecure and difficult, is commendable, but when laws are drawn for that purpose, the physician must be protected in his legitimate practice. It is our opinion that these two bills, and especially Assembly Int. No. 481, should be defeated. Do you support us?

Senate Int No 430—Jacobson, provides for child welfare allowances to a mother whose husband is suffering from an incurable disease

Senate Int No 436—Westall, provides for increase in penalty for the unlawful practice of pharmacology

Senate Int No 444—Byrne, relative to the time in which an action for malpractice must be begun. Senator Byrne, by this bill, endeavors to prolong the time from two to three years in which malpractice suits may be begun.

Senate Int No 445—Byrne, would amend the Civil Practice Act by providing that action to annul marriage where party was a lunatic, may be maintained by other party at any time during continuance of lunacy

Senate Int No 468—Truman, would amend the Workmen's Compensation Law providing that if employee sustains injury not arising out of or in course of employment, he shall not be entitled to compensation or other benefits, but shall have the same right and remedies as a non-employee

REMEMBER—Legislative Conference, Albany, Tuesday, February 14th

ONEIDA COUNTY

The annual meeting of the Medical Society of the County of Oneida was held on the afternoon of January 10th in the Hotel Utica, with the president, Dr E R Evans, in the chair

An invitation was extended to the Medical Society of the State of New York to hold its annual meeting in this city, in 1929, and Dr Hyzer W Jones was nominated chairman of a committee to have the application in charge

Dr J H Ball, the Chairman of the Public Health Committee reported that there had been only two deaths from diphtheria since April, when the toxin antitoxin campaign was inaugurated. One of these deaths was a tengear old child who had refused antitoxin and the other was a woman 55 years old.

Dr Evans in his annual address declared that the prevention of cardiac, cardio renal, and cardio vascular disease is a large problem of today, pointing out the conditions are in-

creasing and a larger part of the population is being incapacitated each year from this cause. Disturbances of metabolic and physical conditions and bacterial infection and its toxins are two major causes of the diseases, he said

"Education of the patients and the general public was advocated by the speaker as a big step toward the goal and he named the agencies of laymen seeking better public health, saying it is the duty of the physicians to instruct the people at every opportunity on how to dodge disease"

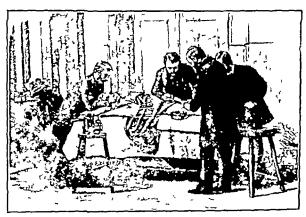
The following officers were elected Dr G M Fisher, Chairman, Legislative Committee, Dr H J Ball, Chairman, Public Health Committee, Dr H H Shaw, Chairman, Milk Commission, Dr T H Farrell, Chairman Public Relations Committee

WILLIAM HALE, JR, Secretary

THE LISTER EXHIBIT OF THE NEW YORK ACADEMY OF MEDICINE

The New York Academy of Medicine has shown an exhibit relating to Lord Lister, the originator of the antiseptic treatment of wounds, in the Library during the months of December and January The exhibit has a personal interest because it was prepared by the Librarian, Dr Archibald Malloch, whose father, Dr Archibald E Malloch, of Hamilton, Ontario, was a house-surgeon of Lister's Among the exhibits was a notebook made in 1868 on the cases treated in Lister's service, a volume of personal letters from Lister, and dressing forceps used by the surgeon

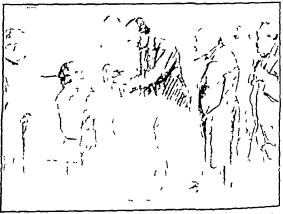
Lister was born April 5, 1827, and was the son of a scientist who did much to perfect the compound microscope He graduated in medicine from London University in 1852 and took up the practice of surgery He became especially interested in hospital gangrene, pyaemia, and applied Pasteur's theory of the microbic cause of putrefaction in his investigations of the suppuration He first tried the plan of applying the pure carbolic acid to the open wounds of compound fractures and thereby prevented suppuration in a large proportion of cases method was announced in an article entitled "A new method of treating compound fractures, abscesses, etc," which was published in the London Lancet of May 16, 1867 This was followed by a second article on "The antiseptic principle in the practice of surgery" in the Lancet of September 21, 1867 Copies of both articles were shown in the exhibit



An operating room of the early eighties

Lister explained the entrance of bacteria into the wound by Pasteur's theory that the organisms came from the air, and so he devised a spray of a solution of carbolic acid which was constantly sprayed on the operator's hand and the wound This method was used for years, but with indifferent success, yet it was the standard method of operating even in the early eighties. A picture of an operating room of about 1881 shows the surgeons, dressed in frock coats as if at a formal

party, operating in a spray of carbolic acid. The odor of their clothes may be imagined. The original caption on the picture reads. "The figure represents the general arrangement of surgeon, assistants, towels, spray, etc., in an operation performed with complete aseptic precautions. The distance of the spray from this wound, the arrangement of the wet towels, the position of the trough containing the instruments, the position



Pencil drawing of Lister inspecting the injured doll of a little girl patient

of the small dish with the lotion, the position of the house surgeon and dresser, so that the former always has his hands in the cloud of the spray and the latter hands the instruments into the spray, and various other points are shown"

An interesting part of the exhibit is a letter from Dr Paolo De Vecchi a Fellow of the Academy who graduated in medicine from Turin in 1872, and whose name appears in the 1927 Medical directory as practicing medicine at 45 Fifth Avenue

The letter describes a dressing which Lister devised A piece of green tissue was laid on the wound, and then seven layers of iodoform gauze, which was covered with a red tissue Lastly a linen bandage was applied and was removed on the third day. If the red tissue had not changed color, the outer bandage was replaced, until the seventh day, when the dressings were removed down to the green tissue. If that had not changed color, the dressings were replaced until the tenth day when healing would normally be complete.

It is hard for a modern physician to realize that the development of the modern method of aseptic technique took over twenty years, and that a whole generation of physicians lived and worked before aseptic surgery was an accepted fact. But Lister lived to see its full development for he died in 1912, tull of years and honors

Lister's kindliness is shown in the exhibit by a pencil drawing of the great surgeon handing a little girl patient her doll in whose body he had sewn up a rent



MEDICAL WARES



HYPODERMIC SYRINGE

The hypodermic syringe may be considered to have displaced the pill box as the peculiar badge of the practitioner of medicine. The first hypodermic medication seems to have been given in 1839 by Drs Taylor and Washngton, two New York physicians, by means of a silver syringe whose end was drawn to a point. Dr. C. G. Pravaz of Lyons, France, made the first hypodermic syringe with a removable needle. The first syringes manufactured in America were made in 1856 by George Tiemann & Company after a foreign model owned by Dr. Fordyce Barker

The first syringes had metal barrels, leather plungers, and screwed-on needles. A modern syringe is all glass, and the needle slips upon the tip in a tight joint. The standard all-glass syringe is known as the Luer after H. Wulfing Luer, an instrument maker of Paris, and was invented in 1896 by one of his employees named Karl Schneider. A Luer syringe means one made according to the original patent issued to Mr. Luer, the American right to which is owned by Becton, Dickinson & Company If another manufacturer wishes to call his product a Luer syringe, he should add his own name to it, as for example, the Luer Syringe, Smith

The question asked the most frequently about the manufacture of hypodermic syringes is "How is the hole made in the needle?" A hypodermic needle is made of hollow wire which comes to the instrument maker in coils many feet in length. The wire itself is made from a billet of steel through whose length a hole is bored. The hole retains its relative size through the whole process of drawing the billet into wire, just as a hollow glass tube retains its central hole even when it is drawn to a hair-like filament.

The hollow wire is cut to the proper lengths, tempered, inserted into the hubs and the finished article is sharpened and honed by hand, and nickel plated. Gold and platinum needles are made by almost the same process as those of steel.

The barrels and plungers of the syringes are made from glass tubing which comes to the manufacturers in six-foot lengths and of various sizes. The tubes are cut to the proper lengths, and are fashioned into barrels and plungers by expert glass blowers, while the glass is softened by heat

The syringe is next inspected for stresses and strains produced in the glass by the heat-

ing and cooling The syringe is held in front of polarized light. A rainbow of color indicates that part of the glass is under a strain that might readily develop into a break when the syringe is heated. The strains are overcome by annealing the glass by heating and cooling it

The plungers and barrels are then measured, and are assorted according to a standard variation of one one-thousandth of an inch in their diameter

The next process is that of grinding the plunger into the barrel. The two parts are first ground roughly separately, and then the plunger is revolved in a lathe while the barrel is ground over it by hand. Each plunger fits its own barrel and no other.

The syringe is then subjected to a test of its tightness. The plunger is withdrawn about two-thirds of the way out of the barrel, and water is forced into the nozzle at a pressure of seventy pounds to the square inch, and is held for ten seconds. If one drop of water leaks past the plunger in the ten seconds, the syringe is rejected, although its parts may be used for grinding into other syringes. The pressure-leakage test is far more severe than that to which a physician will be likely to subject a syringe.

The nozzle tip is also ground to fit the standard needle, but since it is tapered, a tight fit is insured without the individual grinding of a needle to the syringe

A glass hypodermic syringe that is well made and tested will stand a boiling temperature, and its freedom from bacteria is assured Its contents may be seen readily, and its calibrations are so accurate that the syringe may be used for measuring serums and solutions of potent drugs

A hypodermic syringe is a delicate instrument and requires good care. Should the plunger and barrel become stuck, boiling in an aqueous solution of glycerine will usually loosen the plunger. Bi-carbonate of soda should never be added to the water in which glass syringes are to be boiled as this substance has a tendency to attack the ground surface of glass.

The manufacturers suggest that, after the day's work is finished, the syringe be given a final sterilizing in the sterilizer and be thoroughly washed out with alcohol, and the plunger and barrel separated and allowed to remain so overnight



THE DAILY PRESS



CHICAGO'S HEALTH COMMISSIONER

The word politics is applied to any governmental activity including the practice of public health, but the word implies a personal gain to the one doing a political duty It is unfortunate that anyone should consider a public health office as a political job which can be filled by any professional friend of the appointing boss, yet this is what the Commissionership of Chicago seems to appear to the Mayor, for he has displaced Health Commissioner Herman M Bundesen with his own personal physician who is a surgeon with little experience in public health. Dr Bundesen has shown great activity and much originality, and he made such a favorable impression on public health workers throughout the world that they have issued the following statement, which is quoted from the New York Times of January 16

"Permanence of tenure for competent health officials is an absolutely essential factor in the protection of the public against preventable disease, and the case in question seems particularly flagrant in view of the extraordinary record of Bundesen, whose brilliant services have aroused nation-wide admiration Sacrifice of the lives of citizens of Chicago to political exploitation and personal whims is more than a local

matter, since insanitary conditions in one community may react upon an entire continent.

"The action of the Mayor of Chicago strikes a blow at the most tundamental principles of good government It should meet with prompt and vigorous rebuke from all people of Chicago who care for the reputation of their city and it should stimulate citizens everywhere to see that city charters are amended so as to make such interference with good health administration impossible in their own communities"

According to the New York Times, physicians of New York State who signed the statement were Haven Emerson, Livingston Farrand, Louis I Harris, Matthias Nicoll, Jr., and William H Park

A share of the responsibility for conditions in the Chicago health department rests on the physicians of the city The practice of public health is a comparatively new specialty in which physicians generally are only mildly interested The expenence of Chicago is a forcible argument that medical societies should assert their leadership in the practice of public health We wonder if the Mayor of Chicago ever heard of the County Medical Society? And if not, why not?

AMBULANCE CALLS

The New York Times of January 15 contains an article on Ambulance Calls, in New York

City, which says

"An ambulance goes clanging and dodging through traffic in New York City every three and one-half minutes each day of the year There are 148,663 ambulance calls from public and private hospitals in the course of a year, or 407 a day

"The ambulances go out for every imaginable reason, in fact, at times for no reason at all, since the report shows that there were 5,462 'unnecessary calls' These are usually sent in by persons who get excited, and call for an ambulance for some minor accident which does not even require a physician's attention However, when the call is received every case is a potential emergency and the ambulance must

Nearly all the emergency ambulances are er the control of the City and are assigned All, calls for them are and rite districts

made by police, the theory being that the ambulance surgeon is the medical advisor of the policeman In fact, the ambulance doctor ranks as a police lieutenant

Many night calls are made because the family physician does not respond to the sick call A mother becomes alarmed over her croupy child and calls up police headquarters and says she cannot get her family doctor and wants an These calls may be "unambulance physician necessary" from one point of view, but yet the City has a responsibility which it must discharge without being too critical

A cold day is sure to bring four or five calls to one City Hospital to resuscitate some one who has started his automobile with his garage doors closed. This accident is reported to the doors closed police, who puts in an ambulance call at once, but often the ambulance doctor finds the family physician already there

The ambulance system of New York City is

efficient and generous

ONE-FIFTH BRAIN POWER

The daily newspapers have frequently quoted scientists as saying that man's mind is only one-fifth as efficient as it might be. The New York Times, for example, in its issue of January, quotes Dr Frederick Tilney, of the medical department of Columbia University as follows

"I believe the greatest problem in research today is to discover means whereby man can make the best use of the master organ of life, his brain. Man has attained only a fraction, one-fifth of his brain's potential power. He has made great progress in controlling the forces of the earth, but little or no progress in controlling his own nature. War, for example, shows pre-eminently man's lack of control of his primitive instincts."

The article comments as follows on the question which Dr Tilney is trying to solve

"As an example of the new type of research to be conducted, Dr Tilney spoke of persons who led moral and placid lives, while others led lives of violence by preying on society. Is this last class of individuals, he inquired, created by an imperfectly developed brain, or the brain blighted in its growth by prenatal poisons?"

A casual reading of these quotations might give one the impression that the average man was living far below the mental and moral level at which he should live, but the situation also has a most hopeful aspect. Every man has a variety of mental gifts, music, mechanical skill, language, logic, scientific research, and so on through the whole list of human qualities He has these qualities in varying degrees He may be a genius in one line, such as music, and rate low in others While man was entirely individualistic, as in his primitive state of savagery, he had to use certain gifts, such as mechanical genius and keen eyesight, or else he lost his life But modern man can exist and prosper if he uses a single mental quality that of music for example—because other persons supply him with food and shelter and luxuries, and so permit him to use only the musical corner of the brain, and to neglect those which perform other functions

But even modern man, with all the helps of civilization, must make some use of nearly every mental quality that he has The act of crossing a crowded city street is a mental feat of no small degree, and the adaptations of polite society require the study of volumes of

works on etiquette

Man thinks along the lines that he needs
to use in his daily work and pleasure. Most
men can usually live happily and prosperously
by the use of only one-fifth of their mental qualities, but in times of emergency his safety may
depend on the use of qualities which he has
seldom exercised.

AGE GROUPS AND DEATH RATES

City death rates were formerly much higher than those of rural districts, but in recent years they have been more, nearly equal, or even lower. The 1925 death rate of New York City was 12.2 per 1,000 population, while it was 13.3 for the rest of the state. But there is an element in these figures which must be considered in judging the healthfulness of New York City as compared with that of the rest of the state.

Mr Gordias J Drolet, statistician for the New York Tuberculosis and Health Association, was quoted by the New York Times of January 16, as follows

"The population of New York City includes 350,000 more men and women between twenty and forty-five years—the most active and productive period—than are to be found in similar average American population outside of New York City—There are proportionately fewer children and aged persons than persons of early and middle adult life—Women be-

tween 25 and 30 years are 22 per cent more numerous in the city than in the standard American population outside the city, men between the ages of 30 and 35 are 20 per cent more numerous, and the total number of women between 25 and 30 years exceeds the total number of men between 30 and 35 years by 34,489 in the population of the city, the estimated total of which is 5,986,109

"Characteristic age of New York City's population should be considered along with the mortality rate, which is determined to a large extent by the death rate for children and aged New York City's crude death rate in 1926 was 12 84 per 1,000 population, according to the report, which estimates that its death rate on the basis of the average American population would have been 175 points higher"

If the proper corrections were made to the death rates of New York City, the city would have a death rate exceeding that of the rural districts



BOOK REVIEWS



THE FOUNDATIONS OF NUTRITION BY MARY SWARTZ Rose, Ph D 12mo of 501 pages, illustrated York, The Macmillan Company, 1927

Nobody is better qualified to write on this subject than Dr Rose, whose work at the Teachers' College in Columbia University is known throughout the field of medi-

cine and especially of pediatrics

The first chapter is a brief but interesting historical introduction, followed by a chapter on "The Body's Need for Energy and the Source of Supply" Basal Meta-bolism with the Energy Requirements of Adults and Children, are then taken up About one hundred pages of the text is devoted to The Vitamines and the Construction of an Adequate Diet. The appendix contains tables of food values, heights and weights for both children and adults

Dr Rose is not a physician, nevertheless her work on nutrition has been of inestimable value to all interested in the clinical study of nutrition, while the laboratory workers and animal experimenters will find their side of the question fully covered also WM HENRY DONNELLY

METHODS AND PROBLEMS OF MEDICAL EDUCATION Sixth Quarto of 275 pages, illustrated Series Quarto of 104 pages, illustrated New York, N Y, Division of Medical Education of The Rocke-feller Foundation, 1927

The sixth series of these valuable publications is larger than usual Mostly given over to the description of laboratories and libraries here and abroad, our attention is directed to the growing importance of the out-patient clinic in medical education. Numerous illustrations show laboratory set-ups from all over the world

The seventh series is devoted entirely to the school of medicine and dentistry of the University of Rochester Floor plans of the school and hospital are shown, and their heads follow Students will be given opportunity for brief contacts with patients during their first year detailed stories of the different departments written by

SURGERY OF NEOPLASTIC DISEASES BY ELECTROTHERMIC METHODS By GEORGE A. WYETH, M.D. Octavo of 298 pages, with 137 illustrations New York, Paul B. Hoeber, Inc., 1926 Cloth, \$7.50

The author has endeavored in this book to include a fundamental knowledge necessary for some comprehension in the treatment of accessible malignancy by the aid of high frequency currents. The first chapter deals with terminology which has not been standardized. Numerous authors have written about this form of surgical procedure and as everybody has attached his own name, its present status is in quite a confusing state. There is no doubt that this method of endothermy, transthermy, surgical diathermy, dessication, or whatever you choose to call it, has proved quite an addition in our armamentarium in the treatment of superficial neoplasms

The first part of this volume deals with High Frequency currents, its history, derivation, action, and methods of employment. A chapter is devoted to the description of the author's own instrument which rapidly secures a molecular disintegration and a sealing of the blood

vessels without carbonization

The rest of the volume deals with the application of this method to lesions of the mucous membranes and skin These are accompanied by numerous photographs

showing patients before and after treatment.

Most of the reports upon this recent method of surgical procedure have appeared in our literature as small contributions to our various medical journals. For those who are interested in the treatment of accessible tumors it is a very valuable and authoritative volume. B KOVEN

THE HEART AND ITS DISEASES A Handbook for Students and Practitioners By Charles W Charlan, M D 12mo of 216 pages, illustrated New York, William Wood and Company, 1927 Cloth, \$3 50

This is a short, concise and easily read treatise, re stricted to facts as the author knew them and as they more or less definitely have been proven eliminated, and the pertinent facts relating to the heart and its pathology are incorporated in this small volume and written as it is for the student and practitioner nothing is wanting from anatomy of the heart to electro-H C.D cardiographic interpretation of its actions

HISTORY OF CARDIOLOGY By LOUIS FAUGERES BISHOP, MA, MD and John Neilson, Jr, BS, MD an introduction by Victor Robinson, PhC, Octavo of 71 pages, illustrated with portraits York, Medical Life Press, 1927 Cloth, \$500

It is to be regretted that the authors of this "history" limited themselves to 71 pages, for the book itself is proof that a proper history of cardiology cannot be written within that compass. It is more than an abstract. however, and most interesting, but greater length would have permitted more complete consideration.

The subject is divided into the pre-scientific, scientific investigation and scientific application periods Discussion is a matter of personalities and the contribution of each investigator and teacher is emphasized Schott, Groedel, and Mackenzie are subjects for a special chapter entitled "Three Recent Cardiologists" This is followed by one and two-page chapters on "Relation of Infection to Heart Disease," "The Modern Conception of High Blood Pressure," "Aspects of Contemporary Cardiology," and "Conclusions" These last appear hastily prepared, and should be respectively. should be re-written

The reviewer expresses a general opinion when he hopes that a complete history of this subject will be written within the next few years by these same authors FRANK BETHEL CROSS

How to Make the Periodic Health Examination A Manual of Procedure. By Eugene Lyman Fisk, MD, and J RAMSER CRAWFORD, MD Foreword by Major General MERRITTE W IRELAND Octavo of 393 pages, illustrated New York, The Macmillan Company, 1927 Cloth, \$400 Octavo of

The important subject of periodic health examination has been very ably presented in this volume. The work begins with a stimulating chapter upon the purpose and value of this type of medical practice, whose aim is not the diagnosis of so-called disease, but the detection of physical impairment or predisposition to disease and faults in living habits the correction of which would have even a remote beneficial influence on the life of an ındıvıdual

The book is a manual of procedure in conducting periodic health examinations Each system of the body is allotted a chapter, the first portion of which has been written by an expert in that particular field These men have been so minute in their directions for examining their particular parts or regions of the body, that the reader is staggered at the thought of one man putting all this together and doing periodic health examination work in his office. However, the authors quite rightly urge that the general medical man should be the exammer and should call upon the specialist when required.

The chapter on counselling, which, after all, is the crux of the whole procedure, is exceptionally good and contains a mass of practical information that should be of value to all medical men whether they aspire to do periodic health examination work or not.

- MAYNARD, JR

Principles of Chemistry An Introductory Textbook of Inorganic, Organic and Physiological Chemistry for Nurses and Students of Home Economics and Applied Chemistry with Laboratory Experiments By Joseph H Roe, Ph D 12mo of 378 pages, illustrated St Louis, The C V Mosby Company, 1927 Cloth, \$250

The author has succeeded in the really difficult task of introducing the student to the basic facts of chemistry and showing how these go to explain the problems met with in the nursing profession. Primarily intended for students of nursing and home economics, it includes all the elements of inorganic, organic, and physiological chemistry. Laboratory exercises are appended. The topics are well-arranged and the discussion of each is simple and direct.

A. G.

MALARIAL PSYCHOSES AND NEUROSES With Chapters Medico-Legal, and on History, Race Degeneration, Alcohol, and Surgery in Relation to Malaria. By WILLIAM K. ANDERSON, M.D. Quarto of 393 pages, illustrated. New York and London, Oxford University Press, 1927 Cloth, \$1300 (Oxford Medical Publications)

Even in an age of specialization it might at first glance seem that specialization could no further go than in the production of a large octavo volume of 350 pages on "Malarial Psychoses and Neuroses" But the superficial judgment that this work is but an example of a Teutonically assiduous cultivation of a field within a field is at once corrected by the realization that malaria is the oldest disease of which we have any reliable record, that it is the most widespread disease in the world today, and that there are very few neurological syndromes absent from the list of those which the activities of the malarial parasite are capable of evoking. And since there appears to be no comprehensive work dealing with the nervous manifestations of malaria, the present volume "is intended to fill the gap in the pathological history of this nefarious and subtle parasite."

After a brief chapter on The Parasite and a still briefer on Malaria, we come to the fascinating account of Malaria in History and of its Effect on Character and Race Degeneration, wherein much evidence is marshalled to indicate the important part which malaria has played in the history of the world.

An interesting chapter on the Clinical Pathology of the Parasympathetic and Sympathetic Systems, and Endocrine Glands in Malaria discusses in detail the features of sympathetic irritation which dominate the picture in the cold stage, and of parasympathetic which mark the hot stage of the paroxysm. If we recall the similarity of the outstanding features of Addison's disease, of pellegra, and of malarial cachexia, we must be impressed by the evidence of sympathetic-adrenal exhaustion common to all three in their well-developed forms, and in fact serious sympathetic-adrenal damage has been found in many fatal malarias, while Paisseau and Lemaire consider the drenals and the nervous system the most vulnerable organs of the body to malaria

All the psychoses which malaria is capable of inducing are initially confusional states, according to French observers, all other mental states being further developments at a later stage. The second most outstanding feature of malarial mental states is depression, which may develop together with or independently of confusion or may follow upon it, and perhaps it is not generally realized that "black bile," with its inclancholy, was the term applied by the Greeks to what we now know to have been malaria

Space forbids further citation of the contents of this excellent monograph, which can be thoroughly recommended to all who have interest in any aspect of malaria—an interest which must recently have become more widespread with the use of malaria as an agent in the treatment of general paralysis. The book is provided

with a very full bibliography and an index. In general format it maintains the high standard of the Oxford Medical Publications. Henry A. Bunker, Jr.

A Text-Book of Pathology By Alfred Stengel, M.D., and Herbert Fox, M.D. 8th Edition, reset. Octavo of 1138 pages, with 552 illustrations Philadelphia and London, W.B. Saunders Company, 1927 Cloth, \$10.00

The text of this revision, which has been brought up to date, is arranged as is customary, into general and special pathology. It is written in a clear and comprehensive manner, and is profusely illustrated, containing a number of colored plates. The printing is well done and affords easy reading. The subject matter is presented in great detail and presents an easy understanding of the description of the various processes and changes occurring in the body during disease. The index is quite extensive thus affording ready reference to any particularly desired topic in the volume. The book remains a standard among the existing textbooks on pathology and should be of great use to any one who is interested in the structural changes occurring in disease.

A TEXT-BOOK OF PSYCHIATRY FOR STUDENTS AND PRACTITIONERS BY D K HENDERSON, M D, and R. D Gillespie, M D Octavo of 520 pages London and New York, Oxford University Press, 1927 Cloth,

55.50 (Oxford Medical Publications)

This book is dedicated to Dr Adolph Meyer, the dean of American psychiatrists, by the authors who are former resident psychiatrists at the Johns Hopkins Hospital, but at present practicing their specialty in Great Britain. Their book is based on the hypothesis that mental issess is the cumulative result of unhealthy reactions of the individual mind to its environment. This dynamic approach to psychiatry has instilled in the workers in this field a feeling of hopefulness which was wanting in the attitude assumed by the more static and purely descriptive schools of psychiatric workers. The material upon which the book is largely based, has been observed at the Psychiatric Institute at Ward's Island, at the Phipps Institute of Johns Hopkins Hospital, at the Glasgow Royal Mental Hospital at the Cassel Hospital, and at Guy's Hospital. The resources upon which it has been drawn are indeed very rich, and the product is a mighty good one. As a whole, the book is recominended because of its thoroughness, preciseness, and evidence of the authors' experience and good judgment in dealing with their subject matter.

IRVING J SANDS

DIE MORPHIN-ERKRANKUNGEN VON DR BENNO HAHN, Octavo of 166 pages Heidelberg, Dr Herbert Grossberger, (1927) Paper, Marks 680

This treatise describes the present status of the morphine problem on the basis of the recent literature on opiates and from the personal experience of the author. The author has done theoretical and practical research and he presents his conclusions on the nature of the morphine habit and disease and the treatment of these. Morphinism has disseminated enormously in the last ten years, and the physician must become cognizant of his responsibility in the care of these patients.

The subject matter is divided into four chapters. These comprise the history of the spread of the use of morphine, the chemistry and pharmacology of opium and its alkaloids, and their derivatives, the therapeutic uses of morphine, and acute morphine poisoning, chronic morphinism, its causes, symptoms, diagnosis, and treatment

The book contains very useful information and should prove of value to both the general practitioner and the specialist.

Enward H Nidish

OUR NEIGHBORS



THE BACTERIOPHAGE

This Journal for December, 1927, contained an article quoted from the October California and Western Medicine giving a general theory The December 10th of the bacteriophage Journal of the American Medical Association contains the following editorial on the application of the theory to the diarrheas of infancy

"Despite the advances that have been made in recent years in the control of the diarrheal diseases of childhood, an extensive morbidity and a high mortality from these disorders must still be reckoned with Preventive measures of varied sorts have been most effective in reducing their incidence The maladies classed as diarrhea or dysentery are not always easily dealt with when they have actually made an inroad into the human organism In those groups for which an etiologic invading microorganism has clearly been ascertained there is a specific agent of disease against which an attack may be launched Thus, when Bacillus dysenteriae or an amebic parasite is detected the knowledge of the responsible factor paves the way for rational attempts at therapy, for it is obviously helpful to know precisely what agency of disease needs to be combated many of the diarrheal disorders, however, the nature of the etiologic forces is little under-This is particularly true of the group of ailments sometimes described as parenteral diarrheas For some of these the explanation has been sought in altered conditions within the alimentary tract-changes in the gastric

acidity, in the secretion of enzymes, and the like-whereby the normally repressed alimentary micro-organisms gain the upper hand and initiate digestive upsets Krenzi of the Western Reserve University School of Medicine in Cleveland has considered the possibility of naturally acquired bacteriophagic immunity as a force influencing the alimentary bacteria under unfavorable conditions His investigation was based on the theory of d'Herelle² that in disease, particularly in intestinal disease, a bacteriophage is developed by the body as a pro tective mechanism against the organism etiologically related to the condition thought that while the bacteriophage is polyvalent in its action, its most marked and most constant action should be demonstrable on the micro-organism that forms the basis of the disease, and it should be most potent in the stools after recovery Krenz has actually found that the incidence of the bacteriophage in the stools of children with diarrhea of unestablished etiology is greater (45 per cent) than in children with normal stools (16 per cent) action of the bacteriophage obtained from the stools of these patients did not give any indication of the possible etiologic relationship to the disease of any organism isolated from the diarrheal stools. There was no parallelism between the occurrence of the bacteriophage in the stools and the clinical condition of the patient or the outcome of the disease sible significance of the bacteriophage in effecting recovery remains to be thoroughly inves tigated"

UNITED STATES PUBLIC HEALTH SERVICE

The United States Public Health Service has issued a news release giving a popular descrip-The following abstracts will tion of its work be of interest to physicians of New York State

"Health conditions generally throughout the world were better during the year ended June 30, 1927, than for any previous year on record The first half of the year was characterized by unusually low death rates in foreign countries most serious condition that interposed to prevent even lower mortality rates in Europe was the epidemic of influenza which affected a considerable area of that part of the world

"Bubonic plague, which by reason of its wide

geographic distribution and the method of its spread, remains one of the major quarantinable diseases, continued to be pandemic, but was less prevalent than it has been in recent years India remained the principal focus of infection, that country having over nine-tenths of the cases reported throughout the world

"Asiatic cholera, which is still a great scourge in India, showed no decrease there, and appeared with more than usual prevalence in the countries eastward as far as Korea and Manchuria

"Yellow fever was practically confined to one section of the continent of Africa during the year

(Continued on page 233-adv xui)

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OUR NEIGHBORS



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(Continued on page 233-adv xui)

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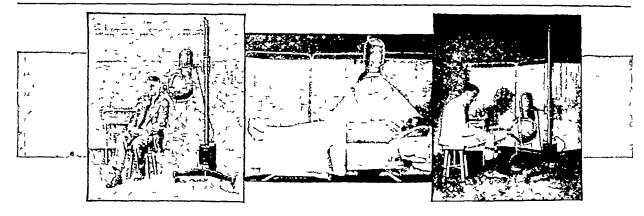
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(Continued from page 230)

under report With the exception of one case which occurred at Bahia, Brazil, in July, 1926, the disease was not reported in the Western Heinisphere

"The devastating epidemics of typhus fever which swept Russia after the World War have definitely passed, although the disease remains endemic in that region. There was no marked

spread of the disease during the year

"Out of a total of 30,450 cases of smallpox reported during the year from 41 States, there were 380 deaths. The disease was the most fatal on the Pacific Coast, which section reported only one-fifth of the total number of cases, but two-thirds of the number of deaths.

"No cases of cholera, yellow fever, or bubonic plague gained entrance to the country during the year Two cases of plague were apprehended aboardship at the United States quarantine station at New Orleans, La, and 17 cases of smallpox and 2 cases of leprosy were detected The discovery at domestic quarantine stations of three cases of plague among rats at Los Angeles, Calif, however, indicates that the disease continues to exist among rodents, and it persists especially among ground squirrels in certain sections of California, and requires vigilance on the part of the health authorities concerned for the protection of the human population

"The work of the Public Health Service in preventing the introduction of diseases from abroad involves both control at domestic ports and medical inspections at certain foreign ports. At domestic ports during the year, 20,284 vessels, 820,793 passengers, and 1,140,922 seamen were inspected by quarantine officers, at insular ports, 2,991 vessels, 169,461 passengers, and 226,373 seamen were inspected, and at foreign ports, 5,954 vessels, 424,172 passengers, and 272,873 seamen were inspected prior to embarking for the United States. A total of 7,116 vessels were fungated, either because of the occurrence of diseases aboard or for the destruction of rodents 31,073 rats were recovered, of which number 18,334 were examined for plague infection.

"The medical examination, by Public Health Service medical officers, of applicants for immigration visas in foreign countries of origin, first mangurated in 1925, in England, Scotland, and Ireland, was extended during the past year to Germany Sweden, Norway, Poland, and Den-The advantages of the system to the prospective immigrants, to the communities of origin, and to the transportation companies resulted in additional requests to the State Department for the extension of the plan to other countries During the year medical examination of applicants for immigration visas were being made by Public Health Service officers at 20 American consulates in eleven countries Out of 148,539

(Continued on page 234, adv riv)

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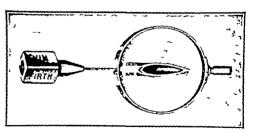
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(Continued from page 233, adv xni)

applicants examined during the year, 12,974, or 8.75 per cent, were found to have mental or physical disabilities, 6,580, or 4.43 per cent, were refused visas for medical reasons

"At domestic ports 881,699 alien passengers and 996,317 alien seamen were examined under the immigration law by medical officers of the Public Health Service, and of this number 24,292 passengers and 3,117 seamen were certified for various diseases and disabilities coming under the law"

EPHEDRIN

The lack of prejudice of California physicians against the Chinese is an illustration of the brotherhood of medical men the world over The December California and Western Medicine contains an article on ephedrin from which the following extracts are taken

"Chinese herbs and Chinese herb doctors are

no novelties to Californians

"True, the enforcement of the state medical practice act has eliminated the "Chinese doctor" pretense, so today the dispensers of the herbs must be content to hold themselves out as merchants selling herbs, much as clerks in a modern drug store sell patent medicines. Then again, Chinese herb concoctions often have been far from palatable, and for that reason are usually as unattractive to Western eyes as are the dried fish and what-not imported food products so often on display in the grocery or food depots of a Chinatown district

"With an alien tongue, medicaments unpleas ant to eye and palate, and a therapeutic system based on a philosophy and empiricism not readily understood by the Western brain, it is little wonder that practically all Chinese drugs and methods have been dismissed with little more than shrugs of the shoulders by Western physicians

"Yet Chinese medicine goes back into a legendary period that antedates very considerably the earliest medical records of Westerns Sheng Nung, the Chinese father of medicine (BC 2737), is given credit for compiling the "Great Herbal" The Nei Ching or 'Canon of Medicine' is supposed to have been written about BC 1000

"In the Tang dynasty, about A D 652, a book entitled 'Thousand Gold Remedies' and consisting

of sixty volumes appeared

"A citation of some modern Western discoveries, in contrast with the Chinese may be of passing interest

"The catheter was mentioned by Chinese physicians in the seventh century A D, although Western physicians place its discovery to the credit of Nelaton in 1860

(Continued on page 235, adv xv)

(Continued from page 234, adv xiv)

"Organotherapy was early recorded in China, for sheep thyroid for goiter was used by the Chinese in the sixth century, A D

"Inoculation against smallpox was used in

China as early as 1022, A D

"Chinese state medical schools and examina-

tions are of record in 1068 A D

"The foregoing notes are given because only recently K K. Chen, Ph D, a native of China and a former student of the University of Wisconsin Medical School, called the attention of Western Physicians to Ma Huang, an herb known in Chinese medicine for some five thousand years, and the active principle of which is the alkaloid ephedrin

"Chen, after working out the active principle, found that a Japanese, Nagai, in 1887, had already accomplished this, and that E Merck, in Germany, also reported the process in 1888

"Ephedrin is much like adrenalin in its chemical structure and in its action on the human tissues, and was discovered before adrenalin had been worked out. Strange to say, however, its significance had escaped the observation of Western clinical observers until Chen's presentation of its physiological action in December, 1924

"Here was a Chinese drug Ma Huang, used and understood by the Chinese for hundreds of vears, with an alkaloid possessing distinct advantages over adrenalin for certain purposes. In the last two years it has come into very generous use, particularly among rhinologists, and among internists paying special attention to asthma

"Ephedrin has a pharmacologic action much like that of adrenalin, but its effects last longer. It is more stable, and acts well when given by the mouth. It has a low toxicity. It shows active effects on the circulation, on secretion and on smooth muscle. It seemingly has no habit-forming tendency, and only a few distressing effects such as occasional tremor, weakness and nervousness have been observed.

"It is especially valuable in bronchial asthma and of good use in certain congestions of the nasal membrane such as hay fever. Although it raises the blood pressure, its real clinical value in hypotension has not yet been agreed upon"

FREE CLINICS

The December issue of Northwest Medicine the organ of the medical societies of Oregon, Washington and Idaho, discusses free clinics in the following address?

the following editorial

"Among the topics discussed at the recent annual Conference of Secretaries of State Medical Associations in Chicago, free clinics probably aroused the most interest among those in attendance Dr Jabez N Jackson, president of the

(Continued on page 236, adv xvi)

Frank L. Hough, Director

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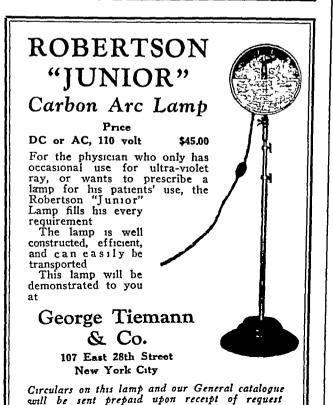
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(Continued from page 235, adv xv)

American Medical Association, in the course of his address to the secretaries, introduced the question and gave his personal views on the mat He stated that, while the medical profession has at all times shown a continued, unselfish spirit in relation to its obligation for treating the sick poor, there has gradually been evolved a situation which unjustly calls upon the physician to devote gratuitous services to those well able to pay for them Many hospitals now admit to their chanty departments patients having every visible indica tion of self-supporting status or even of pros-Yet such institutions, although they exact a hospital or clinic free from such patients, do not permit the attending physician to render a bill for his services Dr Jackson quoted the statement of a surgeon, practicing in a prominent metropolitan hospital, who told him that he was allowed to make a charge in only eight out of every one hundred operations he performed This was in spite of the fact that many of the non fee patients paid for private rooms during their stay in the hospital

"In the general discussion of free clinics which followed Dr Jackson's remarks, several interesting facts were brought forth. It was generally agreed that there is an increasing abuse of free clinics, and that this is most marked in teaching centers. In some cities there is actual competition among medical schools to obtain patients for clinical demonstration. The establishment of pay clinics by medical schools is one evidence of this

"At the present time the determination of eligi bility to free medical service in clinics is largely in the hands of lay boards and social service de-In other words, the physicians have Many of them had little voice in the matter hesitate to express their opinions on account of Those in atfear of losing staff appointments tendance at the conference were quite unanimous in a desire to have the organized medical pro, fession, through its county, state and national medical associations, give serious consideration to While the individual the matter of free clinics physician is helpless in combating such abuses when they exist in his community, the profession as an authoritative group can do a great deal toward their proper control"

BIRTH COSTS

The December issue of the Journal of the Michigan State Medical Society contains an editorial on the cost of the birth of a child, in which it says

"From time to time some feature reporter for a newspaper will spill a sob story on the 'cost of

(Continued on page 237, adv vvii)

(Continued from page 236, adv xvi)

being born' Few real facts ever appear in such outbursts. Recently, however, apparently reliable facts have been made by the Heller Committee for Research in Social Economics of the University of California. The one estimate of \$430.24 is what the average cost should be. The second total of \$888.26 is not an average figure but rather that of an isolated case—a former university student who kept an accurate record of all expenditures.

"We do not purpose analysis or comment upon these cost prices We simply submit them inviting our obstetricians to send in their comments

I MEDICAL AND HOSPITAL

	I MEDICAL AND I	10211	INL	
"1	Doctor's fee			
"2	Includes pre-natal care, co and post-natal care by (not specialist) Hospital Private room for 10 day @ \$6 58 Delivery room Dressings	phys /s \$0		\$ 50 00
	Total Hospital			79 55
"3	Possible additional necess	ary o	r de-	
	sirable items Anaesthesia Operation boy baby Doctor's fee for operation	•	5 00 5 00	
	on baby		10 00	
	Total possible necessar	•		\$ 20 00
	"If specialist is engaged general practitioner, the an additional expense	ere w	ıll be	50 00
	"Final estimate, med hospital	dical	and	\$199 55
	II LAYETT	E*		
""		"Quan titv	Unit Price	Total Cost
0	nirts (cotton, silk and wool r silk) nitted bands (to pin diapers	4	\$1 51	\$6 04
t	o-should have straps over			
	houlder) ertrude slips (wool or wool	3	60	1 80
a	and cotton)	4	3 48	13 92
1	ightgowns (flannelette or out- ng flannel)	4	.88	3 52
""	Thite slips—nainsook hapers—	6	2 46	14 76
-	Cheesecloth or Domet			
1	(16 rds) Birdseve—24" single (8 yds)	24 12	30 -38	1d 4.80 " 3.04
"	24" double (16 vds)	12	38	" 608

^{*}Hems and quantities of the layette were estimated by Dr Adelaide Brown of San Prancisco Prices collected by Heller Committee are based on ready made garments

8 14

290

"Coat

(Continued on page 238 adv xviii)

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(Continued on page 237, adv	xvii)	
' Quan	Unit	Total
"Eiderdown squares 2	Price 1.50	yd. 300
"Afghans . 2	6 47	12.94
"Total Layette ,		\$80.94
Total Dayetts		40021
III Clothing for Mot	HER	
"Maternity gown 1	\$40 00	\$40.00
"Maternity corset 1	5 00	5.00
"Total clothing for mother		\$45 00
IV Furniture		
. •	\$ 8 16	\$ 8.16
-	2987	29.87
"Buggy 1 "Bed clothing	2001	
Sheets 8	1 14	9 12
Comforts 1	3 48	348
Rubber sheeting 1	1 75	1.75
Pads 3	.79	2.37
"Total furniture		\$54.75
V Summary		
	\$50 00	
"1 Doctor's fee "2 Hospital expense	79.55	
'3 Layette	80.94	
'2 Hospital expense '3 Layette '4 Mother's clothing '5 Furniture	45 00 54 75	
"First estimate		\$310.24
"Possible additional necessary or desirable expense		70 00
"Domestic service for two weeks at home		50 00
"Final estimate		\$430.24"

A second set of figures, which were from an actual case, was summarized as follows

I PRE-NATAL EXPENDITURES

1 2 3 4	Layette— Clothing Bedding Bath material Large equipment Reference books Total Layette	\$60 60 33 36 9 37 232 45 3.25 \$339 02

"B Mother's expense 8271

"Final estimate

"Total Pre-Natal Expenditures \$421.75

II POST-NATAL EXPENDITURES

"A Medical	\$185 00
"B Hospital	120 50
"C. Service	124 46
"D Miscellaneous	36 57

"Total Post-Natal

466 53

"Grand Total

\$888.26

NORTHWEST MEDICINE

The January issue of Northwest Medicine, the Journal of the State Medical Associations of Oregon, Washington and Idaho, contains an editorial on the completion of twenty-five years of existence of the Journal Its first issue appeared in January, 1903, under the editorship of Dr Clarence A. Smith, of Seattle, Washington, who is still its editor. It was launched under the auspices of the Washington Medical Library Association. The editorial says

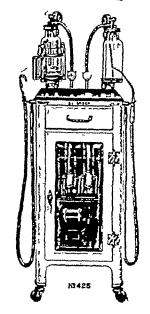
"In 1909 several Portland physicians suggested the formation of a tristate organization, combining the state associations of Oregon, Washington and Idaho, with arrangement for a common meeting to be held every three years, rotating among the three states. At the same time it was provided that Northwest Medicine should be the official publication of this organization. The first combined meeting was held in Seattle in July of that year

"The editor of this Journal reviews the labors of the past quarter century with feel-

ings of pleasure and satisfaction. His relations with the profession of the states which the journal represents have been cordial and harmonious The papers published luring this period have demonstrated that the physicians of this section possess professional accomplishments and literary qualifications that will compare favorably with those in any other part of For the courtesy and confidence the country they have extended toward him in the editing and publishing of the journal he wishes to make grateful acknowledgment, as well as an appreciation of their consideration for any shortcomings and disappointments which have been evident in his work. While he does not anticipate duplicating this period of editorial work, he trusts that it may be prolonged for a reasonable period in the future"

The editors of the New York State Journal of Medicine have frequently quoted Northwest Medicine in its department of "Our Neighbors", and they trust that the present high standard of the journal will be maintained in the future

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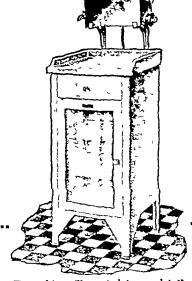


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THE HISTORY OF THE MENTALLY DEFECTIVE

What is a mentally defective person? The January issue of the Atlantic Medical Journal discusses this question in the fol-

-lowing brief editorial

"The word idiot has an interesting history Its primary Greek significance was that of a private as distinguished from a public The beginnings of the person degradation of the word are shown in its application soon to the common people, as distin--guished from the upper classes It was then applied to unprofessional and lay people, and soon became the slurring title of the unskilful and awkward By slow degrees it became applicable to the stupid, and at last to the imbecile and mentally defective As late as the sixteenth and seventeenth centuries the word was still used in the earlier

"This long, sad history portrays indirectly the pathetic story of the imbecile If he was not killed or starved to death by , neglect, etc, he was usually reduced to the condition of a beast, either about the house or fields, or was actually driven into the woods and forced to live in caves, among wild animals, etc In 1799 Itard took a 'wild boy,' found in the forests of Aveyron, and tried to teach him The ability of the wild boys and wolf children to live, and the number that did so, shows that idiocy, as we have later learned, is of all degrees, and that a mind may be variously defective, in some ways even idiotic, but in others with capabilities well preserved Blind Tom, the pianist, and the large number of mathematic idiots are examples that show how far we are from understanding the real nature of idiocy, and they more than suggest the partial retention of sound mentality of the defective, the possibility of seizing upon the one or few normal or even highly developed faculties and perhaps bringing others into coordination with them and to normality The

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court fools and jesters of the olden times were often such partial idiots and defectives, and they truly lived upon their 'wits,' which were often better than those of their masters"

TUBERCULAR OR TUBER-CULOUS!

The Atlantic Medical Journal for January has an editorial comment on the distinction between the words tubercular and tuberculous, and quotes the Bulletin of the National Tuberculosis Association as follows

"At the second annual meeting of the National Tuberculosis Association, the necessity for clearly defining these two terms was recognized, and the following resolution was adopted solved, That in the interests of clearness and uniformity of nomenclature the Association employ in its official publications the term "tuberculous" to refer to lesions or conditions caused by the tubercle bacillus and the term "tubercular" to describe conditions resembling tubercles but not caused by the tubercle bacil-lus'"

This is the distinction that is accepted according to literary standards, and the editor of this Journal frequently has to correct manuscripts to conform to the distinction. However, the editor of the Atlantic Medical Journal says

"For our own part we object to either the term 'tubercular sanatorium' or 'tuberculous sanatorium' It is not the sanatorium that is tuberculous In this sense, we prefer the use of 'tuberculosis, as a 'tuberculosis sanatorium' or a 'tuberculosis patient.' This usage corresponds with 'diphtheria patient,' 'small-pox hospital,' etc. Let us be Let us be more careful in the employment of terms Just possibly there are times when it might make a vital difference, then it is well to have the habit of proper usage firmly established?



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NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 28, No 5

New York, N Y

March 1, 1928

A CONSIDERATION OF THE NEED OF LEGISLATION BEARING UPON THE QUESTION OF EXPERT TESTIMONY.

By LLOYD PAUL STRYKER, ESQ

Counsel Medical Society of the State of New York

T is a favorable symptom of the times that the representatives of the medical profession of Pennsylvania, New Jersey and New York by this splendid gathering, as well as by previous conferences, have attested their desire through a mutual exchange of thought to investigate and discover all that may tend to the advancement of the healing art. It is the very essence of democracy that the representatives of particular calling should themselves debate and consider the need, if there be a need, for the enactment of new laws for the governing of their conduct

Legislators respect, and should respect, the considered views of those to be affected by new In this way, legislators may be helped to greater wisdom, which will find expression in the statute books, and in many instances perhaps will be revealed by a decision to add no further burden to the Gargantuan and unassimilable mass of legislation with which this country already is af-Due in part to worthy motives, in part to the absorption of men in their own affairs and their consequent willingness to let others regulate them without thought or protest, due in part to the great American delusion that the remedy for all our ills is legislation, there has been too great a tendency, particularly marked in late years, to rush to the legislature for the correction of those evils which could be more adequately remedied by the persuasive force of public opinion and the development of conscience

The subject assigned me "A Consideration of the Need of Legislation Bearing Upon the Question of Expert Testimony," is a large but not a new one. More than thirty years ago, it was considered an old theme. You will find, if you examine the early reports of Bar Associations and the contributions to scientific journals, both medical and legal that this subject has engaged the eager thought and anxious study of the lawyers and the doctors who were the leaders of their profession when the oldest of us were young men, and the youngest had not yet been ushered into this strange and complex world

Shakespeare, as well as the dramatists before

his time, the novelists of all ages, the writers and the dramatists of our own day have always found a fruitful subject for their pens in critical discussions of the legal and the medical professions Some have written in praise, perhaps more have censured, but whatever the strictures, just or unjust, throughout the ages mankind has turned confidently to the doctor and to the lawyer with all their problems of body and estate

Perhaps in no other field has the medical man met with so much criticism as in the realm of expert testimony. There is much literature upon the subject. In the trial of innumerable cases where testimony of this kind was introduced, and in the direct and cross-examination of hundreds of expert witnesses, I have been given some acquaintance with the nature of the criticisms, and perhaps have thus been educated to some capacity to appraise them, whether or not I am able to do that which no one else has yet done propose with perfect confidence the one unanswerable remedy.

Let us attend to some of the criticisms of the expert witness, examine briefly into the history and nature of expert testimony, and consider some of the remedies which have been advanced From this, perhaps we may attain to a clearer conception of what we believe and consider advisable to advocate

"Gentlemen of the jury," said an exasperated law yer confronted by the ruin of his case through the testimony of an expert witness called by his adversary, "there are three kinds of liars—the common liar, the description despert" "This characterization," wrote William L. Foster in the Harvard Law Review of October, 1897, "was scarcely more severe than that which, in politer language, is bestowed upon learned and distinguished members of the medical profession, not only by defeated lawyers and their enraged clients, but also by eminent members of the legal profession, both lawyers and judges, as well as by worthy and respectable members of the general public outside of the professions involved. It is the voice of the people and of the press, as well as

that of the bench and the bar. It is the fashion '2

The United States Supreme Court once wrote that "experience has shown that opposite opinions of persons professing to be experts may be obtained to any amount, and it often occurs that not only many days, but even weeks, are consumed in cross-examinations, to test the skill or knowledge of such witnesses and the correctness of their opinions, wasting the time and wearying the patience of both court and jury, and perplexing instead of elucidating the questions involved in the issue"³

In a criminal trial occurring in New York City about thirty years ago "after a week had been consumed in hearing expert testimony upon a subject concerning which an equal number of doctors had testified exactly opposite to each other, and all with equal positiveness, the judge told the jury to put all the expert testimony out of their minds, and pay no attention to it" The judge mischarged the jury in that case, but he expressed something of the current attitude towards expert testimony

In the celebrated Palmer trial in England in 1856 for the murder of one Cook, by poisoning, more than a dozen medical men with great positiveness testified, but in direct opposition to each In charging the jury in that case, Lord Chief Justice Campbell remarked "With regard to the medical witnesses, I must observe that, although there were among them gentlemen of high honor, consummate integrity, and profound scientific knowledge, who came here with a sincere wish to speak the truth, there were also gentlemen whose object was to procure an acquittal of the prisoner It is, in my opinion, indispensable to the administration of justice that a witness should not be turned into an advocate, nor an advocate into a witness"5

In 1874, Professor John Ordronaux declared "There is a growing tendency to look with distrust upon every form of skilled testimony. Fatal exhibitions of scientific inaccuracy and self-contradiction cannot but weaken public confidence in the value of all such evidence. If Science, for a consideration, can be induced to prove anything which a litigant needs in order to sustain his side of the issue, then Science is fairly open to the charge of venality and perjury, rendered the more base by the disguise of natural truth in which she robes herself." And the learned Professor then said. "Some remedy is called for, both in the interests of humanity and justice."

In the Journal of the Franklin Institute, Professor Charles F Himes once wrote "Perhaps the testimony which least deserves credit with the jury is that of the skilled witness. It is often surprising to see with what facility and to what an extent their views can be made to correspond with the wishes or the interests of the parties who call them. They do not, indeed, wilfully misrepresent what they think, but their judgment be-

comes so warped by regarding the subject in one point of view that even when conscientiously disposed, they are incapable of expressing a candid opinion. They are selected on account of their ability to express a favorable opinion, which, there is great reason to believe, is in many instances the result alone of employment and the bias growing out of it "7

After citing these among other criticisms, Mr Foster in his article in the Harvard Law Review "It would be depreviously mentioned, wrote plorable, indeed, if such criticisms were justified by the facts This 'bias,' or inclination in favor of the party by whom the witness is employed, is probably the most frequent complaint of all against the expert witness, and the inclination or partiality is often characterized by terms indicating dishonesty and corruption, but it is my belief, resulting from the observation and experience of many years, that there are few instances in which a scientific witness permits himself to testify or to be engaged on a side contrary to his convictions derived from a careful examination of the case."

"It is not unnatural," continues Mr Foster, "that a man of strong conviction (at the same time honest and unpurchasable) should become the earnest advocate of his theory, and the zealous assistant of the attorney in preparing, and to some extent conducting his case in court, and the attorney does well to secure his testimony and service (and would be negligent and wanting in fidelity to his client if he did not) by a suitable recognition of his value to him and his cause, and I agree with Professor Himes that there is no rule of ethics that should cause the witness to refuse the reward of his labor that would not apply equally to the attorney, so long as the testimony on the witness stand is without conscious untruth On the other hand, neither is there anything in legal ethics to require a lawyer to select a lukewarm, half convinced representative of his theory of the case, and probably he never does But the bias of the expert witness may not always be incidental to his calling or profession, but a purely scientific bias, due to some peculiar view or the-Against such a bias no amount of selfrestraint nor the most sensitive conscience will fortify a man"9 If I may be permitted, I should like to express my humble concurrence with these

In a paper read before the New York State Medical Association on October 24th, 1899, the Hon Willard Bartlett, one of the most distinguished Judges of our highest Court, declared "For more than ten years, the condition of the law in the State of New York in regard to medical expert evidence has been the subject of frequent, active, and often acrimonious discussion among doctors and lawyers Many reforms have been proposed and suggested, but no reform has been carried into effect. In my judgment, the failure in this respect has been largely due to a lack of appreciation of the obstacles to be over-

come Without an adequate knowledge of the difficulties to be encountered, no plan of cam-

paign is likely to be successful "10

Some thirty-seven years ago, Judge Peckham, speaking for our New York Court of Appeals, de-"Expert evidence, so-called, or, in other words evidence of the mere opinion of witnesses, has been used to such an extent that the evidence given by them has come to be looked upon with great suspicion by both courts and juries, and the fact has become very plain that in any case where opinion evidence is admissible, the particular kind of an opinion desired by any party to the investigation can be readily procured by paying the market price therefor He (the expert) comes on the stand to swear in favor of the party calling him, and it may be said that he always justifies by his works the faith that has been placed in

But in his article previously referred to, Judge Willard Bartlett wrote "In reference to this matter, however, I desire to express my dissent from the sweeping condemnation of medical experts in which the courts so often indulge. There is scarcely a case where expert evidence is taken, in which some of the experts are not perfectly honest They do not deserve denunciation merely because other experts are dishonest, or because it is often difficult to tell the false from the true The medical profession itself must help us to make the distinction between the two classes However objectionable are some of the aspects of medical expert evidence, it cannot be dispensed with in the administration of justice. Let us remedy the evils, but, while we are endeavoring to do so, let us avoid that exaggerated denunciation which is calculated to convince the community that no surgeon or physician who takes the witness stand as an expert is worthy of belief Such teaching is a libel on the most unselfish profession in the world "12

Perhaps a better understanding of the nature of the criticisms can at this point be attained by a brief excursion into the history and develop-

ment of expert testimony

"The normal function of a witness," says one of the most authoritative works upon this subject, "is merely to state facts within his personal knowledge, and under ordinary circumstances his opinion or conclusion with respect to matters in issue or relevant to the issue cannot be received "13" "Evidence" in its common acceptation of the term has been defined by Sir James Fitzjames Stephens in his "Digest of the Law of Evidence," as "Statements made by witnesses in court under a legal sanction in relation to matters of fact under inquiry, such statements are called oral evidence." "14"

Thus ordinarily a witness is confined in his testimony to what he himself heard, saw or did—to a statement of the facts. He is not allowed to speculate about them, draw conclusions or inferences from them, or express opinions of any

But "when there is a question as to any point of science or art, the opinions upon that point of persons specially skilled in any such matter are deemed to be relevant facts Such percalled experts The words 'science' or art' include all subjects on which a course of special study or experience is necessary to the formation of an opinion"15 An expert witness is "one who is skilled in some art, trade or science or who has knowledge and experience in relation to matters which are not within the knowledge of men of common education and experience," and the law permits such a witness to "express an opinion on a state of facts which is within his specialty and which is involved in the inquiry "16

Expert testimony is "admitted because the witnesses are supposed, from their experience and study, to have peculiar knowledge upon the subject of inquiry which juriors generally have not, and are thus supposed to be more capable of drawing conclusions from facts and basing opinions upon them than juriors generally are presumed to be "11" Such testimony is allowed where "the jury cannot be supposed to comprehend the significance of facts shown by other testimony, which needs scientific or peculiar explanation by those who do compre-

hend it "18

The law then, based as it is upon common sense, has deemed it necessary in the true administration of justice, that a jury should be enlightened upon questions which are beyond the scope of knowledge possessed by the ordinary man. It forbids the giving of opinions by those not qualified to give them, and permits them from those whose special knowledge and study are deemed sufficient to enable them to express them

The term "expert testimony" is usually associated with the opinions given by physicians, but it is by no means limited to this field. Thus, experts may be called and express opinions upon many other subjects in which the expert is presumed to possess special knowledge, as for example, in logging, manufacturing, mechanics, mercantile affairs, military affairs, mining, natural history, nautical matters, railroads, handwriting, and many other subjects 19

Expert testimony has been permitted in the courts for many centuries. In 1620, in the case of Alsop v. Bowtrell, certain physicians testified that a woman who bore a child forty weeks and nine days after the death of her husband, might well have borne the child of her deceased husband, and that the delay in the delivery was due to ill usage and lack of strength 20. Forty-five years later, in the famous Witches case, Dr. Brown of Norwich expressed his opinion that there were witches, and elaborated this view by a scientific ex-

planation of the fits to which they were subject ²¹ And in 1678, in the murder trial of Rex v Pembroke, physicians were called to express their opinion as to the real cause of the deceased's death. They expressed their opinions as to the causes of certain symptoms observed upon an autopsy they had seen, and upon the general proposition as to whether a man can die of wounds without fever ²²

In 1744, in the case of Rex v Heath, expert testimony was again employed. It was a trial for perjury The defendant was accused of having falsely sworn that one Lady Altham had never had a child The witness testified that he once saw Lady Altham with a "big The counsel then with true Elizabethan directness asked "What do you apprehend became of that big belly?" The question was objected to, and the court declared "The apprehension of a witness is asked where no other evidence can be had in capital cases, as where a witness is produced to prove a wound given, he is asked whether he apprehends that wound was the cause of death That must be asked, for he cannot tell otherwise. It is the best evidence that can be had in that case "28

The historical student of the law will find many other cases going back at least to the early part of the seventeenth century in which expert testimony was allowed. Indeed, so far back as the year 1345 the court summoned surgeons from London to assist in determining whether or not a certain wound was fresh 24 In the early days of our law, special or "struck" juries were summoned composed of men having knowledge of a particular science or art. Thus, for example, in 1645, a court in England summoned a jury of merchants to try a merchant's case "because it was conceived they might have better knowledge of the Matters in Difference which were to be tried than others could who were not of that profession "25"

Thus, in going back into the early history of our institutions, it is found that at a very early day the courts appreciated the desirability and the need of securing expert knowledge, in order properly to determine the issues they were called upon to try Under our system inherited from the earliest days of English history, the jury, with all its faults, has been deemed the best means for determining issues In a certain sense, the opinion of an expert usurps the functions of a jury, and to a limited extent at least, the expert undertakes to decide for himself one or more of the con-It is but natural, tested issues in the case therefore, that expert testimony from an early day, although deemed necessary, has been looked upon with some suspicion and no little jealousy by the courts I have said that the expert decides one or more issues in the case This is true only in a limited sense, masmuch

as the jury being the final arbiter upon all questions of fact, may but is not bound to accept any opinion expressed before it

The nineteenth century saw an advance in scientific knowledge unparalleled in any other similar period of the world's history But the advance did not stop with the close of the cen-It is still going forward—perhaps more rapidly now than ever before This is true in every branch of science engineering, law, mechanics, railroading, medicine, and indeed all To an increasing degree, courts are concerned with questions of science and scientific knowledge So rapid have been the strides in the ascertainment of new truths, that science of all kinds has been divided and subdivided, so that those who are really experts are such only in a particular and limited field the human body, internally and externally, has been split up by the medical profession, and whereas formerly the general practitioner was able to be expert in every field of medicine, today specialization has become inevitable Thus, a physician who confines himself to eyes, ears, nose and throat frequently and with justice deems himself incompetent to know and comprehend intestinal diseases or fractures Similarly, the surgeon and the internist is each specially schooled only in his particular and limited field

With this vast advance in the accumulation of ascertained truth—an accumulation so large that even experts cannot comprehend it all—it is but natural and right that a lay jury, where a scientific question is in issue, should be enlightened upon the particular question of science involved by one who is competent to enlighten them. Not even the sternest critic of expert testimony, therefore, has thus far contended that it should be entirely done away with. It is necessary, it is indispensable

There are certain classes of cases in which expert testimony is most commonly encount-These are in criminal trials where a question of insanity is involved, or as stated in our New York Penal Law, the question of whether or not the accused at the time of committing the alleged criminal act "was laboring under such a defect of reason as 1-not to know the nature and quality of the act he was doing, or 2—not to know that the act was wrong,"26 cases involving the question of the competency of a testator to make a legal will, questions arising in actions for personal injuries, where the question of the extent, the nature and the duration of the injury is involved, and cases of alleged malpractice, where the question is did the physician accused comply with or depart from the recognized treatment in general use Perhaps nowhere so frequently as in criminal trials, has the employment of expert testimony given rise to discussion and criticism All of us recall the Thaw, the Leopold and Loeb and the many other notorious cases as falling within this category

Let us now state and attend to some of the specific criticisms against expert testimony. The most frequent of these may be stated as follows

1 The claim that the expert is biased in favor of the party calling him, and that he thereby becomes in reality an advocate rather than a witness made so by reason of his commitment to and compensation by one side of the controversy

The law has always recognized the right of an expert to compensation for his services. He acquired his knowledge through long study experience and application. His knowledge is his stock in trade. There is no more reason why he should dispense with his wares without compensation than that the merchant should be required to donate his goods without reward. Criticism, therefore, of an expert's compensation is one which the law itself has answered by allowing it. It is a criticism which has no justice

Does an expert witness have bias in favor of the side which calls and pays him? Undoubtedly the opinion which he expresses he endeavors to, and should endeavor to, maintain He is called to express that opinion, and he would be lacking either in conscience or ability if he did not, to the best of capacity, The question, therefore, is not sustain it whether he is biased in favor of the party calling him, but whether or not he has honestly expressed an opinion which he honestly believes in If he has, he has done no more than his duty, and no one should be criticized for that If he has not expressed an honest opinion, undoubtedly he should be censured for it, but how can this be determined?

Medicine is not an exact science sciences exist in which differences of opinion are not possible. If the expert physician's opinion is not honest, he should, in the hands of an able cross-examiner, meet with his just deserts, and the fallacy and error of his opinion should be, and usually is laid bare by this sharp weapon of the law I have cross-exammed hundreds of expert witnesses met with few indeed whose opinions seemed to me intentionally dishonest. Where I have encountered opinions of that kind, perhaps I have had a reasonable amount of success in exposing them But the weapon of cross-examination should be sharpened by a study of the particular scientific question involved, and a readiness to confront the expert with the countervailing views of eminent authorities who have written upon the subject

Where the expert is the "advocate" of the

side which calls him—if what is meant by this is his effort to sustain a given view, irrespective of its validity—such an effort usually is its own undoing, and a demonstration of the insincerity of the opinion redounds to the just disadvantage of the side which sponsors it From my experience, the criticisms which we have just considered do not require the remedy of legislation. The law is already adequate to meet the problem

2 The criticism is often voiced that something should be done about expert testimony, because it results in conflict—differences of opinion—expressed by one side and the other

leading to confusion

The same criticism might be directed toward lay testimony There is always a conflict, one side maintaining one proposition, and the other Our inherited system of court and jury, despite all the criticisms, has since the days of Magna Charta been deemed the wisest means of determining such disputes, and in the long run administering true justice long as there are differences of opinion upon expert questions, especially in the domain of medicine, so long will these differences be voiced and championed in court, as they are elsewhere, in medical consultation, medical conferences, and in the medical journals From this conflict indeed, progress has resulted, and the errors of accepted conclusions have been

Willard Bartlett, in the paper previously alluded to, has discussed this subject with much interest. He refers there to the trial in England many centuries ago of the Suffolk These two old women were brought to trial before Sir Matthew Hale, having been indicted for bewitching several persons Thomas Browne, the celebrated author of Religio Medici, was called as an expert witness for the prosecution Three of the supposed victims were produced in court for his inspec-He also listened to the oral testimony of the prisoners, and the learned Dr Browne then expressed his opinion under oath "that the persons were bewitched, Denmark there had been lately a great discovery of witches, who used the very same way of afflicting persons by conveying pins " as well as "needles and nails" into them This learned expert of three centuries ago then rendered his opinion "that the devil in such cases did work upon the bodies of men and women, upon a natural foundation (that is) to stir up and excite such humors superabounding in their bodies, to a great excess, whereby he did in an extraordinary manner afflict them with such distempers as their bodies were most subject to," and that the swooning fits were 'heightened to a great excess by the subtility of the devil, cooperating with the malice of

these which we term witches, at whose instance he doth these villainies "27

In his instructions to the jury, Sir Matthew Hale told them that there was no doubt that witches did in fact exist. The poor old women were convicted and later they were executed "But" records the reporter, "they confessed nothing" This case, says Willard Bartlett, "emphasizes the objection to any change in the present system which would relieve experts from liability to the fullest cross-examination If cross-examination had been in vogue then, as it is now practiced in the case of expert witnesses, a conviction could hardly have been the result of the trial of the Suffolk witches "28

Judge Bartlett then referred to a case in Califorma in 1899, where the plaintiff, a married woman, was injured in a railway accident. One of the questions litigated was the extent of the injuries she had sustained. She had been examined by three or four medical men on her own behalf, and by as many for the defendant All the experts on both sides agreed that the plaintiff was suffering from a uterine or ovarian tumor, although they differed as to whether the tumor could have been produced by the plaintiff's fall She recovered a verdict of \$20,000 against the railroad Ten days later, she gave birth to a child at full term, although stillborn, and it was admitted that there had been no tumor at all 29

Judge Bartlett refers to this case as demonstrative of the fact that serious error may lurk in the conclusion of experts "even when they have agreed" Had the experts in that Calitornia case differed as to whether the plaintiff was afflicted with a tumor or was pregnant with child, perhaps they would have been criticized for differing Yet, by such a difference, they would have come nearer to the truth than was attained by their unanimous concurrence

I see no reason why expert witnesses should agree, provided they differ honestly difference confuses, the confusion can be cleared up by the clear charge of a competent and honest judge There is always some confusion in the trial of a sharply contested issue of fact, and far more frequently than is generally believed, juries prove themselves entirely competent, with the aid of the lawyers and the judge, to unravel the confusion, arrive at the correct conclusion, and thereby do justice in the case

3 The payment of contingent fees to ex-

perts has been criticized

This criticism is not without some justice The expert should be paid for his opinion, but should have no stake in the outcome of the But what applies to experts, applies equally to lawyers The question of contingent legal fees is now well to the front in the forum of public discussion Probably the sys-

tem is wrong On the other hand, a worthy litigant with a just case, but without financial means, might be deprived of justice if he could not secure the services of a lawyer upon a contingent basis, and this applies to the expert witness also

4 A criticism has also been offered because wealthy litigants are enabled to overawe the jury with a mass of expert testimony to the

disadvantage of poor litigants

There probably is some force in this, but until we attain that ideal state (if it be such) where all men are equal in estate, there is always some advantage in wealth, and a consequent disadvantage in poverty. These differences however, by the law of compensation, usually are equalized Thus, where a wealthy litigant excels in power to marshal witnesses, the poor litigant has the advantage in the matter of sympathy from the jury The jury box and the ballot box are great equalizers and stabilizers in this country

Should poor litigants in civil cases be allowed, upon making petition to the court, to obtain an order assigning them from a selective list one or more experts in their cases, their compensation to be paid in the first instance from the public funds, which funds could be reimbursed from any verdict which the plaintiff might recover and collect?

Such a question might be worthy of consideration, although personally I do not favor Such a plan for poor defendants who are accused of crime, no doubt, is just events, that plan is now in operation in our New York Criminal Courts Through recent amendments to Section 308 of our Code of Criminal Procedure, it is provided that "In any case in which experts may be employed as witnesses and in case it shall appear to the satisfaction of the court or a judge thereof that the defendant is not financially able to employ experts, the court to which the indictment is presented or sent or removed for trial or a judge or justice thereof may direct the employment of expert witnesses for the defendant in number not exceeding the number sworn or to be sworn for the prosecution at an expense in the aggregate of not exceeding the Allowances unsum of ten hundred dollars der this section shall be a charge upon the county in which the indictment in the action is found, to be paid out of the court fund, upon the certificate of the judge

5 A further criticism is urged, in that mistakes may arise even where all experts agree.

This is true, but it is no more true in this field than in any other avenue of human en-So long as there is the personal equadeavor tion, mistakes will happen Lawyers make mistakes, railroad engineers make mistakes, and so also (if you will read the decisions of the higher courts) do judges No legislation can cure this

6 The requirement of the hypothetical question has often been condemned

I do not believe that it has been condemned with great frequency by those who have had long experience in using it. The length and character of the hypothetical question, the trial judge in his sound discretion now has power to regulate. This discretion, like all other discretions, may be and no doubt at times is abused, but this is not a sufficient basis for a sweeping condemnation of hypothetical questions.

The expert must necessarily express his opinion upon some hypothesis He is not there to express a general philosophical view which has no relation to the case at hand called to give an opinion upon the facts in the Nobody knows exactly what the facts will be, until all of the lay witnesses have been examined and cross-examined The hypothetical question places before the expert a state of facts finding its basis in the evidence other words, he is asked to assume facts which have been established in the trial frequently happens that an expert who has reached an opinion based upon the assumptions presented to him by one side or the other in advance of trial, is forced to withdraw that opinion when new facts are developed, or the supposed facts previously presented to him are not established

The hypothetical question must present a hypothesis based upon the established facts If the lawyer asking the question assumes therein facts which have not been established, an objection to the question will be sustained by the trial judge, and he will be forced to reframe his question until it does contain only the facts which have been established parent exception to this rule is found in the permission to propound a hypothetical question based upon facts which the lawyer expects later on in the trial to elicit. The lawyer however follows this practice at his peril, for if later he should fail in establishing the evidence which he has included in his question, the jury will be instructed that it may discount the opinion rendered if they find that it is based upon facts which have not been proved before them

From an experience in propounding and objecting to hundreds of hypothetical questions, it is my opinion that there is no need for legislation on this subject. The discretion of an intelligent and fair judge is a sufficient safeguard.

7 A further ground of criticism of expert testimony frequently stated is based upon the want of satisfactory expertness, with the result that charlatans are permitted to testify

This is the most tenable of any of the grounds of criticism urged. In 'Legal Medicine and Toxicology, 'it has been stated 30 "The great progress of the last fifty years in scientific medicine has been manifested also in an elevation of the principles of forensic medicine Many questions, upon which formerly there would have been a difference of opinion between doctors, have now become established facts We have a better knowledge and a better class of experts to aid in the cause of jus-But even so, there is much improvement to be desired, and expert testimony has still a reputation for uncertainty and difference which better methods in the selection of the expert witnesses and better methods of presentation of their really valuable testimony before the tribunal will finally overcome Among the evils of the present system is that in some departments of legal medicine physicians, who are really not experts in the true sense of the word, can still qualify as such professorship of therapeutics and of insanity in an unimportant medical school, the honorary position of consulting physician to an asylum, or the position of a coroner's physician, does not necessarily qualify a physician as an expert alienist or pathologist, and yet the court generally recognizes such nominal insignia of office as evidence of fitness to testify, although the professor of therapeutics may have no practical knowledge of insanity, though the physician may never have visited the asylum to which he has been made consultant by courtesy, and though the coroner's assistant may have been created by purely political influence, with no regard to his attainments as a patholo-An evil of this kind has perhaps no gist remedy save in the elevation of the ideals and standards of the whole body of medical practitioners Its correction can be made by physicians alone or in cooperation with members of the legal profession, who can in their choice of experts, select only such as are known to be of high reputation for honor and integrity"

The New York law on this subject is that "if a man be in reality an expert upon any given subject belonging to the domain of medicine, his opinion may be received by the court, although he has not a license to practice medicine. But such testimony should be received with great caution and only after the trial court has become fully satisfied that upon the subject as to which the witness is called for the purpose of giving an opinion he is fully competent to speak "si In the case just quoted from, the expert called had not been admitted to practice medicine. The court said of him that he was 'not prima facie competent for this reason, but held that it was possible to

qualify him if it were shown that he possessed the requisite knowledge, even though he had no license to practice

Whether or not a witness is in fact an expert, is a matter solely for the trial court—a question which it must decide upon its conscience after a consideration of the established qualifications or lack of them. The exercise of this discretion one way or the other, is not

open to review upon appeal 32

In his treatise on the law of evidence, Mr Wigmore has written "The trial court must be left to determine absolutely and without review the fact of possession of the required qualification by a particular witness. In most jurisdictions, it is repeatedly declared that the decision upon the experimental qualifications of witnesses should be left to the determination of the trial court "33"

We have no quarrel that the question of the qualification of an expert witness should be determined by the trial judge who, in his discretion, after a consideration of the facts, is empowered to decide whether or not the witness is in fact qualified, and were the trial judges more frequently to decide that an unqualified witness is in fact not qualified, in my opinion most of the criticisms on this branch of our subject would be eliminated

A notable example of this was found in a case tried several years ago by my predecessor In that case, the question involved was whether in the performance of an ethmoidectomy the defendant surgeon had carelessly punctured the wall of the nasal cavity and forced into the orbital cavity an instrument by which the optic nerve was injured or severed, causing the loss of the eye A young doctor was called as an expert for the plaintiff He was twenty-six years old He admitted that he was a "professional testifier as a side line" He had never performed an ethmoidectomy, and did not do any major surgery His practice was confined to giving medicine though he had never performed an operation on the brain, he declared that he would not hesitate to go into court as an expert witness and testify how it should be done

The witness was preliminarily cross-examined by Mr Whiteside, who elicited these admissions Mr Whiteside then challenged the qualifications of the witness, and objected to his being allowed to testify as an expert, to which the trial court responded "In all my experience in court in twenty years, I never knew of a court to exclude testimony of one who offered himself as an expert"

In that case the law should have been such as to enable the Judge preliminarily to rule upon the qualifications of that doctor Under existing law, as he no doubt correctly interpreted it, that young man, who on his admiss-

sion was not qualified as an expert on the subject concerning which he testified, was permitted to give expert testimony. Here is a subject which perhaps calls for legislation

The question of enacting laws for the government of expert testimony has frequently been considered by both the medical and the legal professions. In 1909, for example, a committee of the New York State Bar Association was appointed to report "on the regulation of the introduction of medical expert testimony" The committee consisted of these eminent members of the profession A T Clearwater, Austin G. Fox, William N. Dykman, Louis L. Waters and Adelbert Moot These lawyers invited the cooperation of the Medical Society and the Homeopathic Medical Society of this The medical and the legal professions thus united in a careful consideration of the This committee, in a very well considered and carefully reasoned report, after reciting the various criticisms of expert testimony which had come to them, concluded "After giving to the subject a most careful and thorough consideration and bearing in

"First That the sixth amendment to the Federal Constitution and the fourteenth section of the Bill of Rights of this State require that the accused in all criminal prosecutions has the right to be confronted with the wif-

nesses against him

"Second That every party to an action, civil or criminal, has the constitutional right to call such witnesses as he may deem important to the maintenance of his cause, and the right to cross-examine those who may be called against him, your Committee are of the opinion that the remedy for these evils lies with the Bench and Bar rather than with resort to restrictive

legislation

"Primarily with the Bench — not the trial Bench alone, but the Appellate Tribunals as well, it is within the power of Judges at Nisi Prius, to require a greater degree of competence upon the part of persons claiming to be experts by the simple but effectual method of defining to a jury with force and precision the distinction between a witness proven to be thoroughly qualified to speak upon the subject regarding which his testimony is offered, and one whose claim to speak is predicated principally upon the fact that he is paid to do so

"If Trial Judges will pursue this course and are sustained in so doing by the Appellate Bench, courts of justice will be rid of corrupt and worthless so-called experts, provided the Judges themselves are animated solely by a wish to see justice properly administered

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"Nor is the Bar blameless Not only do some of its members connive at the hiring of corrupt and incompetent so-called experts, but they artfully and selfishly cultivate and largely are responsible for the fallacy that a witness is to be discredited if he can be disconcerted ('rattled') Thus the art of cross-examination, so potent for good when fairly and properly used, plays havoc with hard-earned and welldeserved reputations in the hands of lawyers whose sole ambition it is to win Scientific opinion to be of controlling value can be given only under conditions of mental repose haggling, sharp interruptions, uncalled-for wit, insolent comment and the other too common features of important civil and criminal trials are not such conditions While they put some witnesses on their mettle, they throw the majority and the more competent into a state of mind in which all sorts of stupidities may be expected and are committed

"The subject is one of such great and growing importance, and the demand for a reform of existing methods is so widespread and imperious, that your Committee, having in mind the prevalence of professional inertia, have framed a bill, a copy of which is hereto an-

nexed "34

The bill which this committee recommended for enactment was a conservative one. It provided for the appointment by the Appellate Division of each Department of at least ten and not more than sixty physicians in each judicial district "who may be called as Medical Expert Witnesses by the Trial Court or by any party to a civil or criminal action in any of the Courts of this State, and who when so called shall testify and be subject to full examination cross-examination as other witnesses are "st They were to be allowed for their services "such sums as the Presiding Judge may allow, to be at once paid by the Treasurer or other fiscal officer of the County in which the trial is had "30 The bill further provided "This act shall not be construed as limiting the right of parties to call other expert witnesses as heretofore "3" The debate which ensued at the annual meeting when this report was considered, is interesting and instructive

"In my opinion," said Judge Davy, "the ob-

jections to expert testimony could not be remedied by giving the court power to select experts recommended by the New York Medical Society. Such a rule of procedure would be too radical a change from our present system to meet the approval of the legal profession. The experts might also disagree, and would be no more liable to reach a correct conclusion than the experts selected by the defendant or the prosecuting attorney.

"Such a restriction would deny the accused in a criminal case of his constitutional right to summon and employ his own witnesses

"Neither would I favor a jury composed wholly or in part of experts, they would be no more liable to agree in the jury box than on the witness stand. A jury constituted as our juries are forms the very best tribunal for the trial of disputed questions of fact, even where scientific questions are involved. Men who ordinarily compose our juries are more likely to arrive at an impartial and correct conclusion than a jury of experts. They certainly would not be influenced by pride of opinion, as might be the case with experts."

And Judge Davy further said "I would, however, make the qualification of expert witnesses rigid in its requirements, and no expert in a capital case should be permitted to express an opinion unless he has made a specialty of the particular disease which is the subject of inquiry" 30

And he went on "I am also aware that there is a tendency among some professional experts to make excuses for crime by increasing the number of mental diseases called insanity This is one cause for severe criticism to which the medical expert has been subjected by the legal profession and the public, but I am unable to discover any remedy for this class of testimony, or any good reason for excluding it The testimony of an expert upon any branch of insanity which tends to establish the fact that the party who committed the alleged criminal act was laboring under such a defect of reason as not to know the nature and quality of the act he was doing, or not to know the act was wrong, is competent evidence, and can-not be excluded "40

And Judge Davy further said "I am also opposed to the court selecting a certain number of the expert witnesses recommended by the State Medical Society. The mere fact that the court selects them would not make them more reliable or honest in giving their testimony. An honest expert witness will give an honest opinion, regardless of the question of compensation or who employs him, and a dishonest witness cannot be relied upon under any circumstances in giving his testimony. There would also be great danger that the jury would

qualify him if it were shown that he possessed the requisite knowledge, even though he had no license to practice

Whether or not a witness is in fact an expert, is a matter solely for the trial court—a question which it must decide upon its conscience after a consideration of the established qualifications or lack of them. The exercise of this discretion one way or the other, is not open to review upon appeal 32

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"The subject is one of such great and growing importance, and the demand for a reform of existing methods is so widespread and imperious, that your Committee, having in mind the prevalence of professional inertia, have framed a bill, a copy of which is hereto annexed"

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The bill which this committee recommended for enactment was a conservative one It provided for the appointment by the Appellate Division of each Department of at least ten and not more than sixty physicians in each judicial district "who may be called as Medical Expert Witnesses by the Trial Court or by any party to a civil or criminal action in any of the Courts of this State, and who when so called shall testify and be subject to full examination and cross-examination as other witnesses are "35 They were to be allowed for their services "such sums as the Presiding Judge may allow, to be at once paid by the Treasurer or other fiscal officer of the County in which the trial is had "as The bill further provided "This act shall not be construed as limiting the right of parties to call other expert witnesses as heretofore "5" The debate which ensued at the annual meeting when this report was considered, is interesting and instructive

"In my opinion," said Judge Davy, "the ob-

jections to expert testimony could not be remedied by giving the court power to select experts recommended by the New York Medical Society. Such a rule of procedure would be too radical a change from our present system to meet the approval of the legal profession. The experts might also disagree, and would be no more liable to reach a correct conclusion than the experts selected by the defendant or the prosecuting attorney.

"Such a restriction would deny the accused in a criminal case of his constitutional right to summon and employ his own witnesses

"Neither would I favor a jury composed wholly or in part of experts, they would be no more liable to agree in the jury box than on the witness stand. A jury constituted as our juries are forms the very best tribunal for the trial of disputed questions of fact, even where scientific questions are involved. Men who ordinarily compose our juries are more likely to arrive at an impartial and correct conclusion than a jury of experts. They certainly would not be influenced by pride of opinion, as might be the case with experts."

And Judge Davy further said "I would, however, make the qualification of expert witnesses rigid in its requirements, and no expert in a capital case should be permitted to express an opinion unless he has made a specialty of the particular disease which is the subject of inquiry" 39

And he went on "I am also aware that there is a tendency among some professional experts to make excuses for crime by increasing the number of mental diseases called insanity This is one cause for severe criticism to which the medical expert has been subjected by the legal profession and the public, but I am unable to discover any remedy for this class of testimony, or any good reason for excluding it The testimony of an expert upon any branch of insanity which tends to establish the fact that the party who committed the alleged criminal act was laboring under such a defect of reason as not to know the nature and quality of the act he was doing, or not to know the act was wrong, is competent evidence, and cannot be excluded."40

And Judge Davy further said "I am also opposed to the court selecting a certain number of the expert witnesses recommended by the State Medical Society. The mere fact that the court selects them would not make them more reliable or honest in giving their testimony. An honest expert witness will give an honest opinion, regardless of the question of compensation or who employs him, and a dishonest witness cannot be relied upon under any circumstances in giving his testimony. There would also be great danger that the jury would

be unconsciously biased in favor of the witnesses selected by the court "11

Despite the objections of Judge Davy and others, the report of the committee was accepted, and the New York State Bar Association went on record in favor of the bill which had been drawn. But the bill did not become a law

The idea of having the court appoint experts was not a new one The suggestion had frequently before been made that this right should exist, and that no witnesses except those designated by the court should be called Concerning this suggestion, Judge Bartlett in the article previously referred to, said "I believe that justice in the United States is generally well and honestly administered, but such a thing is conceivable as that a judge might unwittingly appoint incompetent official experts who were anything but representative of the best element in the medical profession In what position, then, might a physician sued for malpractice, find himself, if condemned by their opinions and unable to evonerate himself by calling as witnesses his non-official brethren whose testimony would demonstrate that the appointees of the court were wilfully wrong, or ignorantly mistaken? A man may be a good judge of law and yet be a very poor judge of doctors I should be sorry to have to be treated by the physicians of several able judges whom I have known in past years, and yet, I am certain that in each case his physician would have been the first either of these judges would select for any official medico-legal preferment within his power to bestow "42

A more recent suggestion for legislation upon the subject of expert testimony came to our attention a few days ago. It appears that at the House of Delegates of the American Medical Society in Dallas in 1926, the principle that the courts be authorized to appoint expert witnesses payable out of the public funds, who would furnish a written report, was endorsed 43 A draft of a proposed bill, concededly not a final one, was prepared by the Bureau of Legal Medicine and Legislation of the A M A Under this bill, it is provided that any party may petition the court for the appointment of "such expert witnesses as in the opinion of the trial judge may be proper, to investigate the facts of the case and to testify with respect to them, or to give opinion evidence, or to do both, either generally or within such field as the petitioner or petitioners may name and the trial judge approve," but it is also provided that "any party to a cause may elect" whether he will make such petition or "will introduce expert witnesses on his own account in the manner now authorized by law" The petitioner shall state in his petition "the problems to be submitted to the expert witnesses,

if any be appointed," and it is provided that hypothetical questions, if any, "be submitted in the petition," and that these "shall be based exclusively on assumed facts set out in the petition, which the petitioner undertakes to prove" If the court grants the petition, then the experts appointed by the court preclude the person who has petitioned for them from calling other experts

The bill further provides "Each expert witness so appointed and commissioned by the court shall have the right to examine all evidence pertinent to the issues that have been submitted to him, which evidence it is proposed to introduce in the case on behalf of the party or parties at whose instance such expert witness was appointed Each expert witness so appointed may examine under oath such witnesses as may be produced before him by any party or parties, and may administer oaths for that purpose" The experts appointed are required to state to the court "the problem or problems as presented by the court," their analysis of the problem, the evidence submitted to the expert witnesses or collected by them, the names of the witnesses examined by the expert witnesses, and the experts' deduction from all the evidence submitted to them

The bill further provides that the report of the expert, although open to objection and exception by either party, "shall be read to the court or jury, as the case may be, in the presence of such expert witnesses," and thereafter such experts may be subject to cross-examination like other parties, "but the qualifications of such expert witnesses shall not be open to attack "The bill further provides that the presiding Judge or the jury "shall consider and give due weight to the methods of their respective appointments, whether by the court or directly by any party or parties"

In my opinion, this bill is subject to so many criticisms that it would be difficult to state them all, but I shall endeavor to state some of them

First It erects the expert appointed by the court into the position of a quasi-referee, enables him to "examine under oath such witnesses as may be produced before him by any party or parties and may administer oaths for that purpose" It provides then for what amounts to a preliminary trial to be presided over by a doctor who, though excellent in his own profession, may have a very hazy knowledge of the rules of evidence, and the methods of eliciting testimony. He might do so well or ill, according to his peculiar ability. It would be strange if he did not elicit much hearsay or other incompetent proof upon which he would, although he should not, base his expert opinion. Such a course would immeasur-

ably increase the complexities of a lawsuit, and would result in that worst of all legal evils-

the law's delay

Second Through lack of proper training, or perhaps lack of time, such a quasi-referee, acting in the guise of an expert, might fail to summon witnesses who could testify as to relevant and essential lay facts, and hence the opinion which the expert would reach would not be based upon the facts that would be elicited at the trial

The provision that the hypothetical Third question should be submitted to the expert in advance of the trial, has the obvious defect that while it may represent that which the lawyer presenting it may hope to prove, it may not represent at all that which at the trial he would succeed in proving, and hence the whole hypothesis upon which the expert is invited to express his opinion would be false or faulty

Fourth The expert under this bill is directed to "report on and testify as to any problem or problems submitted to him" This provision seems little short of absurd upon "problems" that an expert witness is required to give his opinion, but on a definite, concrete statement of facts established by

sworn lay testimony at the trial

Fifth The provision of the bill that the person securing the appointment of an expert witness is precluded from calling other experts, would deny him a substantial right if the expert appointed by the court were mistaken in his opinion or if, as Judge Bartlett suggested, the expert deemed competent by the court were in fact not competent. The party who had followed this procedure would be denied the opportunity of introducing a competent and proper opinion at the trial

Sixth The provision that the expert's report made before the trial should be read in evidence, is thoroughly unsound. If this report contains in it incompetent lay testimony, and opinions predicated upon facts which are not proven, then improper evidence is laid before the jury, of a prejudicial character and detrimental to the true administration of justice

Seventh The provision of the bill requiring that the qualifications of the experts appointed by the court "shall not be open to attack," is also bad If the expert is incompetent, and his opinion is wrong, it should be attacked, and his report should not be immune from attack merely because it is made by an expert appointed

by the court.

Eighth The bill further, in providing that in contrasting the testimony of expert witnesses appointed by the court and those not appointed, "due weight" should be given "to the methods of their respective appointments, draws an arbitrary and unfounded distinction in favor of the expert appointed by the court,

and against the expert which the court has not appointed, which distinction may not be based upon the competency of the experts and the value of their opinions, but upon a mere arbitrary distinction

But assuming that all of these objections were unsound, the provision enabling the party either to petition the court to appoint the expert, or to "elect" to "introduce expert witnesses on his own account in the manner now authorized by law," renders the whole bill a

mere gesture

In France and Germany, we are told, there is in vogue a system by which the court may order an investigation by experts, either selected conjointly by the contending parties, or appointed by the court itself. In either country, the court may be guided by the expert opinion signed and submitted to it, or may order a new investigation, or finally may feel not constrained to be bound by such opinion if opposed to the judge's own convictions

There is little, if any, value in studying the precedents of France and Germany, whose jurisprudence, as is well known, is based upon the Roman law Their whole system of administering justice differs fundamentally from ours Under the English and American law, the right to call any witness whom the party chooses, and the right to examine and cross-examine them in open court, for many centuries has been deemed a cherished right necessary for the true administration of justice

In his paper read before the New York State Medical Society so frequently referred to, Judge Bartlett suggested that the proper remedy for existing evils in expert testimony lies in adequate amendments of the code of ethics by which physicians and surgeons regulate their own conduct "By that code," Judge Bartlett said, "you regulate your own conduct in the practice of medicine, and insist that those who join the ranks of your profession from year to year shall agree to regulate theirs No statute could practically be more binding Why may you not extend its provisions so as to embrace the conduct of the medical man when he assumes the role of the expert witness? The matter is absolutely within your own control You can declare in your code that a certain course of action on the part of a medical expert shall be deemed honorable and professional, and that a certain other course of action shall be dishonorable and unprofessional A signal advantage of dealing with the subject in this way is that it would involve no interference with existing rules of judicial procedure The rights of litigants or the manner of trying lawsuits would in no wise be affected. The needed reforms would be brought about by the compulsory operation

of your own code of ethics acting personally

upon each member of your profession code, amended as I am sure it might be if the physicians and surgeons of this country took the matter seriously in hand, by commanding medical experts to do what is right and subjecting them to professional censure and obloquy if they did what was wrong, would be more efficacious than any law on the subject which any legislature could enact It would be your own law, adopted by yourselves for yourselves, and it would have that powerful sanction which belongs alone to laws which are a natural growth out of the conditions which lead to their adoption. To the action of your profession in some such way as this, I look with more confidence than anywhere else for the ultimate accomplishment of all that is desirable in the improvement of medical expert evidence "45

Having listened so long, perhaps you would be interested in, whether or not you may be persuaded by my own conclusions on this subject. These conclusions are

First There are existing evils in expert testimony. But how many, if any of these, should or could be remedied by legislation is another question. The fact that evils exist does not prove that legislation is the remedy. In this country too many rather than too few laws are passed. Many new enactments are ill-considered, some of them seem hardly to have been considered at all. Let us, therefore, make haste slowly in the advocacy of new statutes, and if we are to sponsor anything, let us be certain beyond a peradventure that that which we espouse will improve rather than make worse the conditions now obtaining.

Second I believe in our inherited Anglo-Saxon system of the administration of justice through the medium of court and jury, where every witness must be publicly examined and cross-examined in open court, and where no witnesses are entitled to any further rights or privileges than any other, where each must stand or fall, dependent upon the veracity, the character and the intelligence which he has brought with him to the witness stand

Third I am against the appointment of expert witnesses by the courts in civil cases Such an arrangement, if it precludes a party of the privilege of calling those of his own selection, deprives him of a substantial right,—the right to produce testimony of his own selection, and which in many instances may be of greater scientific and probative force than that obtainable from official appointees The appointment of experts by the courts is open to serious constitutional question and indeed in at least one jurisdiction,46 such a law has been declared unconstitutional An arrangement whereby a party may call his own experts, in addition to those appointed by the courts, or

may choose which he will call, would render any supposed advantage in having court-appointed experts nugatory, and would add to the complexity and technicality of court procedure already far too deeply enmeshed in that to which laymen, not without just cause, have so frequently referred as "red tape" It would increase that ill of which since Shakespeare's time, mankind justly has been complaining "the law's delay"

Fourth I would not interfere with the hypothetical question, nor deprive an expert witness of the widest latitude (provided his answer is based upon the proven facts on which the hypothetical question is predicated) in expressing any opinion which his conscience and scientific knowledge will enable him to

express

Fifth The only legislation which I would favor would be that clarifying and sustaining the discretion of the trial judge in deciding in the first instance, whether or not a witness is in fact, qualified to give expert testimony on the specific matter concerning which he has been called to render his opinion, and I would make it clear that the mere fact that a man has been licensed to practice medicine does not in itself qualify him to express an expert opinion, unless on his sworn testimony it appears that by special knowledge and experience he is in truth and in fact qualified to express it upon the particular subject in hand Whether he is qualified or not is a question which should be clearly lodged within the sound discretion of the trial court

Legislation of the kind proposed Sixth might help, but the real remedy for existing evils lies in the better development of conscience on the part of those who now for pay express opinions in which they do not honestly believe or, who for hire advance unfounded or disproven theories in an effort to thwart jus-This remedy,-the development of conscience-could best be made effective through the suggestion of Judge Willard Bartlett the adoption of an amendment to the doctors' principles of ethical conduct specifically and in clear terms condemning as unprofessional those practices which our enlightened lay and scientific opinion agree in condemning as improper and unworthy

I have been asked in this paper to express my own conclusions, and I have done so without fear or favor I should, however, make it clear that they are my own conclusions and do not purport to be those of any client whom I serve

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THE LEGAL STANDARDS FOR ERGOT AND ITS FLUID EXTRACT

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HERE is abundant and incontrovertible evidence that, for some time past, ergot that does not comply with official requirements has been imported and used in the manufacture of the fluid extract The imperfections, however glaring they may appear in the ergot, are not detected by the official test applied to the fluid extract Hence, the Pharmacopæia forbids the making of the fluid extract, unless the ergot itself has been examined and found to be perfect. The custom has gradually grown of placing entire reliance on the biological test for determining the activity of the fluid extract in darkening the comb of a rooster, and there has been a growing neglect of attention to the quality of the ergot used Assuming that the biological test correctly indicates the therapeutical efficiency of a preparation, which is not much more than assumption, it affords no indication whatever as to purity, which the Pharmacopæia makers regard as of equal importance with the strength, and which is primary, as affecting the drug

The U S P requirements, approximately ten in number are divisible into a group of mne which, generally speaking, relate to purity, and one, which relates to strength nine provide, among other things, that the ergot shall be "carefully dried at a low temperature," packed in tight containers, kept not more than one year before being used, and be free from mouldiness, insects and insect excreta, decomposition, rancidity, and offensive odor What physician would recommend, or what patient would want to take a preparation made from ergot that failed in these particulars? Yet an ergot that fails in everyone of them may fully meet the test on the rooster's comb, and has done so in a vast number of cases No reasonable objection can be made to the provision on page four of the Pharmacopæia, that the fluid extract "shall be made only from" ergot that conforms to the physical descriptions and tests of that work

It is unfortunate that this question of the acceptability or non-acceptability of a shipment of ergot should have come to be expressed by the use of the terms "Russian" and "Spanish" It is not because an ergot is Russian that it is almost invariably objectionable, but because of the objectionable mode of preparing, storing, and shipping it that prevails in Russia Russian ergot per se does not differ materially from any other but in my long experience, I hardly ever have known a lot of it to be dried as the Pharmacopæia directs, or to be packed in anything but bags. Such an ergot should be promptly rejected by the Port

authorities, merely because it violates the legal requirement, as expressed in the definition of ergot in the Pharmacopæia, and without regard to its character However, its character must be non-standard when it is thus supplied If this were not so, the Pharmacopæia would not establish this provision When I was exammer of drugs at the Port of New York, I have saved large shipments of Russian ergot by getting it spread out promptly and dried, but in most cases, it had already suffered too much damage to be admissible Fermentation, mould, and decomposition start in it almost immediately when so packed, in the damp condition that usually prevails, and it requires but a short time for it to become unacceptable The fact that such ergot will cause the darkening of a rooster's comb is no evidence that it is fit for use, but it is conclusive evidence that this biological test is not suitable as a sole condition for the admission and manufacture of the drug The people generally are realizing that physicians are generally actuated by altruistic motives, and that they deplore commercialism and the exploitation of those afflicted with sickness However, there is still need of eternal vigilance in permitting legislation that is detrimental to public health The Committee on Legislation in Albany will watch the proceedings of the Legislature, but the legislative committees of the County Medical Societies are charged with the responsibility of informing their legislators regarding the bills in which physicians are inter-I believe that most of the ergot that has been used for six months past, or more, has been of this sort, though of course, it has not all represented the worst of the conditions here depicted

One cannot altogether absolve manufacturers from criticism for using such a drug. It

is their business to be perfectly familiar with the Pharmacopœia requirements and with the qualities of the drugs that they employ Nevertheless, some consideration is to be shown, when a condition has gradually developed in which the biological test has come to be regarded as an all-sufficient indication of quality

Just here is where government "Regulation No 30" enters to permit the pollution of our This regulation provides that ergot supplies if the strength of the ergot—that is, as tested on the rooster—is sub-standard, a larger quantity of the ergot may be used in making a given amount of the fluidextract, so that the strength of the latter will be made sufficient. It requires no argument to show that this will increase the amount of the impurities in the fluidextract, as well as The force of this point lies in the the strength fact that none but impure ergot will fail to meet the biological test. Any ergot that is prepared, dried and stored as the Pharmacopoeia directs, and that conforms to the physical description, will invariably meet the biological test words, wherever this test fails, the ergot is unfit for use for other reasons and the more of it that is used, the greater is the proper objection to its To make my meaning more clear, I might say that if the government will rigidly enforce the physical and other requirements, all of which are legalized, the use of the biological test and the application of regulation No 30, will never be called for When these are called for, it is proof positive that the provisions of the Pharmacopoeia for purity of product have been disregarded To put it still more strongly, if that be possible, the only result of the use of Regulation No 30, with very rare exceptions, is to provide for the import and use of unfit ergot

CAUSAL FACTORS IN THE SURGICAL MORTALITY OF EXOPHTHALMIC GOITER*

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ITHIN the last decade the surgical mortality rate in exophthalmic goiter has been reduced from 5 per cent or more to approximately 0.5 per cent. This decrease is a fairly accurate gauge of the enormous progress made in the surgical treatment of Graves' disease. For a better understanding of the present status of such treatment, that is, a satisfactory conception of associated problems and an adequate appreciation of achievements at least a cursory knowledge of the history of the development is necessary. Progress has proceeded along two main lines, the perfec-

*Read before the First District Branch of the New York State Medical Society New York City October 20 1927 tion of the technic of the operation, and the control of the hyperthyroid reaction

Exophthalmic goiter was first recognized as an entity in the early part of the nineteenth century, when Parry, in 1825, published an account of eight cases. Then Graves, in 1835, and von Basedow, in 1840, described their clinical observations, and curiously it was not until the eighties that the accidental discovery was made by several observers (Tillaux, Rehn and Mikulicz) that Graves' disease could be cured by operation on the thyroid gland. At this period in the development of surgery, owing to the tremendous stimulus that had been given to it by the discovery of anesthesia and

by the teachings of Lister (1867), operation for the removal of large nodular gotters was already a well established surgical procedure Thus, Kocher, in 1884, reported a series of 250 operations for simple goiter with a mortality rate of only 24 per cent However, little was known of the physiology of the thyroid gland until the latter part of the nineteenth century In 1880 the presence of the parathyroid bodies was discovered by Sandstrom, and in 1890, Gley, and later Vassale and Generali pointed out that the parathyroid bodies functioned independently of the thyroid The standard operation consisted in the extirpation of one lobe and sometimes both lobes, and it is not, therefore, surprising that the occurrence of postoperative myxedema and tetany was comparatively common Almost coincident with Gull's description of a peculiar idiopathic condition in adults, to which Ord gave the name "myxedema", was the recognition by Kocher and Reverdin (1883) that total extirpation of the thyroid gland is followed by systemic changes, "cachexia thyroprivia" (Kocher) first they attributed this to atrophy of the According to de Quervain, Schiff and Wagner and subsequently (1884) von Bruns and Grundler, were the first to recognize that myxedema results from the loss of the function of the thyroid gland Victor Horsley produced myvedema experimentally in the monkey by the removal of the thyroid gland In 1891, Murray demonstrated that operative myxedema can be dissipated by the subcutaneous administration of thyroid extract

It was recognized early that the occurrence of myxedema and tetany was practically limited to cases in which the entire gland had been extirpated, but the reasons for this were Realizing that, in order to prenot known vent recurrence of goster, or to relieve pressure, it is sometimes necessary to operate on both lobes, Mikulicz and Kocher in 1886, in an effort to avoid the evil consequence of complete extirpation, devised a method whereby both lobes of the gland might be resected, and a portion of it in the neighborhood of the inferior thyroid artery preserved. Thus they paved the way for the development of the present standard operation

In America, under the leadership of Halsted, C H Mayo and Crile, the operation for resection of the thyroid gland soon became a safe procedure even in the hands of the less experienced Today technical accidents such as hemorrhage sepsis, and injury to the recurrent laryngeal nerve, and the operative sequelae of mysedema and tetany have been reduced to a minimum

Although the perfection of operative technic completely solved the problem in operations on goiters without hyperthyroidism, it only partially solved the problem in operations on goiter with

hyperthyroidism, for in the latter type there are additional hazards incident to the disease greater than those of faulty technic, that is, acute hyperthyroidism and the debility of the patient the result of the hyperthyroidism, or to the presence of visceral degeneration.

EXOPHTHALMIC GOITER

Formerly the most baffling and discouraging problem in the treatment of exophthalmic goiter was the frequency of postoperative hyperthyroid crisis Often within a few hours after the goiter had been resected successfully an acute explosive reaction would occur with extreme tachycardia, high fever, nausea and vomiting, restlessness, great prostration, mental stimulation, and dehrium, and frequently coma and death within from twelve to twenty-four hours. Necropsy did not reveal anatomic cause for death. As a rule the more toxic the patient's condition, the more likely the development of severe reaction, but there were no absolute criteria of the patient's condition by which the postoperative reaction could be foretold, for not infrequently it occurred when the condition was apparently only mildly No measure proved effectual in checking the progress of the reaction Fortunately it was recognized early that hope lay in prevention, and efforts were directed at means of reducing the intensity of the hyperthyroidism and of affording protection to the patient. Thus it was learned that during certain phases, when the degree of hyperthyroidism was greatest, the substitution of minor surgical procedures, such as ligation, at a diminished hazard, might so improve the patient's condition that the thyroid gland could be resected later without the risk of an acute reaction the same purpose the operation might be divided into many stages. Other means advocated for the rehabilitation of the patient included the application of roentgen rays and radium to the thyroid and thymus glands, injection into the thyroid gland of boiling water and various drugs, such as carbolic acid and iodine, and the employment of general measures of rest, high calone diet and forced fluids Likewise there were developed numerous refinements in surgical management comprising chiefly the avoidance of prolonged general anesthesia and the use of special types of anesthetics, the preoperative administration of sedatives, such as morphine and scopolamine, and the performance of the operation in bed, all designed for the protection of the patient. in earlier days a great many patients with exophthalmic goiter did not present themselves for surgical treatment until late in the course of the disease after visceral degeneration had appeared, when the operative risk was high and the pros-pect of cure diminished. This was a significant factor in retarding the surgical treatment of ex-ophthalmic goiter Two chief factors influenced the delay in operating on patients suffering from

exophthalmic goiter First, failure to diagnose the disease in its early stage The physiologic changes incident to the disease were poorly understood and in most instances the disease was not recognized until after exophthalmos had appeared and the thyroid gland had become enlarged appreciably As we know, these symptoms may or may not be present in exophthalmic goiter, or if present, they are likely to be late manifestations of the disease Second, the patient's unwillingness to submit to operation until other methods of treatment had been tried without success There were three reasons for this First, the relatively high mortality and morbid-Second, the rather high percentage of relapses due to the incompleteness of the operative procedure (lobectomy) During this period the generally accepted operation for exophthalmic goiter was resection or extirpation of one lateral lobe of the gland, tissue in the remaining lobe equivalent to several times the normal being thereby preserved That hyperthyroidism should have persisted at a reduced level in such cases was not All the patients were greatly benefited by the procedure immediately, and, curiously, many were permanently benefited, while others suffered relapse following complete remission, sometimes six or eight years afterward Third, the tendency to spontaneous remission of symptoms and cure of the disease expected that many types of treatment, each vouched for as specific, would be applied to a disease of unknown origin, the natural course of which fluctuates and at times results in symptomatic recovery, so it has been in the treatment of exophthalmic goiter, which has included rest cure, the use of specific serums or specific drugs, irradiation, injections, osteopathy, organotherapy, electrotherapy, and hydrotherapy But the tendency to spontaneous cure and remission in exophthalmic goiter is not constant, for in many cases (probably more than 60 per cent) the course of the disease is even, often mild and uninterrupted by waves of exacerbation The disease may begin in a remittent form and continue in a chronic It is obvious, therefore, that any treatment not founded on at least a partially rational basis cannot survive

With improvement of surgical measures in cases of exophthalmic goiter patients began to seek operation before the disease had wrought permanent injury. Thus one of the additional operative hazards was partially removed by the patients themselves

The reduction of the operative mortality to the low rate of from 2 to 4 per cent was a noteworthy achievement which served to establish firmly the surgical treatment of exophthalmic goiter. However, it was appreciated that on account of the failure to eliminate the hyperthyroid reactions completely and because of the obvious objections to the multiple-stage operation, the

treatment still left much to be desired. Further improvement was impossible without the close cooperation of the internist, the laboratory worker and the surgeon.

The administration of iodine (Lugol's solution) to patients with exophthalmic goiter under preparation for surgery, introduced by Plummer in 1922, has resulted in a tremendous step in the progress of surgery in this field The importance of this cannot be overemphasized, I believe history will record as the three greatest influences in the development of surgery of exophthalmic goiter, the discovery of aseptic surgery, the discovery of anesthesia, and the use of iodine in the preoperative preparation of the patient 1 shall not enter into a discussion of the theories concerning the action of iodine administered to patients with exophthalmic goiter, but shall describe briefly certain changes effected in the patient's condition and allude to their clinical significance

Surprisingly quickly after the administration of iodine to patients with exophthalmic goiter, there is a definite change in symptoms Usually the first difference realized by the patient is the loss of nervous tension with ability to relax and sleep, the eyes become less staring, although usually there is no appreciable lessening of the exophthalmos Nausea, vomiting and diarrhea, if present, often disappear within from twelve to twenty-four hours Following the improvement in appetite, there is gain in weight and strength, and within from five to seven days the pulse rate and basal metabolic rate drop, often from 30 to 40 points each. The most striking improvement is seen in patients with severe hyperthyroidism, especially if the disease is of recent origin Often patients with mild symptoms and those with moderate or relatively high hyperthyroidism with a hard "trained" goiter, usually of long duration, appear to improve only slightly after the administration of iodine Boothby reported that after the initial improvement due to iodine the patient's condition becomes stable and no further improvement occurs have since been able to confirm this by the observation of many patients who took iodine continuously for a year or more, and I believe, therefore, that there is no rational basis for administering iodine to patients with exophthalmic goiter with the expectation of curing the disease

PREOPERATIVE PREPARATION

Except as to the fundamental principles involved, there can be no standardization of the preoperative preparation of patients with exophthalmic goiter the method must be adapted to the individual patient. Obviously, the more toxic the patient's condition the greater care and time needed for preparation. Three measures are essential for all patients, iodine, rest, and a high-calorie diet. Patients with milder symptoms are given iodine, 10 minims three times a day for

from five to seven days, and are not necessarily placed in the hospital All others are in the hospital for from five days to one month or longer, depending on the condition, but they are not kept in bed continuously unless absolute rest is clearly indicated In all instances, the patient should be allowed to be up and around for several days before the operation Iodine is given in the same dosage. If the patients are admitted to the clinic in a crisis, a larger amount of iodine is given, sometimes 60 to 100 minims daily, until the crisis subsides, then 10 minims three times daily until The administration of digitalis, as a routine preoperative measure, is contraindicated, it is indicated only exceptionally for the patient with cardiac decompensation, when compensation is not restored by rest. Digitalis should not be given for at least three days before operation While I am not in a position to discuss the effect of digitalis in cases of toxic goiter, I can assert positively that operative results decidedly improved after the routine use of digitalis was discontinued Other measures are employed only as they may be definitely indicated

Proper Time for Operation

There can be no rules to regulate the time for operation in cases of exophthalmic goiter, experience must dictate However, certain considerations are fundamental For patients who are classified as bad risks, preparatory measures should be continued as long as there is definite There are two additional operimprovement ative hazards, postoperative crisis if the patient's condition is acutely toxic, and postoperative pulmonary infection if the patient is greatly debili-These two possibilities should always be borne in mind when the time to operate is being decided on As already indicated, the disappearance or marked diminution of the symptoms characteristic of exophthalmic goiter (nervous tension, restlessness, mental stimulation or depression, nausea, "stare," and so forth) is a reliable index that there will be no serious hyperthyroid reaction, provided there are no technical complications. Since the adoption in the Mayo Clinic of the present method of preparing such patients I have seen not more than four or five with severe postoperative crisis The condition of all was acutely toxic on admission and they were later accepted for operation at an increased Such reactions may be attributed either to insufficient treatment or to poor judgment in subjecting the patient to a primary complete opera-In none of the cases of mild or moderate hyperthyroidism have I seen an unexpected severe reaction, as sometimes occurred before the use of iodine. I am convinced, therefore, that with iodine preparation we are far better able to judge the status of the disease in which an explosive reaction is likely to follow operation

General debility as an additional hazard must

not be overlooked. This occurs in two distinct groups of cases In the first group the patients are debilitated as a result of a recent crisis of While the intensity of the hyperthe disease thyroidism may have subsided and the condition of the patient be definitely improved, no major surgical procedure, such as thyroidectomy, should be considered until the patient has at least partially regained his strength. If this precaution is neglected, fatal pulmonary complications are likely to ensue By prolongation of the period of preparation, practically all of the patients in this group can be operated on safely. The second and larger group is composed of cases of long duration, two years or more, where as a result visceral degenerative changes have occurred Although the number of cases in this group is still too large, fortunately there is unmistakable evidence to show that it is diminishing rapidly As shown in Table 1 there is a definite trend

TABLE 1
EXOPHTHALMIC GOITER

Year	Average duration of hyperthyroidism, months	Patients having hyperthyroidism twelve months or less		
		Cases	Per cent	
1909	31.24	88	45.36	
1910	33.56	96	40 17	
1911	24 62	163	57 60	
1915	23 37	212	57 61	
191 6	23 19	301	63.23	
1917	19 55	319	68.31	
1918	22.57	306	61 82	
1919	20.26	337	64 07	
1920	19 16	266	65 68	
1921	19.59	246	65 42	
1922	18 31	206	65 81	
1923	18.02	252	67.20	
1924	21 00	312	69 95	
1925	21 60	510	69.96	
1926	15 90	7 95	76.37	
1927	14 44	530	77 94	
Sept 1				

year by year for the patient with Graves' disease to seek operation sooner after the onset of the disease, this is one of the most hopeful signs in the goiter problem of today. In this group the operative risk should be recognized as potentially greater, and intensive preliminary measures should be considered Unfortunately in many instances injury is already irreparable and only slight benefit will follow any form of treatment other than resection of the thyroid gland Under these conditions the operation must be undertaken at a decidedly greater hazard Thus in the Mayo Clinic during the year 1926 there were 1,626 operations on 1,572 patients with exophthalmic goiter Thirteen patients died, a mortality rate of 083 per cent. An analysis of the records of these thirteen deaths is instructive. The average duration of symptoms of hyperthyroidism in the 1,572 patients was fifteen and ninetenths months Only one of the thirteen patients who died had had symptoms for less than fifteen months The average duration of the disease in

the remaining twelve was thirty-eight months Furthermore there were 795 patients with exophthalmic goiter who had had the disease for twelve months or less Only one died, a mortality rate of 012 per cent. The remaining 777 patients had had the disease for more than twelve Twelve of these died, a mortality rate of 15 per cent It is obvious, therefore, that the duration of the disease is a tremendously influential factor in the surgical mortality it is possible to select the groups of cases in which there will be an appreciable surgical mortality rate, one is not able to foretell which of the patients will die if subjected to operation, for not infrequently a patient whose heart apparently has been hopelessly injured will go through operation for the removal of goiter with surprising ease and later gain greatly in health In some instances improvement may be hastened and made more certain if both the superior thyroid arteries are first ligated However, the indications for this procedure have been reduced remarkably since the introduction of iodine (Table 2)

TABLE 2 Mortality January 1, 1927 to September 1, 1927

	Cases	Operations	Deaths.	cent
Exophthalmic goiter	1,069	1,099	6	0.56
Adenomatous goster with hyperthyroidism	421	424	4	0 95
Adenomatous goiter without hyperthyroidism	368	372	1	0.27
Malignancy of thyroid Toxic 3	20	20		
Associated with exophthalmic goiter I				
Total	1.878	1.915	11	0 59
TOISI	1,010	1,913	TI	0 37

In advising ligation and permitting the patient to pass from direct observation, one should keep in mind the fact that always during the course of the disease there may be a certain favorable time for performing partial thyroidectomy, and if this time is allowed to pass, operation may prove to be more hazardous. There are also prove to be more hazardous cases in which two-stage thyroidectomy is a conservative and sound procedure, but the indications are limited, and its employment should not exceed 2 per cent of all thyroidectomies two-stage operation should be resorted to if the case is considered an extremely poor risk, (2) If the case is a poor or questionably poor risk, if a large firm goiter is compressing the trachea, and if resection of both lobes might result in tracheal collapse, and (3) if the case is a poor or questionably poor risk and the resection of one lobe is attended by certain technical complications, such as injury to the inferior laryngeal nerve, loss of much blood, or the excessive prolongation of the operation the two-stage procedure seems warranted, I believe that sufficient time, six weeks or more, should elapse between operations, so that the

patient can gain strength before being subjected to the second stage, otherwise it may prove disastrous. When the second operation can be done safely within a few days, it is probable that the complete operation could have been performed with less risk in one stage. The operative risk in children is relatively greater than in adults and I have often found it advisable to prolong preparatory treatment to two or three months.

OPERATIVE PROCEDURE

I shall not discuss in detail the technic of operation for exophthalmic goiter but shall mention briefly three points that I consider important for the success of surgical treatment of goiter in The first consideration is to establish the patient's confidence To cloak in mystery any part of the proposed procedure would only instill fear and doubt in the patient's mind In my experience his confidence is best gained by frankly outlining the plan, and by permitting him to mingle with other patients who have already been operated on and are enthusiastic over the result The second consideration is the anesthetic A local anesthetic is to be preferred if the cooperation of the patient can be secured If a general anesthetic is necessary it should be a supplement to the local, and the type used (nitrous oxide, ethylene, or ether) is of little consequence The experience of the anesthetist is of far greater The aim in all instances should be 1mportance the avoidance of prolonged deep anesthesia The third consideration is technical complications The most common technical complications in the surgical treatment of goiter are injury to the recurrent laryngeal nerve and postoperative hem The occurrence of either may result orrhage in the patient's death To avoid these complications requires meticulous care in technical details In the literature of recent years there have been a number of articles relating to tetany as a possible sequela of the operation of partial thy-The incidence, recognition and treatroidectomy ment of the condition have been discussed, also the frequency with which one or more of the parathyroid bodies are removed with a segment of the thyroid gland, and the operative technic for the transplantation of the parathyroid bodies as a prophylactic measure By implication these discussions would lead one to believe that tetany is a frequent and serious complication of partial thyroidectomy In my experience, however, serious tetany has not resulted postoperatively that is, symptoms have not been severe or caused any untoward effect on the patient Mild transient tetany is not present in half of 1 per cent of op-I am convinced that the severe type of tetany occurs only after radical operation in which too much of the thyroid gland is removed If an effort is made to conserve sufficient gland tissue along the posteromesial surfaces of the lobe, this complication will be avoided

Postoperative Treatment

The early postoperative care of the patient should, for the most part, be symptomatic Iodine is given as a routine. If the patient is a bad risk, it is administered in large doses, 40 to 60 minims, in the belief that it may influence the postoperative reaction. Dependence should not be placed on the heavy postoperative administration alone, as the patient may die as a result. Postoperative administration of the iodine is necessary in addition to the preoperative administration, it is not a substitute. It is given in doses of 10 minims a day for from two to three months following the operation (Table 2)

SUMMARY

The potential factors in the surgical mortality of exophthalmic goiter can be conveniently divided into three groups (1) accidents, often the result of technical error, (2) acute postoperative crises of exophthalmic goiter, and (3) the debility of the patient, most frequently the result

of long-continued hyperthyroidism By the perfection and standardization of the operative technic, surgical accidents have been reduced to a nominal figure

Formerly postoperative explosive reactions were reduced in frequency and in intensity by the employment of the multiple-stage operation. Since the introduction of iodine in the preoperative preparation of patients, both the reactions and the stage-operations have been practically eliminated.

The time element is now the most influential factor in the mortality rate in the surgery of exophthalmic goiter (0.56 per cent), as the casualties are practically confined to the group of patients who have had the disease for a year or longer. Data are conclusive that there is a definite trend for the patient with Grave's disease to come to operation earlier, this is a most hopeful sign, for obviously further improvement in the results of the surgical management is dependent on early diagnosis and treatment

THE NERVOUS CHILD

By FRANK HOWARD RICHARDSON, M D, BROOKLYN, N Y

ITTLE as the physician likes the term, and loath as he may be to permit it to be used in the hearing of his little patient, there is no doubt that he is frequently called upon to deal with what may fairly be diagnosed as "the nervous child" When used as a snap diagnosis, or with the conviction that making such a diagnosis is the end of his duty in the premises, this is unfortunate, but when taken as a challenge to the performance of one of the most difficult, as well as one of the most valuable tasks in the whole realm of medical practice, it sounds the keynote to the treatment of a clinical condition that is becoming widely prevalent today

For the purposes of this discussion, it is unnecessary to go into the old battle of heredity versus environment in the causation of the protean manifestations that grow out of what we are here calling "nervousness" Undoubtedly, some children come into the world endowed,—shall we say cursed?-with a lower "flash-point" than Equally sure is it that many perfectly well-balanced, even placid babies, become (as a result of the hectic surroundings in which Fate has placed them) highly neurotic long before they have passed beyond the confines of child-Whichever class a child belongs to, it is important to realize that heredity cannot be altered, whereas environment is always susceptible of improvement So that for the practical purpose of helping his patient, the doctor who is

called upon to treat these patients is justified in disregarding their heredity, and concentrating upon their environment

This is not to be understood as saying that heredity is unimportant, nor yet as asking the physician to blind himself to the enormous potentialities, for good or for ill, of a faulty ances-It is most valuable, especially in arriving at his diagnosis in the first place, to know all that can possibly be learned as to the family history on both sides Many a diagnosis of "nervousness" as explaining this manifestation or that, will have to be thrown out of court entirely, in view of the findings brought to light by a painstaking search of a child's family history Not only will such physical findings as lues, alcoholism, and tuberculosis alter the status of his little patient in the appraising eye of the physician Mental retardations, incipient or slight epilepsies, constitutional inferiorities, actual psychoses in their early and doubtful forms, may be suspected by a careful study of the lives of a child's forebears All of these, and many other conditions that will readily arise in the mind of the examining physician, must be sedulously ruled out, before he is justified in using the term "nervousness" What is vital to his successful coping with the problem, however, is the realization that heredity has done its worst by the time he is called in, whereas environment is always susceptible to change through his efforts

Having made sure then of what the nervous child is not,—mentally retarded, psychotic, con-

^{*}Read at the Annual Meeting of the Medical Society of the State of New York at Niagara Falls, N Y, May 10 1927

stitutionally inferior, physically diseased, or simply undernourished to the degree of simulating an actual mental affection,-the doctor may well turn his attention to the consideration of the surroundings in which the child under his care finds himself placed He will find some difficulty in doing this, for the reason that the thing that vitally interests the parent or other adult who brings the youngster for treatment, is the immediate cure of some condition that has become intolerable to the elders who make up the group in which he is living What particular condition this happens to be, important as this seems to an exasperated father or an overburdened mother or a harassed teacher, is not the most important thing for discussion. It must not be allowed to lead to the commonly committed mistake of attempting to cure a result, when the underlying cause remains unaffected So surely as this is done, some other nervous manifestation is almost certain to supervene, and the last state of the unfortunate child, as well as of his long-suffering elders, is quite apt to be seven times worse than the first Just what are some of the conditions for which help is commonly sought at the hands of the doctor?

Oddly enough, though parents are prone to preface their remarks with the proud statement that "so-and-so has always been a nervous child," it is rarely or never that the nervousness per se is the cause that prompts the visit to the doctor On the contrary, it is almost invariably some manifestation of this underlying nervousness that has brought the mother to a state in which she feels she must have medical aid Frequently it is bedwetting, masturbation, thumb-sucking, nail-biting, are among the common complaints, most frequent of all, perhaps, is the familiar wail, "My child won't eat!" By no means rare is it that the condition that worries the mother is not a physical one at all She may apologize for coming to the doctor with a problem of disobedience, ungovernable anger, jealousy, tantrums, quarrelsomeness, unreasonable and unreasoning fears, palpably foolish lying, etc; confessing that she would not come to him at all, if she knew where else to turn! Tics, actual convulsions, apparent mental retardation,—these and a hundred other causes are among those for which parents seek aid he very fact that some of these may result from physical causes, and that the medical man is by his training habituated to consider first the removal of physical defects, frequently combines with the importunities of the parent to lead the doctor away from a consideration of the fundamental causative factors, without whose amenoration a true cure is quite impossible.

It would be a waste of time to enumerate here the long category of conditions in this hectic modern life of ours, that militate against the maintenance of that calm, untroubled milieu that is the birthright of every child,—a birthright so

frequently denied that we have come to recognize it as being the exception rather than the rule. The city child is of course far worse off, in this res pect, than is the country child But with the in creasing standardization of American life, the country child now has nearly as good a chance to be debauched by the printed filth of the daily press and the tabloids, and by the pictured filth of the silver screen, as has his city cousin, and the hazard of the automobile, whether that hazard be the physical one of the child in the road or the emotional one of the youngster inside the rapidly driven car, knows no geographical limitations In one respect of course the city child is hopelessly at a disadvantage,—namely, in the restricted play that so far has seemed an unavoidable concomit tant of our increasingly urban life. A child has a certain amount of physical and emotional energy stored up in his cosmos, that will find outlet If the acceptable outlet of normal play, with its use of the larger muscles and its competitive give and take, is denied, then we doctors shall not be surprised when we see this energy, transmuted into less acceptable forms, (according to the law that energy can be changed but cannot be destroyed), cropping out as nervous manifestations, or as un wholesome conduct of some other nature.

Even more potent for evil, perhaps, is the family environment of the so-called "nervous child" The old family life has not entirely gone, by any manner of means, it exists today in countless of It has gone, however, in our better homes countless other homes, and when it has once disappeared, it seems almost impossible ever to recreate it A worried, pre-occupied father, a nervous, scolding, fussy mother, critical grandparents (who in these days of congested housing conditions so frequently constitute part of the family, where in other days they would have lived under a separate rooftree), older brothers and sisters with the hectic preoccupations of so many of the growing boys and girls of today, or a younger brother or sister who may be monopolizing the signs of parental affection that should be more evenly distributed all these and countless other factors are at work in the causation of the condition of nervousness in children Some of them can be corrected, some of them are susceptible of improvement to a limited extent, some of them we must recognize as being beyond human power of betterment But recognize their existence we must, if we are to see our problem clearly, and see it whole

What then is the duty of the doctor, when he is called in to treat some or any of the manifestations listed in a previous paragraph, by elders who have presumably wrestled with their problem for some time, at first unaided, later perhaps with volunteer lay assistance? Let us remember, first of all, that the very appeal for advice puts the physician in a very strong strategic position, for whereas unsought advice is practically never

acted upon, the chances are that a parent who comes to the physician for paid services, is going at least to make some sort of attempt at following his counsel

Our first duty is, here as elsewhere, to make a diagnosis But in order to be an acceptable diagnosis, it must be somewhat different from the purely physical diagnoses to which our whole training in the medical school has predisposed us True, it must be purely physical in the negative sense of ruling out any purely physical factors and defects that might otherwise call for treat-But after this has been done, we must recognize that we are to deal not so much with physical defects as with the intangibles and imponderables of human life and social adjustments, and must convince ourselves of the fact that unless we are willing to do just this, our treatment of the overt acts which have brought the child to us, will be hopelessly inadequate and meffectual for cure Perhaps this is the most difficult part of the whole task,—the abstaining from treating the patent and obvious, and the willingness to probe for the occult and the hidden, whose correction alone will bring about a lasting cure of the whole vicious faulty condition The fact that the parent wants just such direct action, coupled with our own tendencies, is frequently sufficient to make us follow the line of least resistance. If such is the case, then we begin to prescribe restraint for thumb-sucking, nail-biting, and masturbation, limiting of fluids for enuresis, arsenic and iodide for habit spasms, and bromides or cathartics for convulsions, the correspondence course or the home tutor for speech disturbances, tonics for anorexia, and the big stick of "good old fashioned discipline" for disobedience, quarrelsomeness, tantrums, and other annoying manifestations, whose correction (?) by means of the traditionally honored method of assault and battery of the little fellow by the big fellow constitutes such a genuine relief of outraged parental feelings,-though just what it constitutes to the feelings of the one at the other end of the instrument, is perhaps not so salutory! Many of us are doing just this thing, and deluding ourselves with a pleasing belief in the efficacy of our methods, because for sooth the parents do not come back for further treatment! We are prone to overlook two important facts, in this as well as in many other phases of the practice of medicine. One is that there are other doctors and clinics in the community to which our patients may drift, when we fail to give them the relief for which they come to us The other is that, when medical aid

has been found ineffective, other agencies will almost invariably be called in

The latter constitutes a phase in the problem of the treatment of the constantly increasing volume of nervousness in children, that may well give us physicians pause. The reading public is being plentifully supplied with books, magazine articles, and lectures-in-print, on the various topics that we have been considering. They are almost always willing to give the doctor the first chance, and to stay with the old gods to the further extent of going from the general practitioner to the specialist, if the former chooses to refer them to the latter If, or when, however, they find that, little as they know about their problem, the doctors to whom they have gone in good faith seem to know less, or at least fail to impress them with the fact that they know more by devoting their whole attention to the physical side of the problem and neglecting the emotional or psychic factors then we may rest assured that they will turn elsewhere for the help that we have failed to give them And to the old quacks and cultists with whom we have learned more or less how to deal, will be added a new phalanx with whom we shall have to learn to contend with different weapons At present, the problem of the nervous child is one for us to cope with, by all the means within our power,correcting faulty family life, evil or unfortunate behavior models, and faulty habit formation, lightening the load of educational burdens, both intramural and extramural, and counseling in season and out of season a lessening of society's appalling sacrifice of child life and child health and child happiness, on the altar of industrial efficiency and adult shortsightedness let us fail in a grasp of this phase of a constantly increasing group of cases,-and we shall find set up a very powerful opposition in the form of lay psychoanalysts, consulting lay psychologists, and amateur advisers of every stripe. It is neither necessary nor desirable that we become psychiatrists, it is not only desirable but absolutely necessary that we fit ourselves to deal with conditions as they come to us, with the necessary means, whether those means are particularly to our liking, or not When the time comes that every doctor who is called upon to treat a case of nervousness in a child, will consider himself negligent of his duty until he has probed to the very bottom of the possible causes of the condition, and then done his very best to remedy the causative factors that he has found,-then and only then shall we as a profession be doing our whole duty to the nervous child

A SIMPLIFIED METHOD OF ORAL CHOLECYSTOGRAPHY—PRELIMI-NARY REPORT

By LESTER LEVYN, MD and A H ARON, MD, BUFFALO, N Y

THE first workers to introduce and advocate the oral administration of tetraiodophenolphthalein in cholecystography were Menees and Robinson in 1925. Since that time, much has been accomplished by various investigators in endeavoring to perfect this procedure.

At present a majority of Roentgenologists are utilizing the oral method and every effort therefore should be made towards standardizing the technique in order to enhance the reliability and accuracy of the method. While the results up to the present have been most encouraging, the numerous types of capsules and pills favored by different workers leave much to be desired in the way of standardization.

The administration of capsules entails many objections such as failure to break down resulting in improper absorption, gastric upsets due to irritation of the concentrated dye which often comes in contact with the stomach, and the discomfort incidental to the swallowing of a number of capsules at frequent intervals. If the dye could be given effectively in some other manner eliminating these objections, the oral method would be much simplified

Experiments with this object in view were conducted and a method devised that has given most excellent results. The following theory was elaborated, namely that the free acid of tetraiodo in a finely divided state is transformed by the duodenal contents into a soluble salt which is absorbable and will produce cholecys-

tograms

The first step, therefore, was to convert the disodium salt of tetraiodo into a freshly precipitated free acid in order that it might pass into

the duodenum in a finely divided state

By a series of experiments it was discovered that adding fruit juice to the dye precipitates the free acid and renders it available for absorption Grape juice was selected as the most suitable because its color completely disguises that of the dye, the mixture being scarcely altered in appearance from the original color The tartaric acid in the of the grape juice grape juice is more than sufficient to change the disodium salt to the free acid grams of the dye are dissolved in one ounce The resulting solution is emptied into an ordinary drinking glass which is then filled to the top with grape juice The mixture is stirred and ready for use.

In order to eliminate the time consuming factor in preparing the dye in the above manner and to obviate any difficulties patients might encounter when given the dye to prepare themselves, our next problem was to stabilize the suspension so that it could be put up in individual doses, kept indefinitely and yet form when administered a freshly precipitated free acid. The latter is absolutely essential

This was done by making an aqueons solution of the disodium salt of tetraiodo to which is added enough malic acid to exactly combine with one-half of the sodium present. It is presumed that this treatment breaks up the unstable disodium salt into the stable monoso dium salt and sodium malate thereby preventing decomposition.

Each dose of the suspension contains three grams of the dye which uniform dosage we use in all cases regardless of weight of patients. The suspension, put up in one ounce bottles, is merely added to a tumbler full of grape juice and ready for ingestion

The advantages of the tetraiodophenolphthalein suspension for oral use may be summarized as follows

- 1 The entire dose is taken at one time in a pleasant, palatable form
- 2 Best given very cold, it is well tolerated by the stomach and nausea rarely occurs
- 3 Diarrhoea is less marked than by the capsule or pill method
- 4 The tetraiodo is in suspension in a finely divided state and will not deteriorate so long as it is kept in sealed bottles
- 5 By adding fruit juice, preferable grape, a freshly precipitated free acid is formed
- 6 The free acid in this state is easily converted into the soluble salt by the alkaline duodenal contents
- 7 The free acid when given in the form of a liquid passes quickly into the duodenum because liquids following the so-called "waterway" (lesser curvature) have a tendency to leave the stomach rapidly
 - 8 Splendid cholecystograms obtained

We are indebted to the pharmaceutical laboratories of the National Aniline & Chemical Company whose close co-operation has made this work possible



EDITORIAL



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For list of officers of County Medical Societies, see issue of February 15, advertising page xxvii

ENFORCING THE MEDICAL PRACTICE ACT

Physicians are asking for concrete evidence of the enforcement of the Medical Practice Act. One item of evidence is the growing refusal of chiropractors to treat a case in the presence of a third party Another item is the great mass of detective information gathered by the State Department of Education

When the physicians of one rural section

made complaint against an illegal practitioner, they were surprised to find that the Department had taken action against a prescribing druggist and was well informed regarding a chiropractor against whom the local physicians could not get corroborative evidence. The machinery against illegal practitioners is functioning quietly and effectively

EXPERT MEDICAL TESTIMONY

The question of expert medical testimony has become acute since the operation of the Workmen's Compensation Laws and the great increase in the number of accident cases

The problem is a control of experts in giving testimony before the courts The House of Delegates of the American Medical Association at its meeting in Dallas in 1926, endorsed the principle that the courts be authorized to appoint expert witnesses, payable out of public funds, who would furnish a written report of medical conditions to the court This plan of remedying the situation seems to be the principal one that has been proposed, and in fact is almost the only legal solution that has been offered The essence of the remedy is that the court shall control the expert witness, both in his appointment and in the method in which he shall give testimony

In accordance with this resolution, Dr W Woodward, the Secretary of the Bureau of Legal Medicine and Legislation of the American Medical Association conferred with a committee of the American Bar Association, who authorized Paul Howland, Esq, of Cleveland, to cooperate with Dr Woodward in framing legislation that should conform to the principle stated in the resolution bill was accordingly drafted and published, and it immediately met with serious opposi-While the bill is excellent in theory, yet it presents certain details of method to be followed in carrying out those principles One of the chief criticisms against the proposed bill is that the judges already have power to appoint experts, and to control the method in which they shall give their tes-The object of the appointment of an expert by the court was that a qualified expert should be chosen and that his testimony should have the weight of the court's appointment behind him But a rather unexpected situation arose in that the courts of Michigan, where this provision was adopted, declared the law unconstitutional in that it violated the vested rights of a citizen, that justice shall be absolutely impartial, and that the operation of the law would not be impartial in that the testimony of the expert appointed by the judges would have greater weight than that of an expert hired by either one of the litigants The very provision of law which was expected to remedy the conditions became its main stumbling block and the cause of its rejection

This matter of expert testimony was considered by the Tri State Conference composed of representatives of the medical societies of New York, New Jersey and Pennsylvania, at its regular meeting on February 4th Mr Lloyd Paul Stryker, Counsel of the Medical

Society of the State of New York, read a paper at that conference describing the abuses of medical expert testimony and discussing the various remedies which had been proposed, practically all of which centered around the employment of an expert by the court at public expense Mr Stryker pointed out the grave defects of such a law His presentation of the case was clear and complete, and is published on page 243 of this Journal Anyone who wishes to know the principles of expert medical testimony should read that article with care.

Physicians are prone to look upon a problem from their own point of view The great mass of physicians are honest and honorable, and are actuated with a sincere desire to express scientific truth while on the witness stand But human nature is subject to faults and frailties, and the best intentioned expert may have a biased mind which unconsciously influences Moreover few physihim in his judgment cians can express themselves clearly and concisely on the written page when they have time for reflection, still less can they be clear and explicit on the witness stand in the presence of an august court and a crowd of hangers-on who are ready to give the laugh to the professional witness

Under the best of circumstances, an expert witness is at a disadvantage on the witness stand, and if he has an irritable temper, he is likely to cut a sorry figure under the cross-examinations of an opposing lawyer

On the other hand, a professional expert witness with self-assurance and a protestation of knowledge can impress one with an importance which he does not possess. A few of these so-called expert witnesses and ambulance chasers bring the whole matter of expert testimony into disrepute, and it is a question whether any amount of legislation can remedy the situation.

It was the opinion of the members of the Tri State Conference, and of Mr Stryker himself, that the problem was one of morals and ethics, and that its solution lay in inspiring medical students and physicians with a high standard of ethical conduct. This does not mean that no new laws on the subject are required, but rather that a few legal requirements are desirable, setting forth the broad principles on which a judge may act. The effect of too many details will be that a judge upholding the Egis of the law will hide behind its letter and refuse to take the responsibility for enforcing its support

The proceedings of the Tri-State Conference which are published on page 277 of this JOURNAL

form an illuminating comment on the general principles which are outlined by Mr Stryker in his article on page 243 The opinions expressed by those attending the conference may be considered to be a cross-section of the best medical thought of the three States Those wishing to inform themselves on these principles will do well to read the proceedings of the Conference as well as Mr Stryker's paper

ERGOT

The quality of ergot should be above sus-- picion, for it is one of the few drugs that is used for a specific purpose Obstetricians complain that the present fluid extract of ergot is not reliable and is not dependable in producing contractions of the muscles of the uterus and stopping hemorrhage following child-birth The reason of the mertness is suggested by Dr H H Rusby, Dean of the College of Pharmacy of Columbia University, in an article printed on page 255 of this JOURNAL

The words Russian and Spanish refer to the country in which ergot is produced Ergot comes in hard brown kernels shaped like grains of rye, an inch or more in length Each kernel is an overgrown rye seed whose tissue has been replaced by the ergot mold or fungus The kernels are obtained by sifting them from the rye after the grain has been threshed The kernels of ergot from Spain are two or three times larger than those from Russia, and are of a better quality

Dr Rusby has been an ardent advocate of the importation of only the best ergot, and in this he has the support of the medical pro-

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Proprietary Remedies - The question of proprietary remedies a quarter century ago was as acute as at present, when advertisers seek to use medical journals to advertise articles The Journal of March with trade names 1903, has this to say about prescribing readymade remedies

"Undoubtedly much of the popularity which proprietary remedies have received among some members of the profession has been entirely due to the ignorance of those physicians on the subject of pharmacology This deplorable condition of affairs may be righted in the future by the colleges giving more careful and thorough instructions in materia medica and in the compounding of drugs, but that does not offer a means of doing away at once with these undignified and unscientific means of prescribing medicine Prating of their compounds being ethical, of their frankly publishing the formulae, of their catering only to the profession, the next breath may assure you that the druggist will dispense in such a way that the patient will not know that he is not receiving a combination of drugs and which is especially compounded for his own personal The insult is increased a thousandfold when those manufacturers assume to tell us the correct doses, and the diseases in which the remedies will work wonderful cures

"The space devoted in our journals to therapeutics could well be studied by those who feel themselves so incompetent as to be forced to use proprietary medicines Would it not be well for our postgraduate schools to offer greater facilities for learning the art and science of medication and of proper prescrip-

tion writing?"



MEDICAL PROGRESS



The Origin of Chronic Pulmonary Tuberculosis -- Professor A Bacmeister refers to Ranke's three stages of tuberculosis, of which the first two are gone through in childhood, culminating in the third or chronic stage of later life, which he calls tertiary lung tuber-The first stage is that of the primary infection and the second consists of the period of sensitization and generalization These stages are not sharply marked off and Bacmeister holds that there is not such difference between child and adult tuberculosis as Ranke implies. The allergic secondary stage is characterized by exudative lesions which are sharply distinguished from the productive le-The former may sions of the third period clear up after they have been recognized clinically and by the rontgen rays, although the outcome in general is diverse and almost any of the pathological phenomena may be noted One of the most unfavorable is early cavitary formation, for, according to the author, it is an error to look upon the apex cavity as necessarily a late development The origin of the early apex infiltration is almost certainly hematogenous but the possibility of superinfection from without must not be left out of consideration, after the individual has become sensitized by the first infection. The author believes that an early apex infection which is relatively benign is nearly always the cause of chronic tuberculosis in later life This early infection is usually, as stated, free from symptoms of any kind although exceptionally there may be râles and fever Even the later adult type may run a latent course, although here the rontgenogram and sputum examination usually suffice for diagnosis To sum up the alleged advances in our knowledge the author stresses the distinction between exudative and productive lesions, the relation of early benign to later "tertiary" lesions, the fact that "early" apex infection in the adult is usually a late development and the need of sanatorium treatment in the early period to ward off later developments - Deutsche medismische Wochenschrift, December 16, 1927

A Four Day Radical Cure of Severe Morphine Addiction.—Dr H Ripke, chief of an Evangelical Hospital in Schreiberhau, writes that he had become a morphine addict as a result of sciatica in 1924, and in 1927 was using every 24 hours over four grams of muriate of morphine by intramuscular injection, in combination with large doses of hypnotics All attempts to break off ended in failure He

then tested the treatment of Dr Hubert Kahle, of Cologne, who has been at work since 1921 on a rapid and instantaneous withdrawal cure which should leave no latent desire to resume the habit Thus far the treatment has not been published and has been administered solely by its discoverer, so that there has been no corroboration from disinterested sources not, however, appear that any attempt has been made to exploit the method commercially and to some extent it is justifiable to maintain secrecy until the method has received a thor-The author mentions the Ameriough test can new remedy known as narcosan as successful in certain groups of interned prisoners, but not much is known of it by outsiders, for example we are told nothing about relapses Kahle administers the remedy himself and by It induces a twilight sleep the mouth only which keeps the patients unconscious for four or five days with the exception of a few moments daily for attention to the evacua-The patients emerge without the slightest desire for the needle although Kahle hands them a loaded syringe with permission to use The author has since his cure been engaged in active practice and is without any tendency to relapse The theory of Kahle is that withdrawal manifests itself chiefly on the sympathetic which is in a state of excitability and requires to have its tonus depressed the parasympathetic is also correspondingly disorganized and the treatment must be di-

Does Vitamin B Augment the Capacity of the Worker?-L Csik and J Bencsik of the University of Debrecen have conducted a research in reply to this question on two medical The source of the vitamin was bran with the wheat germ and dried spinach duration of the test was four and seven months Other subjects were used as conrespectively trols, while all care was taken to eliminate sug-The worker was measured with the ergograph and dynamometer, with lifting weights, The elaborate course of training to which the subjects were submitted might have been responsible for the gain in work capacity but the controls were submitted to the same regimen and evidently there was no knowledge as to the diets on the part of the subjects The authors realize

rected toward both of these systems Since

it requires at least four days to eliminate all

the morphine from the body the twilight sleep

must be maintained for that length of time.

—Deutsche medizinische Wochenschrift, Decem-

ber 9, 1927

that two subjects represent a much too small number for a final judgment. The improvement in working capacity is estimated as somewhere between 10 and 20 per cent. No theory is offered to explain how vitamin B can improve the individual in this respect, but the idea seems to have been derived from animal experiments carried out to determine the value of various fodders. The technique, however, is admittedly taken from that of Zoth and Pregl in their research on the value of testicular extract in augmenting working capacity—Khnische Wochenschrift, November, 26, 1927

Interferometric Examination of the Blood in Gestation and in Cancer—M Eiger, F Grosmann, and E Klemczynski sum up their article on this subject as follows By means of this diagnostic resource gestation can be recognized in 91 per cent of all cases and in 75 per cent of Ectopic gestation in differential early cases diagnosis has been recognized in 75 per cent of The interferometer reveals the modifications of the blood which are due to gestation from the fourth day to the fourth month post partum, for the defensive ferments form at an early period and tend to persist in the blood for a long time after delivery In tuberculous women gestation has been recognized in 91 per cent of all cases and if a tuberculous placenta was used in almost 100 per cent. The humoral diagnosis of cancer has been made in 100 per cent of all cases tested In cases of fibroma and of ovarian cyst the diagnosis leaves more to be desired The blood serum of gravid women gives positive Abderhalden reactions with a substratum of mammary gland, this reaction is not specific from the qualitative standpoint, in an absolute fashion, but may be specific from the quantitative standpoint If the women examined have annexus the serum may show cytolytic properties roward placenta and hence cause some confusion -Le Bulletin Médical, November 16-19, 1927

The Exciter of Measles —R. Decgwitz, professor of pediatrics in Greifswald University, writes a paper on this subject. He has made no attempt to isolate the particular microorganism of the disease, his studies having been made solely with infected blood of measles patients as based on the pioneer work of Hektoen in 1905 He mentions an alleged microorganism accepted by some as the true cause of the disease—the green-growing strep-tococcus of Tunnicliff and Ferry—but decides against its validity, for sterile filtrates of blood may transmit the disease The unknown organism, or other living cause, can be maintained outside the human body in dilute physiological saline solution for several weeks Inoculation succeeds, as stated, with bacteriologically sterile material and one may either sterilize the blood of the patient, dilute it, or pass is through the Berkefeld filter and still it will communicate the disease. The mucus of the nasopharynx of the measles patient in the prodromal stage may also be made to transmit the disease under the same artificial One may cultivate the virus on conditions certain special media but there must be living cells of some sort in the culture or certain indifferent bacteria The virus may be passed from culture to culture and used to inoculate susceptible subjects Certain of the lesser apes may be made to take the disease although the latter is not like typical human measles, but the fact that injection of convalescent serum will prevent the laboratory disease appears to prove that the latter is really measles -Khinische Wochenschrift, December 10, 1927

Myasthenia Gravis - Johannes M Nielsen reports three cases of myasthenia gravis, the first of which presented poorly developed musculature in general, with evidence of involvement of the bowels, history of sexual excesses, and severe psychic trauma. The second case had a history of pregnancy just completed, a very low basal metabolic rate (-36), evidence of myxedema and of vegetative inbalance with The third case involvement of the bowel presented poor musculature and evidence that practically constituted a diagnosis of syphilis of the central nervous system. All three cases had the typical onset and the typical development of myasthenia gravis and all three presented the myasthenic reaction of Jolly author makes the following observations Although sexual excesses occurred in two. myxedema in one, syphilis in one, and marked psychic trauma in one, these facts do not demonstrate causation. Myasthenia seems to occur in persons with small or flabby musculature in general When the disease develops the bowels are weakened just as is the general musculature The myasthenic reaction of Jolly is not necessarily present in all muscles at any time. It was absent during remissions in two of these cases, in the third it was not It was present only in the weakest muscles in one case Strychnine seems to have little influence on the course of the disease The basal metabolic rate is, in general, normal in myasthenia gravis. The origin of the exhaustion is probably neuromuscular -Journal of Nervous and Mental Disease, January, 1928, lxvii, 1.

Relations Between Hormones and Vitamins—E Vogt of the Gynecological Clinic, University of Tübingen, sums up an article with the above title as follows. The demonstration of a relationship between these two classes of substances is based on the following (1) Insulin and its congeners, the female sexual

hormone (folliculin), another female sexual hormone (feminin or ovoinsulin), may be prepared from sources other than the natural ones in both the plant and animal kingdoms, which substances are rich in vitamins In other words representatives of the two substances occur in nature side by side (2) The action of hormones is complex and by no means limited to certain organs Thus folliculin in addition to its hormonal activity can replace insulin in reducing the amount of blood sugar, conversely insulin can sometimes replace ovarian extract in experiment (3) The new vitamin E, known as the antisterilizing vitamin, is closely related to the ovarian hormone and the two are reciprocally dependent on each other for their activity (4) Vitaminiferous substances may be activated by rontgen rays and this is equally true of insulin (5) Both hormones and vitamins exert their proper action in very minute amounts (6) Diabetes stands close to the avitaminoses in that insulin behaves like a vitamin in a deficiency disease, and also has possible value in the other diseases which make up this group spectrum of insulin closely resembles that of irradiated ergosterin. Vitamin E and the ovarian hormone have the same boiling point and similar chemical behavior Upon this foundation it should now be possible to develop further similarities or identities between vitamins and hormones -Munchener medizinische Wochenschrift, December 16, 1927

Iodoform Treatment of Exudative Pleurisy -R Kirschenblatt and B Nasarjan of the Railway Hospital at Tiflis refer to a method originally advocated by Cohn in which iodoform was used intrapleurally with success This was in 1924 and since that period the authors have tested the treatment in 30 patients All forms of the disease were included -mfluenzal, tuberculous, neoplastic, etc but one had the disease gone on to empyema and the treatment is not designed for this condition Twenty of the cases which can be completely documented are given in tabular form, some of which were in the early stages while others had not been seen until relapse after absorption of the effusion The iodoform was prepared as a suspension or emulsion with glycerin, olive oil, and ether, one or two co being injected once or at most twice The report lacks detail and it is not clear whether the authors injected the emulsion through the intact wall or a puncture or drainage wound, although complete silence on this subject should imply that the injection was made by needle passed through the intact skin authors conclude that the Cohn treatment is superior to any in use and almost specific in its therapeutic activity The mechanism of

the good results may be due in some way to the marked febrile reaction set up by the infection which persists from 2 to 4 days, absorption of the exudate promptly following injection. In no case treated did the serous fluid become purulent, on the contrary a turbid exudate was seen to clear up. If the treatment is applied early, during the serous stage, the authors feel certain that empyema will never develop nor will resection ever be required—Munchener medizinische Wochenschrift, December 30, 1927

The Treatment of Tennis Elbow -G Percival Mills, writing in the British Medical Journal, January 7, 1928, 1, 3496, states that in making a study of combined movements in patients with tennis elbow, he frequently found that with full pronation combined with complete wrist and finger flexion the elbow would not come perfectly straight, or if it did come straight there was a distinct feeling of resistance and the process was painful This fact, together with the known frequency of cure by forcible manipulation, strongly suggested that forcing the restricted movement might bring about the desired result He found that with the wrist and fingers flexed and the forearm fully pronated, by forcing the elbow into hyperextension, and at the same time making firm pressure with the left thumb over the tender spot, which is usually just above or below the external epicondyle, a distinct click or snap could be detected. In some cases there is little more than the feeling of something giv-After this manipulation patients were relieved of their disability The procedure can be carried out without an anesthetic, but a short nitrous oxide anesthesia is prefer-A few days' rest from tennis may be indicated if the elbow is sore from the manipu-Mills points out that the whole condilation tion presents many similarities to that of a semilunar cartilage in the knee, and suggests that as the radius is necessarily very loosely attached to the orbicular ligament, it is possible that a part of this ligament may occasionally slip between the head of the radius and the capitellum

Fundus Changes in Arteriosclerosis and Nephritis and Their Significance—Writing in the Boston Medical and Surgical Journal, January 19, 1928, Walter B Lancaster describes the fundus changes seen in arteriosclerosis and nephritis under the headings "visible walls," "indentation of the veins," "rectangular crossing," "irregularity of the lumen," "copper-wire artery," "tortuosity," "silver-wire arteries," and "hemorrhages" These retinal changes he classifies into three groups (1) Those where vascular disease dominates the picture, this in-

cludes (a) arteriosclerosis (sclerosis of the retinal vessels, hemorrhages) and (b) arteriosclerotic retinitis (the same as (a) plus white (2) Those where to emia is the dominant factor, these show edema of the retina and optic nerve, hemorrhages, especially the small, round, deep-seated ones, but also the striated, superficial ones, exudates in cottonwool patches and in small spots, often arranged in star or fan-shape around the macula (3) Those in which both (1) and (2) are much in evidence Arteriosclerosis can often be detected in the retina before there is evidence of it in other parts of the body, not because it attacks the retina first but because the vessels in this region can be more readily investigated The ophthalmic findings will disclose whether vascular disease is an important factor in a given case If cotton-wool patches are present with edema and perhaps hemorrhages, a toxic factor is at work, but it cannot be said what the toxin is or that a definite type of nephritis is present, as, for example, chronic glumerular nephritis The early detection of arteriosclerosis may be made of great benefit to the patient provided it results in such modification of his habits and mode of life as will tend to arrest the progress of the disease. In referring cases with retinal changes to an internist, the ophthalmologist should make clear to him whether the retina shows vascular lesions-arteriosclerosis, with nephritis possible but not probable, or toxic lesions, with nephritis probable but not certain

The Cathode Rays in Medicine —The cathode rays, despite their role in the genesis of röntgen rays, have never themselves been used in medicine although they have been tested in various biological associations W Baensch and R. Finsterbusch, who are associated with the surgical clinic of Professor Payr of Leipzig, believe themselves the first to make a report on the therapeutic activity of these rays They have naturally begun with superficial affections and especially those in cases which are resistant to ordinary irradiation paratus for the purpose has been made possible by the labors of Pauli and of Coolidge and consists of a tube which resembles externally a simple Coolidge tube. The cathode rays are shot out of the tube through a window which consists of aluminum leaf or other metal They are never pure, being mingled to some extent with röntgen rays. The cathode rays have been known longer than the rontgen rays and have been tested over many years for bactericidal, trophic, and other powers, and only the lack of suitable apparatus has prevented their application to therapeutics. The authors first tested them in man on obstinate skin affections. It is too soon to speak of radical

cures but the authors believe they have added considerably to our resources for the treatment of certain cases of lupus, cancroid, and other obstinate skin affections. Although no untoward bad collateral results are mentioned, great care is urged, for the amount of energy involved is great and the possibility of harm is probably equal to that of the röntgen rays. Doses must be small and application tentative, for the method is in its experimental stage.—

Münchener medisinische Wochenschrift, December 23, 1927

Lymphogranuloma Inguinale With Acute Rheumatic Manifestations — Dr Alice Koppel, a dermatologist of Breslau, refers to the large number of cases of inguinal lymphogranulomatosis which have been reported since the autonomy of the new disease has been estab-In her own clinic at the All Saints Hospital 49 cases have been reported since 1925. One might speak of epidemic incidence but it is of interest to note that chancroidal buboes have become correspondingly rare Confusion with the latter is increased by the fact that some cases of lymphogranulomatosis follow small sores on the penis which in turn succeed to coitus In such cases research for the Ducrey bacillus is negative while the Frei cutaneous reaction discovered by him for lymphogranuloma is positive. This is carried out by intracutaneous injection of sterile pus and is negative for all buboes of other origin far a negative result has been obtained in 106 control patients of miscellaneous types together with 16 cases of buboes. An important subject to take up is that of a constitutional reaction Thus far such manifestations have been looked on as casual, without any constancy or special type-a little fever or headache or prostration, slight enlargement of the liver or spleen and a change in the blood formula All such records antedate the discovery of the Frei reaction and should therefore be disregarded The author has personal records in 3 patients with positive Frei test of the development of erythema nodosum, while 2 of these also showed episcleritis and 1 a condition suggesting acute rheumatic polyarthri-However, there seems to have been no response in any of these cases to antirheumatic remedies with one exception in which the immune reaction may have sensibilized the patient, or in fact may itself have been the curative factor Of the three patients two who were males presented ulcers of the frenum following coitus while the third, a female, did not present any primary lesion. The parallelism with Ducrey infection may be striking, as in a case of multiple ulcers of the vulva and anus --Klinische Wochenschrift, December 24, 1927



LEGAL



By LLOYD PAUL STRYKER, Esq Counsel, Medical Society of the State of New York

PSEUDO PREGNANCY-ETHER ANAESTHESIA-DEATH

A patient, about 28 years of age, 5 feet in height and weighing about 220 pounds, exceedingly corpulant and fatty over her entire body, on March 10th called a physician to attend her, she at that time being pregnant Upon examination he found her heart normal, her temperature 1001/2°, pulse 85 He also found a slight infection of the tonsils, for which condition medication was prescribed This physician was not to call again upon the patient unless he was sent At about 5 o'clock in the afternoon of the same day he received a call to come to the patient's home, at which time he found her in bed and she said that she was in labor. The heart was examined with a stethoscope and found normal, her pulse and temperature were normal and the tonsil infection had greatly cleared. In response to the physician's questioning, the patient stated that her menstrual period had ceased about ten months previous and that she believed herself pregnant She also stated that she had felt life during the fifth month and on different The patient was married for about occasions three and a half years and had given birth to a The patient further told seven months' stillborn the physician that she expected the birth of her child about three weeks prior to March 10th, the day when he was called to attend her, and that when the birth did not come on she had consulted another physician who, she stated, had advised her that everything would be all right, for her to return to her home and to expect the birth of her child soon It was subsequently ascertained that the patient had never consulted the physician who she stated had examined and advised her

On his visit in the afternoon of March 10th, the physician endeavored to make a digital vaginal examination to determine the presence or absence of pregnancy, but was unable to do so because of the patient's size, as the fingers would not reach the cervix He palpated the abdomen and endeavored to determine the presence of the fetal heart beat by means of the stethoscope He also tested the breasts of the patient for the From all of these tests presence of colostrum the physician was unable to determine the existence of pregnancy At this time the patient told the physician that she was having labor pains and that the pains that she was then having were similar to those that she had had at the time of the delivery of her previous child The patient was also shouting and yelling and from outward

appearances was in labor. At this time, upon completion of his examination, the physician ad vised the patient to remain in bed and that he would call on the following morning

On March 11th, at about IA M the physician was summoned to the patient's home. On ar rival he found the patient in bed, again complain ing of severe labor pains and pulling upon the sheet which had been tied to the bed She was shouting and yelling and stating that the baby The physician by palpation was kicking her examined the abdomen, but could not feel any fetal movement nor determine the presence of a He remained with the patient for about an hour and a half, during which time he made several examinations by palpating the abdomen, but was unable to determine the presence of a He left the patient, stating that he would return at about 10 o'clock of the same morning When he returned at this latter hour the patient's condition was about the same She was still complaining of labor pains, pulling on the sheet and yelling and shouting By palpation and auscultation the physician endeavored to determine the existence of pregnancy, but again was unable to do so After about a half hour he left the patient and returned again at 5 o'clock in At this time a the afternoon of March 11th vaginal examination was made by means of a From the appearance of the cervix speculum it did not appear a gravid womb, the cervix being white and hard and not red and soft and covered with mucous During the various visits to this patient her pulse and temperature were normal Upon completion of his examination on the latter visit the physician advised calling in a consultant, which advice the patient's husband acquiesced in, and another physician was called who arrived at the patient's home about 6 30 P M of March 11th

The consultant made a digital vaginal examination, also palpated the abdomen and endeavored to obtain the fetal heart sound. He was unable to reach any conclusions upon completion of his examination. This physician also examined the heart, pulse and temperature of the patient, all of which he found normal. Upon completion of the examination by the consultant the consent of the husband was obtained to the administration of an anaesthesia for the purpose of making a more extensive examination of the patient. The patient was then removed from her bed to the

dining room table The husband, at the physician's request, had procured a can of ether The attending physician acted as anaesthetist and the consultant proceeded to examine the patient after she had been anaesthetized The ether was administered by the open drop method and the attending physician taking the patient's pulse at her temple and watching her pupillary reflexes The consultant commenced his examination of the patient first by means of the speculum and then digitally and while thus engaged the patient suddenly collapsed time about an ounce and half of ether had been administered, and the attending physician did not observe any change in the pulse at this time, but the patient suddenly began to breathe heavily and her face became cyanotic The administration of the anaesthetic was immediately suspended, also any further examination of the Both physicians resorted to artificial The efforts of both physicians at respiration resuscitation was kept up for some time, but with no avail and the patient died. Only about five minutes had elapsed between the commencement of the administration of the anaesthesia and the patient's collapse

After the death of the patient and believing there may be a living fetus within the womb, the consent of the husband was procured to the performance of a Cæsarean section, which operation was performed by the consultant assisted by the attending physician Upon opening the abdomen the uterus was found to be normal and there was no evidence of pregnancy The abdominal incision was then closed by the consultant and both physicians left the patient's home. attending physician made the death certificate with ether poisoning as the cause of death death of the patient was reported to the medical examiner who performed an autopsy on the He stated in his opinion the cause of death was ether poisoning administered by attending physician to force delivery The medical examiner had been advised by the husband of the deceased that a physician had been attending his wife and a consultation was held with another physician, that both physicians stated that the deceased was pregnant and decided to deliver her, and that soon after an anaesthetic was given the deceased she died The pathological findings of the medical examiner were congestion and edema of the brain and lungs, dilated right heart and fatty change of myocardium His examination of the uterus and adnexa showed the uterus small and atrophic with no gross evidence of pregnancy and the adnexa appearing about normal After the completion of his autopsy the medical examiner questioned the cause of death as ether The brain was sent to the chemical poisoning laboratory for examination to determine the presence of ether The toxicologist reported that ether was not detectable. He further states that there is no delicate test for this substance only way of identifying it is by its physical prop-The brain may easily contain less than is possible for detection

The husband as administrator of his deceased wife, instituted a malpractice action against both of the physicians who had attended this patient, charging that they negligently failed to discover the true condition of the patient and failed to discover that she was suffering from an undue accumulation of fat and from a disease of the heart and undertook to treat the patient for pregnancy and childbirth That they negligently attempted to perform an operation upon the decedent for the supposed condition of pregnancy and administered an anaesthesia, which anaesthesia was unfit for the condition of the patient, who was subject to heart trouble and could not receive the ether anaesthesia without great danger to her life, and that by reason of the administration of the ether anaesthesia the patient's death was caused.

For several years this action was vigorously prosecuted in behalf of the plaintiff. During the pendency of the action the consulting physician died so that the action abated against him. Subsequently the plaintiff not bringing the action on for trial, a motion was made to dismiss the same for lack of prosecution, which motion was granted, thus terminating the action in favor of the surviving defendant.



NEWS NOTES



LEGISLATIVE CONFERENCE

A meeting of the Chairmen of the Legislative Committees of the County Medical Societies was held on Tuesday, February 14, in the DeWitt Clinton Hotel, Albany, N Y, beginning at 12 o'clock Harry Aranow, of Bronx County, member of the Committee on Legislation of the Medical Society of the State of New York, presided on account of the acute illness of the Chairman, Dr Henry L K Shaw A message of greeting and a bouquet of flowers was sent to Dr Shaw Luncheon was served at one o'clock, and the Conference continued in the dining room until three o'clock, when it adjourned

Several hearings on bills were scheduled for the day, among them being the Assembly Int 33, introduced by Assemblyman Vaughan, prohibiting experiments on living dogs. Drs. Simon Flexner and Frederick Sondern attended the luncheon, and afterward were present at the hearing and protested against the bill. One of the grounds of their protest was that dogs themselves would receive great benefit from discoveries made by experiments on a few individual dogs.

A list of over fifty medical bills that have been introduced in the Legislature was given to the members of the Conference, and special consideration was given to the more important ones While most of the bills dealt with minor details, one was of constructive importance,-that establishing a Medical Advisory Committee to act in association with the State Industrial Council in matters relating to the compensation of injured This proposed law has been drafted after many conferences between the Committee on Medical Economics of the Medical Society of the State of New York and representatives of the Department of Labor, and of the labor unions and other organizations interested in the care of injured workmen. The bill as planned for introduction in the Legislature is as follows

"The People of the State of New York, represented in Senate and Assembly, do enact as follows

"S 10-a of chapter fifty of the laws of nineteen hundred and twenty-one, entitled, 'An act in relation to labor, constituting chapter thirtyone of the Consolidated Laws' is hereby amended by adding a new sub-division, to be sub-division 7 to read as follows

"7 (a) As an adjunct to the Council, there shall be a State Medical Advisory Committee, consisting of five members, four of whom shall be chosen from a list of fifteen names recommended by the Medical Society of the State of

New York, and one of whom shall be chosen from a list of five names recommended by the New York Osteopathic Society. The members of such Committee shall be licensed physicians in good professional standing and they shall be appointed by the Governor, and one of them shall be designated by the Governor as Chairman The term of office of a member of such Committee shall be five years, except that the terms of the members first appointed shall expire, one on December 31, 1929, one on December 31, 1930, and one on December 31, 1931, one on December 31, 1932, and one on December 31, 1933

"(b) The members of the Committee shall be entitled to the same compensation as members of the Council They will also be paid their reasonable and necessary traveling and other expenses while engaged in the performance of their duties

"(c) The Committee shall (1) consider all matters connected with the practice of medicine submitted to it by the Commissioner, the Industrial Board or the Industrial Council, and advise them with respect thereto, (2) on its own initiative recommend to the Industrial Council such changes of administration or procedure as, after consideration, may be deemed important and necessary from the medical viewpoint, (3) consider the qualifications of applicants for, or persons being considered for, positions in the Department of Labor involving the practice of medicine, and advise the Commissioner regarding their fitness for appointment

The Medical Advisory Committee shall meet with the Council upon call of the Chairman, but the members thereof shall have no vote on matters pending before the Council Medical Advisory Committee may meet separately upon the call of its own chairman Commissioner shall designate an employee of the Department to act as Secretary to the Committee when it shall meet as a separate body Committee shall have the power to call before it and to confer with any physician or surgeon employed in the Department of Labor or any other employee with respect to medical questions It may adopt rules and regulations to cover its own proceedings and shall keep a complete record of all its proceedings. All records and other documents of the Department shall be subject to inspection by the members of the Committee

"S 2 of this bill, subdivision 6 of Section 10-a of such chapter is hereby amended to read as follows

"6 The duties and powers of the Council and of the State Medical Advisory Committee shall not extend to any matters affecting the administration of the State Insurance Fund

"S 3 This Act shall take effect July 1, 1928"

Dr W W Britt, Chairman of the Committee on Economics, explained the history of the proposed bill, and said that it was the result of many conferences extending over two years The bill was short, and was general in its provisions Its main purpose was to provide the means by which medical matters could be determined by an official body of physicians, provided the managers of the compensation work were desirous of having the assistance of the physicians attitude of the labor unions, the employing corporations, and the insurance companies was becoming increasingly favorable toward the doctors, and all the parties were glad to have means provided by which the evils of medical commercialism in settling claims could be eliminated

Senator James S Truman, of Owego, Chairman of the Senate Committee on Labor and Industry, addressed the Conference on the need that physicians should uphold the standards of their profession and help the Labor Department to cope with the few commercial doctors whose fraudulent practices have brought the great mass of physicians into disrepute with those who deal with compensation cases Senator Truman assured the physicians that the legislators wished to have the advice of the representatives of the Medical Society of the State of New York, and that the law makers were favorably impressed with the proposed bill since it was the result of conferences between representatives of all the parties concerned in the operation of the Workmen's Compensation Law

Two chiropractice bills introduced by Senator Esmond were explained by Dr Lawrence who said that since the attitude of the State Department of Education was to demand a high educational requirement from chiropractors, the cultists had not been active in pushing their interest. Moreover, when the legislators had established a legal definition of an act, such as the practice of medicine, they were extremely conservative about changing it or making exceptions for the selfish benefit of any class

The Conferees discussed Assembly man Gedney's bill, Int 102, amending section 170 of the Town Law so that a physician may collect a reasonable fee from the town when he is called by an officer to determine intoxication in an auto-driver after an accident Several doctors said that their bills for such services had been declined because of lack of authority to pay them The meeting voted to approve the bill

The Jenks bill, assembly 156, was severely criticized in that it would permit osteopaths to

perform major surgery on passing an examination in surgery given by State Board of Examiners. The intent of the bill was wrong, and its wording was so obscure that no one could tell what its scope would be

Assemblyman Caughlin's bill 426, permitting an injured workman to choose his own doctor, was approved

The Conference disapproved Assemblyman Story's bill, 480, fixing a minimum penalty of five years imprisonment for the illegal possession of narcotics. While its intent was to prevent dope peddling, yet physicians might be involved inadvertently. It was further brought out that this bill really deals with a police matter, as Dr. Carleton Simon has pointed out, and that the medical laws on the subject were already sufficient.

Assemblyman Ambro's bill, 565, was disapproved, in that it sets up the machinery for the giving of expert testimony in cases involving the criminal insane. It was felt that the courts already have sufficient power to deal with prisoners suspected of insanity (see pages 243 and 266).

The Conference opposed Assemblyman Lidzy's bill, 664, extending the time when a malpractice action may be begun, from two years, as at present, to three years. The present law groups malpractice cases with many others, and there is no reason that the time should be extended, even if the State of Maine sets a limit of twenty years within which an action for malpractice may be started.

Assemblyman Berg's bill, 684, is his former bill allowing an optometrist to use the title of doctor with the words "of optometry" following it Some optometrists can now use the title Doctor of Optometry, and others cannot The bill was opposed

The Conference opposed Assemblyman Olsen's bill, 977, permitting the use of contraceptive instruments on a married woman on her request. This bill was formally opposed by Kings County at a recent meeting

The Conference took specific action of approval or disapproval on the more important bills because the legislators are placing an increasing value on the opinions of representative physicians from every county in the State

The people are realizing that physicians are generally actuated by altruistic motives, and that they deplore commercialism and the exploitation of those afflicted with sickness. However, there is still need of eternal vigilance in opposing legislation that is detrimental to public health. The Committee on Legislation in Albany will watch the proceedings of the Legislature, but the legislative committees of the County Medical Societies are charged with the responsibility of informing their legislators regarding the bills in which physicians are interested

THE COMPENSATION CONFERENCE

Those who read the discussions on Workmen's Compensation often see references to the Industrial Survey Commission and to the Compensation Conference These two official bodies are described in a report by Dr W W Britt, Chairman of the Committee on Medical Economics of the Medical Society of the State of New York, as follows

The Industrial Survey Commission — The Industrial Survey Commission was created by the Legislature in 1926 to investigate — mercantile business—— the working people, and the extent that remedial legislation necessary may be enacted—The membership consists of Senator James S—Truman, Chairman, Assemblyman Edmund F—Cooke, Vice-Chairman, Senator John W—Gates, Senator William T—Byrne, Assemblyman William Bewley, Assemblyman Theodore L—Rogers, Assemblyman Jasper W—Cornaire, Assemblyman Frank A—Carlin, Honorable James W—Gerard, representing the general public, Merwin K—Hart, representing employers, Emanuel Koveleski, representing labor, Honorable Henry D—Sayer, Executive Secretary

The Compensation Conference—In January, 1927, the Industrial Survey Commission held a hearing to which it invited representatives of various insurance companies, self-insurers, employers, labor, New York State Society of Industrial Medicine, and the Medical Society of the State of New York—The problems of each group represented were discussed. As a result of this hearing it was unanimously decided that it would be advisable to have a committee appointed representing all factors interested, where these prob-

lems could be studied and the results transmitted

to the Industrial Survey Commission The Compensation Conference was therefore created with the following personnel

Honorable Henry D Sayer, Chairman, Executive Secretary of Industrial Survey Commission, Thomas J Curtis, First Vice-President of New York State Federation of Labor, Mark A Daly, Secretary of Associated Industries, representing industries, Att Charles Deckelman, Travelers Insurance Co, representing stock companies, Att Oliver G Browne, New York Central Lines, representing self-insurers, Att John J Train, Utica Mutual, representing mutual companies, P H Hourigan, M D, Larkin Company, representing New York State Society of Industrial Medicine, W Warren Britt, M D, Chairman Committee on Medical Economics, representing the Medical Society of the State of New York, Charles G Smith, Secretary, Manager of the State Fund

Notwithstanding that the Compensation Conference had no power conferred upon it except in an advisory capacity, it has been appealed to by the most powerful factors engaged in and affected by the Workmen's Compensation Activities These appeals have been for relief from present abuses

This has necessitated many meetings and serious consideration of these appeals. As one remedy for some of these abuses, their prevention in the future and a refinement affecting medical questions of workmen's compensation, the bill that was reported to the Legislative Conference was written by the Compensation Conference and unanimously recommended to the Industrial Survey Commission

ANNUAL GRADUATE FORTNIGHT OF THE NEW YORK ACADEMY OF MEDICINE

The New York Academy of Medicine is making arrangements for a series of lectures at the Academy, coordinated clinics, clinical demonstrations and courses in hospitals and teaching institutions of New York, on the subject of "The Problem of Aging and of Old Age"

This is to be the first "Annual Graduate Fortnight" which the Academy is arranging for the benefit of general practitioners and specialists, which will take place the first two weeks of October, beginning October 1, 1928

It is planned to have each year a subject chosen for the Annual Fortnight which is of outstanding importance in the practice of medicine and surgery and which will be approached from every available angle with the least loss of time and the greatest possible opportunity to be offered to physicians from out of town

A number of outstanding authorities will be invited to take part in the Annual Fortnight, and particular emphasis will be placed upon lectures and courses on the early recognition and preven-

tion of disturbances commonly ascribed to aging, but very often not the result of aging but its cause. Courses on functional tests of organs and systems of function such as circulation, digestion, metabolism, endocrine functions, immunity, etc., are to be offered and the relation of unrecognized forms of intoxication, chemical as well as bacteriological, to the dangers of middle age are to be specially emphasized.

The course will be open to all physicians and no fees will be charged. It is not expected that every physician will feel disposed to attend all of what will be a program of long duration each day. Special courses to be arranged in conjunction with the sessions by medical schools and teaching hospitals may, however, carry a nominal charge for those who attend them.

Sessions are scheduled for morning, afternoon, and evening, with suitable arrangements for physicians from out of the city to have supper served at the Academy between the afternoon and evening sessions

TRI-STATE CONFERENCE

The Tri-State Conference meeting of the officers of the medical societies of New York, New Jersey and Pennsylvania, was held on Saturday, February 4, 1928, in the Hotel Biltmore, New York City Dr James E Sadlier, President of the Medical Society of the State of New York presided, and the following other persons were present

From New York, Drs Trick, Booth, Fisher, Dougherty and Overton, and Mr Lloyd P Stryker, Counsel of the Society

From New Jersey, Drs Conaway, Morrison, Lathrope and Green

From Pennsylvania, Drs Albertson, Morgan and Hammond

Those present were guests of the Medical Society of the State of New York at luncheon

The topic for discussion was "Expert Medical Testimony," and was presented by Mr Llovd P Stryker His address covered every phase of the subject, and is printed on page 243 of his Journal Mr Stryker gave special consideration to the proposed law which was written in accordance with the vote of the House of Delegates of the American Medical Association in 1926, that a bill for the legal control of expert testimony should be prepared The conclusion was that the courts already had power to deal with the abuse or neglect of expert testimony, and that the remedies for unsatisfactory conditions are to be found in better morals rather than more laws While the bill proposed by the American Medical Association committee dealt with the abuses of expert testimony, so far as any law can do so, yet no law can prevent either physicians or lawyers from going the limit in evading its intent while complying with its letter

The paper was discussed by nearly every person present, and various phases of the concrete application of the principles relating to expert testimony were brought out Dr Frank Hammond Editor of Atlantic Monthly, the organ of the Medical Societies of Pennsylvania and Delaware, spoke on expert testimony in regard to physical injuries, especially that given by "Professional Experts" or those physicians who are associated with ambulancechasing lawyers The testimony of a doctor is required in every case of injury Dr Hammond said that in Philadelphia ninety per cent of lawsuits for injuries were fraudulent, and yet a few doctors appeared again and again in most of the cases Both the lawyers and the doctors were well aware of the fraudulent character of most of the claims and yet the laws were so drawn that nothing can be done to punish anyone Dr Hammond suggested a law that would allow a recovery of damage from a lawyer who pressed a fraudulent claim

One of the larger hospitals of Philadelphia had stopped the custom of permitting professional testifiers to look over the hospital records of physicians who had treated cases of injury Dr Hammond said in closing "The value of expert testimony depends on the honesty of the witness"

Dr George H Lathrope of Morristown, Chairman of the committee on Expert Testimony of the Medical Society of New Jersey, spoke first of the hypothetical question of its abuse, and said it was usually lengthy, tends to confuse the witness, encourages chicanery, is unscientific, and has no place in a court Dr Lathwhich is seeking to ascertain facts rope thought that, if possible, a better way would be that opinion testimony be given by an expert out of court, to be submitted to the jury later The feeling that every witness should be subject to cross examination would probably prevent this suggestion from being adopted

Regarding Mr Stryker's suggestion that expert testimony be mentioned in the code of ethics, Dr Lathrope said that if a man was not a gentleman, no code will make him so He also commended the action of the medical society of Leeds, England, whose members agreed not to go on the witness stand unless they could confer with the physicians on the opposing side

Dr Booth said that he had been deeply impressed with the Leeds system, and had frequently applied it in cases in which he was an expert witness. He had used the plan that each side choose a doctor and the two doctors choose a third, and that the three should investigate all the facts and go into court in agreement rather than dispute. A modification of this plan is the basis of the suggestion that the court appoint experts who should have the final say in the case, but voluntary action of the litigants was much more effective.

Dr Lathrope, also discussed the pay of experts and suggested that it be fixed by the court, but he did not expect that such a law would be enforced

The suggestion had been made that the court appoint an expert in addition to those called by the litigants, but this plan had been judged unconstitutional in Michigan where such a law had been passed. The basis of the decision was that a jury would give undue weight to the witness appointed by the court. The argument for the court's expert is just this point—that the judge would choose an expert of unquestioned ability and honesty.

The Bar Association of New Jersey and the State Medical Society had agreed on a medical

expert testimony bill two years ago, but the bill was defeated. The two organizations now propose a law permitting a court to appoint its own expert.

Dr E C Morgan, President of the Medical Society of Pennsylvania, discussed the methods judging the qualifications of an expert, and said that the judges now have the power to make such a judgment if they cared to exercise it, but there was no compulsion that judges do so

Dr Morgan also referred to the medical ethics in relation to expert testimony and suggested that ethics be emphasized in the teachings in the medical school. When the surgeon, for example, is teaching fractures, he should emphasize the ethical questions that are likely to arise. He said that Dr Hammond mentions ethical points in his surgical lectures. Speaking of the moral aspects of expert testimony, Dr Morgan said. "We have enough law now The crux of the situation is conscience."

Dr J B Morrison, Secretary of the Medical Society of New Jersey, quoted the late Judge Bartlett of the New York Court of Appeals, as saying that the way to control expert testimony was to raise the moral and ethical standards of physicians. It is unfortunate that some doctors were controlled by the desire of immediate money gain.

Dr Morrison also condemned the present method of browbeating and insulting experts on cross examination, but said that that phase of the problem is within the control of the witness. A doctor will not be annoyed by a lawyer if he keeps his head and his tongue under control

Dr Harry W Albertson, Past President of the Medical Society of Pennsylvania, suggested that a list of recognized experts be prepared by the medical societies for reference to the courts Dr Dougherty, Secretary of the Medical Society of New York, objected to this plan as impractical and leading to confusion and ill feeling

Dr Walt P Conaway, President of the Medical Society of New Jersey, said that last year the Cleveland Bar Association had conferred with the Academy of Medicine regarding the preparation of a law to give the judge power to

appoint experts He suggested a committee from the Tri-State Conference to confer with the Bar Associations of the States in drafting a law on expert testimony

Dr George M Fisher, Past President of the Medical Society of New York, called attention to the fact that most professional experts were not members of county medical societies, and so were beyond the influence of their medical brethren

Dr Harry Trick, President elect of the Medical Society of New York, spoke of the moral aspect of the question and the increasing high moral standard of students who were admitted to medical schools. This elevation of moral standards was having its effect on expert testimony and all other questions in which medical morals are involved.

Dr James E Sadlier amplified the remarks of Dr Trick and referred to the recent conference of Deans of the Medical Schools (see this Journal, February 15, pages 210 and 220)

Dr Sadlier also spoke of the excellent work of the Committee on Economics of the State Society in its meetings with representatives of the Department of Labor, and impressing the labor unions and insurance companies with the disinterested skill and unselfish moral purpose of the great majority of the medical profession. The work of this committee will go far to correct one of the great sources of abuse of expert testimony in New York State. If the professional giver of expert testimony in New York State can be controlled, expert testimony would be purged of one of its great abuses.

The conference adopted the suggestion of Dr Conaway that a representative of each State be appointed to form a committee of the Tri-State Conference to confer with representatives of the Bar Associations of the State regarding the preparation of a bill for the regulation of medical expert testimony. The committee named consists of Drs Martin B Tinker, of Ithaca, New York, H. A. Albertson, of Scranton, Pennsylvania, and Dr. J. B. Morrison of Newark, New Jersey

The next meeting of the Tri-State Conference will be held in Pennsylvania at a time and place to be set by the President of the Medical Society of Pennsylvania

INCOMPLETE DEATH CERTIFICATES

4 Communication from Toseph V De Porte Ph D Director Di ision of Vital Statistics State Department of Health Albany N 3

Year after year the State Department of Health has tried to reduce the amount of work in connection with death certificates that are not accurately filled out The results, however, are rather indifferent Each year about three thousand death certificates have to be referred back to physicians for necessary additional information If the physicians of the state would take the necessary trouble to enter the facts on the medical part of the death certificates completely, they would be spared the bother of making out supplementary blanks and the work would be reduced considerably, and also the tabulation of the Department statistical reports would be accelerated

A list of the most common reasons for supplementary inquiries is shown in the annexed table. If a doctor enters on a certificate the fact that a death was due to "accident" we are obliged to request more definite information regarding the type of accident. The word "accident" might cover any number of circumstances. The term "cancer" without a statement of the primary seat of the disease is clearly not an acceptable diagnosis. Similarly, "tuberculosis," "heart trouble," "kidney trouble," "lung trouble" are so indefinite as to be worthless for the purpose of medical statistics.

The other items in the medical part of the certificate of death, such as the date of death, the duration of the illness, the nature of the contributory cause (if any), and the place where the disease was contracted or the in-Jury sustained, should also be properly entered If the doctor has not the necessary information, then a statement to that effect would obviate the necessity of an additional inquiry, eg, if item 18b on the death certificate (where was disease contracted, etc) is left blank, we have no way of knowing whether the omission was an oversight or whether it signifies that the information was not available. If, in the latter case, the physician stated that the information was not available, the certificate would be entirely acceptable

Physicians are requested to make a special effort to fill out all the items of death certificates fully and correctly

TABLE OF UNDESIRABLE ENTRIES OF CAUSES OF DEATH

UNDESTRABLE TERMS

"Abscess," "abscess of brain," "abscess of lung" "cellulitis," "hemorrhage," etc.

"Abscess of breast," "acute nephritis," "albuminuria," "eclampsia," "embolism," "endometritis," hemorrhage," "pelvic abscess," "peritonitis," "phlebitis," "pyemia," "salpingitis," "septicemia," "thrombosis," "uremia"

"Accident," "suicide," "homicide."

"Adhesion," "obstruction," "rupture," "perforation" of intestine, stomach, gall bladder, etc

"Cancer," "cyst," "tumor," "tuberculosis"

"Complication of diseases," "dropsy," "heart failure," "natural causes," "trouble' (heart, kidney, lung), etc

"Convulsions," "edema of lungs"

"Meningitis," "cerebral meningitis," etc, "embolisni," "infection," "peritonitis," "septicemia," "thrombosis," "cerebrospinal meningitis"

"Operation"

"Pneumonia"

Suggestions for More Definite Statement of Cause of Death

Was it (1) tuberculous? (2) traumatic (if so state nature of injury)? (3) any contributory cause?

Puerperal case?

State (1) means of injury, and (2) whether accidental, suicidal, or homicidal (This information in regard to "fractures" is often omitted)

State whether automobile was involved in any kind of accident, e.g., railroad and automobile. If burns were means of injury, state if due to burning building or other cause.

State cause

State primary seat of cancer State primary seat of cyst, tumor, etc., and if malignant State organ or part affected by tuberculosis

Indefinite terms State disease

State disease causing

State disease to which term stated was contributory

Was cerebrospinal meningitis contributory to other disease or was it meningococcus meningitis? (epidemic cerebrospinal meningitis?)

State disease and organ or part affected Qualify as broncho, pieuro or lobar

Any contributory cause?

ALLEGANY COUNTY

A meeting of the Allegany County Medical Society was held at Wellsville, N Y, February 2, 1928, with president N H Fuller in the chair

Dr L C Lewis was appointed by the president, acting Secretary, during the illness of Dr C R Bowen

A report was given by Dr Leon M Kysor, Hornell, N Y, on the illness and condition of the Society's Secretary, Dr C R. Bowen, Almond, N Y

It was voted that the acting Secretary be instructed to extend to Dr Bowen the sympathy of the Society in his present illness

Dr Lloyd E Tefft, Wellsville, N Y, Dr W W Priddle, Almond, N Y and Dr Raymond O Hitchcock, Alfred, N Y, were elected members of the Society

The following scientific program was carried out

Bronchiectasis—W W Priddle, M D , Almond, N Y

Operation of the Public Relations Committee—J P Garen, M D, Olean, N Y

These papers were discussed by most of the

members present

It was voted that on account of the increased efficiency of the Allegany County Laboratory throughout the past year, the Board of Directors of the Laboratory be requested to retain Dr J P Garen, as Director of the Laboratory

It was voted that Dr A C Dean, Jamestown, N Y, be notified that if it is considered necessary to increase the membership of the Allegany County Public Health Nursing Service Committee, it is the opinion of this Society that the new members should be physicians and not laymen

A meeting of the Allegany County Medical Society was held at "The Hosleys" Belmont, N Y, October 27, 1927, with President Dr F W M Holcomb, in the chair

The election of officers resulted as follows

President—Dr N H Fuller, Friendship, N Y

Vice-President—Dr L C Lewis, Belmont,

N Y

Secretary and Treasurer—Dr C R Bowen, Almond, N Y

Censors—Drs G W Roos, H G Chamberlin, F H VanOrsdale, H R Taylor, F E Comstock and H L Hulett

The President appointed the following committees for the ensuing year

Public Health and Public Relations—Drs L. C Lewis, F E Comstock and G W Roos. Legislation—Dr H E Cooley, Wellsville, N Y

Membership—Drs L S Benedict, H G Chamberlin, C W O'Donnell and B J Wakely

The following papers were given in the scientific program

Neuro-Surgery—Winfield Ney, MD, New York City

Activities of the State Public Health and Public Relations—C J Longstreet, MD, Binghamton, N Y

Sciatica—Virgil C Kinney, MD, Wellsville, NY

These papers were discussed by most of the members present

LYMAN C LEWIS, M.D,

Acting Secretary

JEFFERSON COUNTY

The meeting of The Medical Society of Jefferson County was held February 9th, 1928, at the Black River Valley Club, Watertown, N Y, with 44 members present

Dinner was served at 6 30 after which Dr Edward C Reifenstein, Professor of Medicine at Syracuse University addressed the meeting on "Periodic Health Examinations" He discussed at length the advantages and disadvantages pointing out the importance of personal contact, and expressed himself as opposed to commercialized periodic health examinations, and advised against going ahead too rapidly with a general program of public health examinations. He then examined a patient, demonstrating a periodic health examination.

The committee in charge of the arrangements for a new county contagious hospital

reported that favorable progress was being made, and that the hospital was practically assured

Five members who had been dropped for non-payment of dues by the State Society fulfilled the requirements and were duly reinstated Dr H G Dawson of Cape Vincent was also elected a member of the Society

A resolution was passed to the effect that the Jefferson County Medical Society is well satisfied with the present boundary of the fifth district branch

Dr Albert L Morgan of Dexter, who is no longer able to attend meetings of the Society on account of poor health, and who asked to be dropped from the Society, was unanimously elected an honorary member of the Society

WALTER S ATKINSON, MD, Secretary

ULSTER COUNTY

The Ulster County Medical Society held its regular meeting at the Governor Clinton Hotel with twenty-two per cent of its membership present, although the night was exceedingly stormy and slippery

The Ulster County Medical Society indorsed the efforts of the Junior Aid League to reduce infant mortality of our city (Kingston), and also to extend their work to include prenatal

instruction and care

A delegate is to be sent to the meeting of the National Tuberculosis Association in New York City and this Society will give its full cooperation in the National Drive in March against tuberculosis A motion was made, seconded and carried indorsing the action of the Cattaraugus County Medical Society in opposing the Milbank-State Charities Aid drive in that county

A motion was made, seconded and carried indorsing the action of Kings County Medical Society in opposing bills legalizing Sterilization and Birth Control

After the business session the scientific program consisted of a short paper on 'Diagnosis and Treatment of Osteomyelitis in Children" by Dr Wm T Doran of Bellevue Hospital Following the meeting refreshments were served

F H Voss, M D. Secretary

COUNTY SOCIETY BREVITIES

During January, fifty-three new members were reported by fifteen County Societies and seven were reinstated, making a total of sixty additions to the membership of the State Society During the same month four resignations were reported by physicians moving to other locations

More than one hundred members of the Parent-Teacher organizations of Broome County are engaged in a toxin-antitoxin survey of Binghamton this week, under the direction and auspices of the Broome County Medical Society, to ascertain whether the scope of diphtheria prevention work already done is a basis upon which to build a program for the continuation of the work Dr C J Longstreet, chairman of the Public Health Committee of the Medical Society, is directing the work.

In response to the request of the Parent-Teacher Association of Batavia and the recommendation of the board of health, the common council has appropriated \$500 for the payment of physicians' fees in connection with the anti-diphtheria campaign which is being waged in

that city

In Orange County, the Parent-Teacher Association, in conjunction with the public health nurse, assisted with an anti-diphtheria clinic conducted by the health officer at a school house in Vails Gate, on January 27th

The Albany County Medical Society proposes to hold a series of monthly meetings at the hospitals of the city. The program was initiated at a meeting on February 8th at the Homeopathic Hospital. The scientific program was furnished by members of the staff. Following the scientific meeting, the hospital entertained the physicians with a light supper

The Herkimer County Medical Society has appointed a committee to consist of one physician from each hospital staff of the three gen-

eral hospitals in the county, together with the President of County Society, to consider matters of "management, ethics and care of pa-tients" The function of the committee is to make a careful study of the activities of the several hospitals and the conditions under which they are conducted, and do what it can to promote harmonious cooperation among them, as well as among the physicians of their staffs and the physicians of the county committee will meet in turn with the executive committees of the boards of managers of the several hospitals The first meeting will be held in February with the board of managers of the Herkimer Memorial Hospital In March the committee will meet with the board of managers of the Ilion Hospital, and in April with the board of managers of the Little Falls Hospital.

The Queens County Medical Society recently made an inquiry among its members as to what subjects were favored for post-graduate lectures during the coming year "58% showed a preference for topics on medical subjects, obstetrics came next, with 14%, while pediatrics was third, with 12% The rest were as follows Surgery, 11%, genecology, 8%, cardiac diseases, 7%, therapeutics, 6%, diagnosis, 4%, neuralgia, 4% (From Bulletin of Medical Society of the County of Queens) That lectures on medical subjects should be five times as much in demand as lectures on surgical subjects, is very interesting

The Cortland County Society, at a special meeting on Friday, January 20th, authorized its president to appoint a committee to go before the board of supervisors with the proposition that a county health unit be organized. The committee named by Dr. Wattenberg includes Dr. D. R. Reilly, as chairman, Dr. A. A. Bailey and Dr. C. E. Chapin.



MEDICAL WARES



DIATHERMIA MACHINES

Diathermia is the application of heat to the tissues of a limited part of the body, usually those lying deep in the body

The effects of diatheria are produced by a current of electricity passing between two electrodes, yet it is not an electrical treatment, for its object is the heat that is generated by the current that passes through the tissues when all the other effects of the current are eliminated so far as possible

When an ordinary current of only a few milliamperes of electricity passes through the body, it causes pain and muscular contractions, and burns the skin, and causes other undesirable effects But one or two thousand milliamperes of the high frequency current used in diathermia can pass through the tissues without causing discomfort or producing other ill effects, for the nerves, and muscles, and other living tissues of the body, do not respond to electrical oscillations or alternations which occur one hundred thousand or more times per Diathermia, as practically applied to the body, requires an alternating current which oscillates from five hundred thousand to one million times per second, hence the name, high frequency, is given to the current. Its voltage is from five thousand to twenty-five thousand, which is only about one-tenth of that used in X-ray machines

The basic facts regarding high frequency currents were discovered by Arsene d'Arsonval, French physicist, in 1888, and those currents are commonly known by his name. A special form of the current having an especially high frequency and voltage and requiring only one wire, is called the Oudin current So far as is known, the first practical diathermia machine made in America was produced by Wappler about 1903

The broad principles of the production of a high frequency current are not difficult to understand, although their full explanation would require volumes of description and the application of higher mathematics The high frequency of the current used in diathermia is obtained by the use of primary and secondary coils, and condensers such as Leyden jars The discharge from a condenser is not a single spark, but is an extremely rapid oscillation to and fro like the vibrations of a tuning fork, which persist after the original impulse Each of the 60 cycles, or 120 alternations, of the ordinary primary current sets up thousands of oscillations of the condenser discharge

oscillating current is that which is passed through the tissues during a diathermia treatment. The operator can vary its intensity and volume by a control of the primary current and the spacing of the spark gaps.

The oscillations of electricity across a spark gap may be illustrated by supposing two deep jars to be connected at the bases by a large tube. If one jar is full of water and the other is empty, and the connecting tube is suddenly opened, the water will surge back and forth between the two jars in waves of diminishing heights until it comes to rest with each jar half full. In the same manner, electricity will oscillate across a spark-gap in a wire connecting the two poles of a coil

One test of a diathermia machine is its power to light incandescent lamps introduced in the oscillating circuit. A therapeutic current will light from one to four 50 Watt lamps such as are ordinarily used in lighting houses. This amount of current would be deadly if its alternations did not occur several hundred thousand times per second.

Diathermia is used both medically and surgically. The medical effects are those of diffused heat generated between large flat electrodes applied to the skin. The maximum current that the skin will endure without harm is 100 milliamperes for each square inch of the smaller of the two electrode surfaces. Disthermia applied for twenty minutes will heat the tissues between the electrodes three or four degrees.

The surgical effects of diathermia currents consist of coagulation, and disintegration or cutting of the tissues. They occur when the current is concentrated in a needle which is used in place of one of the broad electrodes used in medical treatments. The effect of the disintegrating or cutting current is not due to a burning or cauterization, although a slight amount of scorching occurs owing to an arcing of the current in contact with the flesh. The effects are those of molecular disintegration and occur at a critical point at which the alternations are about 600,000 per second.

Almost the only use of the Oudin, or monopolar current is its application to warts and similar growths which it destroys by a process of desiccation

A modern diathermia machine is an instrument of precision, and in the hands of a skillful operator its current may be exactly controlled in its dosage and effects



THE DAILY PRESS



PHYSICAL MATTER

Disputations and theories in theology are not so very different from those in the physical world. Both are concerned with the origin and nature of matter, and famous authorities among both theologians and scientists assert that the matter is something impalpable, such, as thought or vibration. The subject was discussed by Dr. Clyde Snook in a meeting of the New York Electrical Society on January 27, and repoted in the New York Times of January 28, as follows

"The 1928 atom is not a planetary system, consisting of a central nucleus like the sun and a system of whirling satellites like the earth, Mars, Jupiter and the others, but is a group of whirling waves consisting of nobody

knows what

"The 1927 model of the atom, which was the Bohr atom with modifications, consisted of a positive particle of electricity with a series of negative particles circling around it. All matter was built up last year of these minute electrical storms. But this year this is all passe The 1928 atom, according to Dr. Snook, is a sort of cyclone of ether waves or something equally effective.

Dr Snook also demonstrated molecular and

atomic sounds which he described as follows, according to the newspaper account of the New York Times

"Minute movements of molecules under electromagnetic changes were multiplied 14,000,000 times and roared at the audience by the Westinghouse loud speaker

"First, there was an enormously exaggerated frying sound This was the Schrot effect, it was explained The Schrot effect is the sound of electrons escaping from heated filaments. They come out sporadically and the sound is reproduced as a sputtering

"Next the loud speaker gave the Johnson effect, which was the sound of electrons in collision with atoms as they moved through a heated conductor. This effect is named after the discoverer, J. B. Johnson of the Bell Laboratories."

"The loud speaker then roared with the Barkhaused effect. This was the 14,000,000-times-magnified sound of atoms turning over in a bar of iron as a magnet was passed close to it."

This sounds very much like the music of the spheres described by poets and the Psalmist

DIAGNOSTIC EARTHQUAKES

The seismographs in observatories throughout the world recorded violent rumblings and tremors of the foundations of the earth, leading students of terrestrial pathology to expect reports of dire disaster in Alaska where the disturbing rales were located, but the visible damage seems to have been confined to the telegraphic cables. The New York Herald-Tribune of October 26th commenting editorially on the interpretation of seismographic records savs

"Earthquakes are among the greatest helps of the geologist. They form almost the only instrument with which he can examine the interior of our terrestrial ball. An experienced greengrocer can tap his finger on a cantaloupe and tell something—although, alas! not everything—about the melon's interior. An experienced physician performs similarly with one's ailing liver. To diagnosticians of the earth's insides an earthquake brings similar opportunity, for the passage of the earthquake shock usually tells much of what that substance is like. The earth shocks which originate at

great depths, as Monday's Alaskan quake seems to have done, are likely to be exceptionally instructive about what lies close to the earth's heart. The world-wide records of that quiver will be scanned with interest, once they have been collected, by the experts in terrestrial diagnosis."

The popular notion of an earthquake is that a titan shakes the earth as if it were a sieve in the center of which a yawning crack appears engulfing man and houses. This idea was made vivid to school children a generation ago by a picture of the classic Lisbon earthquake of 1755 showing people and houses tumbling into a long chasm. The same idea was expressed by the poem, "The Wonderful One Hoss Shay" in which Dr. Holmes says

"That was the day when Lisbon town Saw the earth open and gulp her down"

But seismographs show that the earth is almost as full of tremors as a normal chest is of rales, and that nearly all the disturbances are within the limits of terrestrial health and safety



MEDICAL WARES



DIATHERMIA MACHINES

Diathermia is the application of heat to the tissues of a limited part of the body, usually those lying deep in the body

The effects of diatheria are produced by a current of electricity passing between two electrodes, yet it is not an electrical treatment, for its object is the heat that is generated by the current that passes through the tissues when all the other effects of the current are eliminated so far as possible

When an ordinary current of only a few milliamperes of electricity passes through the body, it causes pain and muscular contractions, and burns the skin, and causes other undesir-But one or two thousand milliable effects amperes of the high frequency current used in diathermia can pass through the tissues without causing discomfort or producing other ill effects, for the nerves, and muscles, and other living tissues of the body, do not respond to electrical oscillations or alternations which occur one hundred thousand or more times per Diathermia, as practically applied to the body, requires an alternating current which oscillates from five hundred thousand to one million times per second, hence the name, high frequency, is given to the current. Its voltage is from five thousand to twenty-five thousand, which is only about one-tenth of that used in X-ray machines

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BOOKS RECEIVED



Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review as dictated by their merits, or in the interests of our readers.

- Special Dental Pathology A Treatise for Students and for Practitioners of Dentistry and Medicine. By Julio Endelman, M.S., D.D.S. 2nd Edition Octavo of 444 pages, with 371 illustrations. St. Louis, The C. V. Mosby Company, 1927. Cloth \$7.00
- DISEASES OF THE MOUTH By STERLING V MEAD, DDS Octavo of 578 pages, with 274 illustrations St. Louis, The C V Mosby Company, 1927 Cloth, \$1000
- AN INTRODUCTION TO CLINICAL PERIMETRY By H M TRAQUAIR, M D Quarto of 264 pages, with 164 illustrations St. Louis, C V Mosby Company, 1927 Cloth, \$13 50
- SURGICAL CLINICS OF NORTH AMERICA. Vol vii, No 5 October, 1927 (Pacific Coast Surgical Association Number, Dedicated to the memory of Lord Lister on the Centennial of His Birth) Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$1200 net.
- PRACTICAL GUIDE TO DISEASES OF THE I HROAT, Nose AND EAR. For Senior Students and Junior Practitioners By WILLIAM LAMB, M.D. Revised by Frederick W. Sydenham, M.D. Fifth Edition 12mo of 450 pages, illustrated. New York, William Wood and Company, 1927 Cloth, \$450
- A Synopsis of Physiology By A. Rendle Short, M D and C. I Ham, M B, Ch B 12mo of 258 pages, illustrated with diagrams New York, William Wood and Company, 1927 Cloth, \$3.50
- HANDBOOK FOR THE MEDICAL SOLDIER OF THE REGULAR ARMY, NATIONAL GUARD, ORGANIZED RESERVES, AND ENLISTED RESERVE CORPS OF THE ARMY OF THE UNITED STATES BY ARNOLD DWIGHT TUTTLE. Approved by the Surgeon General of the Army 12mo of 691 pages, illustrated New York, William Wood and Company, 1927 Flexible leather, \$500
- Pyelography Its History, Technique, Uses and Dangers By Alex E Roche, M.A., M.D. Octavo of 118 pages, illustrated. New York, William Wood and Company, 1927 Cloth, \$3.50
- Exposures of Long Bones and Other Surgical Methods By Arnold K. Henry, M.C., B.Ch. Octavo of 80 pages, illustrated New York, William Wood and Company, 1927 Cloth, \$3 50
- Pulmonary Tuberculosis Its Etiology and Treatment. A Record of Twenty-seven Years' Observation and Work in Open-Air Sanatoria. By David C. Muthu, M.D. Second Edition, enlarged. Octavo of 381 pages, illustrated. New York, William Wood and Company, 1927. Cloth, \$5.00
- A HANDBOOK OF OPHTHALMOLOGY BY HUMPHREY NEAME, FR.C.S and F. A. WILLIAMSON-NOBLE, FR.C.S. Octavo of 312 pages, illustrated New York, William Wood and Company, 1927 Cloth, \$400
- MAX 100 PETTENKOFER His Theory of the Etiology of Cholera, Typhoid Fever and other Intestinal Diseases A Review of his Arguments and Evidence. By Edgar Erski's Hume, MD 12mo of 142 pages, with photographs New York, Paul B Hoeber, Inc., 1927 Cloth, \$1 50

- X-RAIS AND RADIUM IN THE TREATMENT OF DISEASES OF THE SKIN BY GEORGE M MACKEE, MD Second Edition, revised. Octavo of 788 pages, illustrated Philadelphia, Lea and Febiger, 1927 Cloth, \$1000
- A TEXT-BOOK OF PRACTICAL THERAPEUTICS with Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis By Hobart Amory Hare, B Sc., M.D. Twentieth Edition, revised Octavo of 1094 pages, illustrated Philadelphia, Lea and Febiger, 1927 Cloth, \$750
- The Entra-Oct Lar Muscles A Clinical Study of Normal and Abnormal Ocular Mothly By Luther C Peter, AM, MD Octavo of 294 pages, illustrated Philadelphia, Lea and Febiger, 1927 Cloth, \$400
- Polionyelitis with Especial Reference to the Treatment By W RUSSELL MACAUSLAND M.D. Octavo of 402 pages, illustrated Philadelphia, Lea and Febiger, 1927 Cloth, \$550
- INTERNATIONAL CLINICS Edited by HENRY W CATTELL, A.V., M.D. Thirty-seventh Series, Volume IV Octavo of 309 pages, with illustrations Philadelphia and London, J. B. Lippincott Company 1927
- RADIUM IN GYNECOLOGY By JOHN G CLARK, M D, and CHARLES C NORRIS, M D With a chapter on Physics by Gioacchino Failla E.E., M.A., D Sc Octavo of 315 pages, illustrated Philadelphia and London, J B Lippincott Company, 1927 Cloth, \$800
- Nerve Tracts of the Brain and Cord Anatomy—Physiology—Applied Neurology By William Keiller, F.R.C.S., Ed Large octavo of 456 pages, illustrated New York, The Macmillan Company, 1927 Cloth, \$800
- PLASTIC SURGERY OF THE ORBIT By J EASTMAN SHEE-HAN, M D Large octavo of 348 pages, with illustrations New York, The Macmillan Company, 1927 Cloth, \$1200
- LE METABOLISME BASAL. Ses Applications en Clinique. By CLAUDE GAUTIER and RENÉ WOLFF 16mo of 172 pages Paris, Gaston Doin & Cie, 1928 Paper, 15 francs
- THE CURRENT SIGNIFICANCE OF THE WORD ALUM BY WILLIAM D RICHARDSON 12mo of 93 pages Chrcago, The Commonwealth Press, 1927 Cloth, \$1 00
- THE PREVENTION OF PREVENTABLE ORTHOPEDIC DEFECTS, WITH SPECIAL REFERENCE TO THE SPINE AND THE FEET BY S C WOLDENBERG, B Sc., M D Octavo of 120 pages, illustrated St. Paul, Minneapolis, Bruce Publishing Company, 1927 Cloth, \$200
- Annual Report of the Surgeon General of the Public Health Service of the United States For the Fiscal Year 1927 Octavo of 355 pages Washington, United States Government Printing Office, 1927
- NOUVEAU TRAITE DE MEDECINE. By G H ROGER FERNAND WIDAL and P J TEISSTER, Fasc XXI Pathologie du Système Nerveux Octavo of 900 pages, illustrated Paris, Masson et Cie, 1927 Cloth, 85 francs

POETIC FACTS

The temptation is strong to philosophize on the following verses by James J Montague reprinted from the New York Herald Tribune

of January 18, but the Journal will leave that gratification to the individual readers of this Department

DRAGONS

I do not hold with cheery rhymes
Which chant the praise of modern times,
Our buildings are more spacious than
The caves of prehistoric man,
Our Western plains can grow more wheat
Than palæolithic man could eat
I own that we've progressed a lot,
But have we dragons? We have not!
No elephant, no gun, no whale,
No snake, however long of tail,
No lion, tiger, ostrich, bear,
With this vast creature can compare
A dragon at a single chew

Could devastate our greatest zoo,
He could, with one prodigious blow,
Knock ten skyscrapers for a row,
And stroll around and scorch to death
A city with his fiery breath
One glance at his forbidding face
Would terrify a populace
The world is still a fairish home
For us who o'er its surface roam,
But while perhaps we don't regret
That dragons aren't around here yet,
It must have been far more sublime
Way back in bold St George's time.

Inspiration is a coy goddess and no one can foretell where she will lead. After the poet had drawn on his imagination, he turned to

prosaic facts and wrote the following scientific poem which appeared in the New York Herold Tribune of February 4th

THE SNAKE

The snake has neither legs nor arms, He's wholly destitute of charms
Which in so many beasts suffice
To make us fancy they are nice
When he proceeds from spot to spot
He cannot walk or fly or trot,
But crawls through vale and over hummock
Upon his long and scaly stomach,
Which is a method of progressing
That you and I would find distressing
He has to forage everywhere
To find a daily bill of fare

And search about with hungry eyes For gophers, mice, and rats and flies A dietary which, I'll state, One can't regard as delicate And so, if every now and then The snake grows envious of men And bites 'em when they interfere With his apodical career, We ought to think what we would do If we were humble serpents, too Were we both legless, scaled and slim I'm sure we should behave like him

BIRTH CONTROL

Dr S Parkes Cadman was asked the following question in the New York Herald Tribune of January 28

"Is it not true that the birth rate of nations is affected by their death rate and rises or falls with the latter? If so, what need is there for artificial methods of birth control?"

His answer was as follows

"Vital statistics show that a decline in fertility follows a course decided by the same combination of causes which creates a decline in the death rate. Since the last quarter of the nineteenth century sweeping reforms in personal and public hygiene have produced a decrease in both births and deaths in non-Christian as well as Christian lands. "Moreover, this fall in the birth rate is intiated by the fall in the death rate among unsophisticated peoples who know nothing of birth control propaganda or the use of confraceptives. The birth rate in Bengal, India, a province innocent of these devices, has declined 25 per cent in the past two decades.

"It is contended that under the same natural process the United States could have excluded all foreign immigration for fifty years past and her population would probably have attained its present proportions. Social and economic necessities enlarge as well as reduce the size of families. These fluctuations sustain your statement that nature exercises an inherent control over the general situation which does not seem to require artificial measures."

CLINICAL DIAGNOSIS BY LABORATORY METHODS A WORKing Manual of Clinical Pathology By James Campbell Todd, Ph B, M D and Arthur Hawley Sanford, A M., M D, 6th Edition, revised Octavo of 748 pages, with 346 illustrations Philadelphia and London don, W B Saunders Company, 1927 Cloth, \$600

Among the numerous volumes, large and small, purporting to describe laboratory methods completely, in a concise, accurate and modern manner, Todd and Sandford's Clinical Diagnosis by Laboratory Methods, in our opinion is by far the best. The theoretical aspect of the subject is relegated to a position of minor importance, actual descriptions, to the minutest details being clearly depicted. Numerous illustrations, reinforced by adequate legends are placed in advantageous relation to the text. All in all, as a handy reference book to the clinical pathologist and his technicians it has no peer

MAY LEDERER.

RECENT ADVANCES IN BIOCHEMISTRY By JOHN PRYDE, B Sc., M Sc. Octavo of 348 pages, with 38 illustra-tions Philadelphia, P Blakiston's Son & Company, Cloth, \$3.50

This book was written for those who wish to bring their knowledge of biochemistry up to date. Among the subjects treated are Protein catabolism, urea, the physical chemistry of proteins, the structure of nucleoproteins, carbohydrates, fats, phosphorus and sulphur compounds, vitamines, hemoglobin, the chemistry of immunity, and chemotherapy. Only the important recent work is described, as the reader is assumed to have a knowledge of the fundamentals. The author's discussion is at once interesting clear, and adequate. The free use of structural formulas and charts adds greatly to the value of the text. Each chapter is followed by a hibliography A. H EGGERTH

By W H C THE SCIENCE AND PRACTICE OF SURGERY ROMANIS, M.A., M.D., and PHILIP H MITCHINER, M.D. Two Volumes Vol 1—General Surgery Octavo of 795 pages, with 666 illustrations Vol. 2—Regional Surgery Octavo of 955 pages, with 666 illustrations New York, William Wood and Company 1077 Clark \$12.00 pany, 1927 Cloth, \$12 00

The aim of this work, as stated by the authors, is primarily to place before the student a book that is sufficiently comprehensive to provide him with all that he will require in passing his ordinary surgical examina-tions, or any higher examinations to which he may aspire, and secondly to present a book that may be of value as a work of reference to the medical practitioner

In the fourteen-hundred pages of reading one notes the essentials of anatomy, clinical and physical findings and the treatment of surgical diseases, as well as sufficient illustrations to clarify obscure points or methods

described.

One notes some variance from the more commonly accepted methods of many American surgeons, a fact that should not be unexpected in a work from surgeons of another country even though in the main surgical methods have become so simplified and so generally known that one could almost say they were standardized, were it not for the fact that the latter term is held in disrepute because of its benumbing effect upon individual

thought and original ideas
But "Shades" of McBurney! How that illustrious
surgeon of hallowed fame would protest, could he but make his voice reach this mundane land, at the statement that "the McBurney incision is now quite out of date, and its use marks a total lack of surgical balance." A broad inquiry would easily show a not limited use of this method of entrance to the right abdomen in selected cases by many surgeons of no mean balance and repute

For quick and ready reference these two volumes will fill a valuable place, and will be found to contain the fundamentals and essentials of the knowledge of surgery, and prove a valued addition to the library of the general practitioner as well as the surgeon.

ROGER DURHAM

TREATMENT OF VENERAL DISEASE IN GENERAL PRACTICE. By E T BURKE, DSO, MB 12mo of 162 pages, illustrated New York, Oxford University Press, 1927 Cloth, \$1.75

This little book contains much of value to the general practitioner and should meet with a ready demand.

The author laments the fact that, in many books on this subject, there is a lack of detail and a vagueness when it comes to the treatment. It is this fact that has stimulated the writing of the book. Many old-fashioned ideas are criticised and replaced by those which are strictly up-to-date.

He takes occasion to censure the English physicians for so frequently using other European pharmaceuticals

when equally good ones are obtainable at home.

He considers bismuth far more effective as an antiluetic than mercury, in fact, he has not used any of the latter for the past two years. Valid reasons for this are given Burke expresses the relative value of the Arsenic, 10, Bismuth, antisyphilitic triad as follows 8, Mercury, 3 Mercury is never employed excepting when bismuth is either not tolerated or unobtainable. Bismuth is given in separate courses from salvarsan for the expressed reason that, when both are given together, the spirocheta may become more resistant.

In gonorrhea, vaccines are used in all stages Many readers will not agree with the author's method of injecting the urethra and bladder per catheter for the treatment of acute posterior urethritis

Much praise is given to the treatment of arthritis with

intravenous injections of electrargol

In cerebro-spinal lues, the author has obtained best results with intravenous therapy plus spinal drainage,

A sound knowledge of venereal disease is displayed by a practical clinician of wide experience,

Augustus Harris

HEALTHY GROWTH A Study of the Relation between the Mental and Physical Development of Adolescent Boys in a Public Day School. By ALFRED A MUNIFORD, M.D. Octavo of 348 pages, illustrated London and New York, Oxford University Press, 1927 Cloth,

\$500 (Oxford Medical Publications.)
This book is based upon the observations made on boys in the Manchester Grammar School in England. Some of the best work in this country on nutrition has been done in private schools, the advantage in such cases being the close and constant supervision of the children Dr Mumford's book is one of the most scientific in

character that has appeared on this subject

Not only are there records of all of the ordinary tests and measurements, but there are also recorded the results of several unusual indices. These tests are the Buovancy or the Specific Gravity. Tests, Loss of Moisture By Hand as an Index of Heat Elimination, and The Measurement of Fatigue in School Life. In addi-tion to the work done at the Manchester Grammar School, there are recorded the results of observations made at the Greengate Hospital and Open Air School for Physically Defective Children, which show the beneficial effects of the open air schools for the undernourished child WM HENRY DONNELLY

LINICAL CASE-TAKING Supplement to Methods in Medicine By George R. Herrmann, M.D. Octavo of 90 pages The C. V. Mosby Company, 1927 Cloth, \$1.50 CLINICAL CASE-TAKING

This volume of ninety pages is a valuable addition to the author's publication, "Methods in Medicine," as it embodies the constructive criticisms made in reviews of the "Methods in Medicine." These suggestions have been noted and more detailed facts of history-taking have been presented. No laboratory methods are given as these are well presented in the original volume, but many details of diseased conditions are presented and, by following the data given, our histories will be much more complete and useful. These two volumes by the author should be used by every physician who would be up to date HENRY M MOSES

BOOK REVIEWS



PRACTICE OF UROLOGY AND SYPHILOLOGY A Surgical Treatise on Genito-Urinary Diseases and Syphilis By CHARLES H CHETWOOD, M D 4th Edition. Octavo of 879 pages, illustrated. New York, William Wood and Cloth, \$9 00 Company, 1927

In the present 4th edition of this well known and deservedly popular book for students and practitioners, the author has brought the subjects of Genito-Urinary diseases and Syphilis completely up to date.

His chapter on Gonorrhea is practical and after considering the older methods of treatment of the disease,

he also takes up the use of acriflavine

The treatment of the whole subject of Stricture is excellent as might be expected from a pupil and former assistant of the elder Dr Keyes, who with Van Buren and Otis helped to make urology in this country

The correct methods of the preliminary and after treatment of prostatectomy may be read with profit by the general surgeon who occasionally takes a chance with some poor old man's prostate and life.

The chapter on the kidney and its operations is particularly well written and contains the more recent facts in regard to its acute infections and their cures

Syphilis is adequately considered with illustrations showing typical lesions, and the modern views as to its treatment with mercury and iodine and the salvarsans, both old and new, and silver with bismuth, and even the very new and important discovery of malaria as a therapeutic agent.

The treatment of Nervous Syphilis by spinal injections

are all fully considered

All the illustrations in the book are well selected and well executed and demonstrate fully conditions described.

A useful feature and one which is novel is the list of instruments appended to every description of opera-HENRY H MORTON

INTERNATIONAL CLINICS Edited by HENRY W CATTELL, A M, M D Thirty-seventh Series, Volume II Octavo of 308 pages illustrated Philadelphia and London, J B Lippincott Company, 1927

This is an issue which all types of practitioners will find interesting L. F. Bishop's article, "A Heart-Block Clinic," will especially intrigue the diagnosticians and therapists Christopher's surgical contribution is note-worthy Two articles on public health are concerned with preparatory schools There is a considerable representation of foreign medicine, surgery and obstetrics as practised in the European clinics. This volume maintains the high standard set by its predecessors

FEEDING AND THE NUTRITIONAL DISORDERS IN INPANCY AND CHILDHOOD By JULIUS H HESS, M D 5th Edition, revised Octavo of 566 pages, illustrated Philadelphia, F A Davis Company, 1927 Cloth, \$4 50

In this book the author has given the generally accepted ideas of feeding. At the present time, with the large number of types of formula in vogue, a complete short review of the different feeding methods has its value. This part is a source of information to those who have not been able to follow the varieties in infant

The discussion of nutritional disorders is especially practical and is well worth while

An appendix includes diet lists, food preparation, ordinary methods of nursing technique and a list of the common proprietory foods with their analyses

The book while it contains nothing new is up to date HENRY A NAUMER. and complete

HOSPITAL LAW By JOHN A LAPP and DOROTHY KET-CHAM Octavo of 557 pages Milwaukee, Wisconsm, The Bruce Publishing Company, 1926 Cloth, \$8.00.

This comprehensive work covering all phases of hos pital law is a reference book which has long been needed by those interested in the organization and management of hospitals Members of the professional staffs of hos pitals will find many important legal cases cited which should interest them

The table of contents is worth noting Table of Cases cited

Introduction-Sources of Hospital Law Chapter II—The Liability of Private Hospitals.
Chapter IV—The Liability of Private Hospitals.
Chapter IV—The Liability of Public Hospitals.
Chapter V—Taxation.
Chapter VI—Exemption from Taxation

Chapter VII—Public Aid to Hospitals Chapter VIII—The Hospital as a Nuisance.

Chapter IX-Licensing

Chapter X—Hospital Organization and Administration Chapter XI—Charitable Trusts Chapter XII—Hospital Records

Appendix-Digest of Hospital Laws

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A Manual of BRONCHOSCOPY AND ESOPHAGOSCOPY Peroral Endoscopy and Laryngeal Surgery By CHEVALIER JACKSON, M.D. 2nd Edition, reset Octavo of 457 pages, with 179 illustrations Philadelphia and London, W. B. Saunders Company, 1927 Cloth, 880.00

The second edition of this very valuable book is larger than the first and contains in some of its traditional pages, evidence of the progress that has been made in the field of bronchoscopy and esophagoscopy in the past five years

The book is the result of the extensive experience, both as a teacher and a bronchoscopist, of the acknowledged master in this field. For this reason it is regret table that there should be features of the book which may be open to question

Although the author states in his preface that "a working manual cannot be historic without a degree of bulk that would impair its usefulness," one cannot help but feel that sufficient history to give due credit to Killian, the originator of bronchoscopy, and to some of his contemporaries, should have been mentioned

The tendency to be dogmatic is justified when a master such as the author gives his written word. But where will you find bronchoscopists of acknowledged ability who will admit that they can always expose the larynx in less than one minute and pass the bronchoscope through in another minute. At the beginning of Chapter IX the author states "No one should do bronchoscop) until he is able to expose the glottis by left handed direct laryingoscopy in less than one minute. When he has mastered this one minute more should be sufficient to introduce the bronchoscope into the trachea'

The chapters on foreign bodies are particularly im There are many illustrations of a very instruc-The colored plates of laryngeal, bronchial and tive type esophageal conditions drawn by the author are a feature.

Bronchoscopists should find this book especially valu-Those in other branches of medicine who may be interested in bronchoscopy and its possibilities will be benefited by this manual

CLINICAL DIAGNOSIS BY LABORATORY METHODS A WORKing Manual of Clinical Pathology By JAMES CAMP-BELL TODD, Ph B, M D, and ARTHUR HAWLEY SANrord, AM, MD, 6th Edition, revised Octavo of 748 pages, with 346 illustrations Philadelphia and London, WB Saunders Company, 1927 Cloth, \$600 Among the numerous volumes, large and small, pur-

porting to describe laboratory methods completely, in a concise, accurate and modern manner, Todd and Sandford's Clinical Diagnosis by Laboratory Methods, in our opinion is by far the best. The theoretical aspect of the subject is relegated to a position of minor importance, actual descriptions, to the minutest details being clearly depicted Numerous illustrations, reinforced by adequate legends are placed in advantageous relation to the text. All in all, as a handy reference book to the clinical pathologist and his technicians it has no peer

MAX LEDERER.

RECENT ADVANCES IN BIOCHEMISTRY By JOHN PRYDE, B Sc., M Sc. Octavo of 348 pages, with 38 illustra-tions Philadelphia, P Blakiston's Son & Company,

Cloth, \$3.50

This book was written for those who wish to bring their knowledge of biochemistry up to date. Among the subjects treated are Protein catabolism, urea, the physical chemistry of proteins, the structure of nucleoproteins, carbohydrates, fats, phosphorus and sulphur compounds, vitamines, hemoglobin, the chemistry of immunity, and chemotherapy. Only the important recent work is described, as the reader is assumed to have a knowledge of the fundamentals. The author's discussions of the sulphur compounds. sion is at once interesting, clear, and adequate. The free use of structural formulas and charts adds greatly to the value of the text. Each chapter is followed by a A H EGGERTH Inbliography

THE SCIENCE AND PRACTICE OF SURGERY BY W H C. ROMANIS, M A., M D, and PHILIP H MITCHINER, M D Two Volumes Vol 1—General Surgery Oc-ROMANIS, M.A., M.D., and T. T. M. M.D. Two Volumes Vol 1—General Surgery Octavo of 795 pages, with 666 illustrations Vol 2—Regional Surgery Octavo of 955 pages, with 666 illustrations New York, William Wood and Company, 1927 Cloth, \$12.00

The aim of this work, as stated by the authors, is primarily to place before the student a book that is sufficiently comprehensive to provide him with all that he will require in passing his ordinary surgical examinations, or any higher examinations to which he may aspire, and secondly to present a book that may be of value

as a work of reference to the medical practitioner. In the fourteen-hundred pages of reading one notes the essentials of anatomy, clinical and physical findings and the treatment of surgical diseases, as well as sufficient illustrations to clarify obscure points or methods

described

One notes some variance from the more commonly accepted methods of many American surgeons, a fact that should not be unexpected in a work from surgeons of another country even though in the main surgical methods have become so simplified and so generally known that one could almost say they were standardized, were it not for the fact that the latter term is held in disrepute because of its benumbing effect upon individual

thought and original ideas
But "Shades" of McBurney! How that illustrious surgeon of hallowed fame would protest, could he but make his voice reach this mundane land, at the statement that "the McBurney moision is now quite out of date, and its use marks a total lack of surgical balance. A broad inquiry would easily show a not limited use of this method of entrance to the right abdomen in selected

cases by many surgeons of no mean balance and repute For quick and ready reference these two volumes will fill a valuable place, and will be found to contain the fundamentals and essentials of the knowledge of surgery, and prove a valued addition to the library of the general practitioner as well as the surgeon

ROGER DURHAM

TREATMENT OF VENERAL DISEASE IN GENERAL PRACTICE By E T BURKE, DSO, MB 12mo of 162 pages, illustrated New York, Oxford University Press, 1927 Cloth, \$1 75

This little book contains much of value to the general practitioner and should meet with a ready demand

The author laments the fact that, in many books on this subject, there is a lack of detail and a vagueness when it comes to the treatment. It is this fact that has stimulated the writing of the book. Many old-fashioned ideas are criticised and replaced by those which are strictly up-to-date

He takes occasion to censure the English physicians for so frequently using other European pharmaceuticals

when equally good ones are obtainable at home

He considers bismuth far more effective as an antiluctic than mercury, in fact, he has not used any of the latter for the past two years. Valid reasons for this are given. Burke expresses the relative value of the antisyphilitic triad as follows Arsenic, 10, Bismuth, 8, Mercury, 3 Mercury is never employed excepting when bismuth is either not tolerated or unobtainable Bismuth is given in separate courses from salvarsan for the expressed reason that, when both are given together, the spirocheta may become more resistant.

In gonorrhea, vaccines are used in all stages

Many readers will not agree with the author's method of injecting the urethra and bladder per catheter for the treatment of acute posterior urethritis

Much praise is given to the treatment of arthritis with

intravenous injections of electrargol

In cerebro-spinal lues, the author has obtained best results with intravenous therapy plus spinal drainage, A sound knowledge of venereal disease is displayed by a practical clinician of wide experience.

Augustus Harris

HEALTHY GROWTH A Study of the Relation between the Mental and Physical Development of Adolescent Boys in a Public Day School By Alfred A Mumford, M.D Octavo of 348 pages, illustrated London and New York, Oxford University Press, 1927 Cloth,

\$500 (Oxford Medical Publications)
This book is based upon the observations made on boys in the Manchester Grammar School in England Some of the best work in this country on nutrition has been done in private schools, the advantage in such cases being the close and constant supervision of the children Dr Mumford's book is one of the most scientific in

character that has appeared on this subject.

Not only are there records of all of the ordinary tests and measurements, but there are also recorded the results of several unusual indices. These tests are the sults of several unusual indices These tests are the Buojancy or the Specific Gravity Tests, Loss of Moisture By Hand as an Index of Heat Elimination, and The Measurement of Fatigue in School Life. In addition to the work done at the Manchester Grammar School, there are recorded the results of observations made at the Greengate Hospital and Open Air School for Physically Defective Children, which show the beneficial effects of the open air schools for the under-nourished child WM HENRY DONNELLY

CLINICAL CASE-TAKING. Supplement to Methods in Medicine By George R Heremann, M D Octavo of 90 pages The C V Mosby Company, 1927 Cloth,

This volume of ninety pages is a valuable addition to the author's publication, "Methods in Medicine," as it embodies the constructive criticisms made in reviews of the "Methods in Medicine." These suggestions have been noted and more detailed facts of history-taking have been presented No laboratory methods are given as these are well presented in the original volume, but many details of diseased conditions are presented and, by following the data given, our histories will be much more complete and useful. These two volumes by the author should be used by every physician who would be up to date HENRY M. MOSES

OUR NEIGHBORS



THE NATIONAL GRANGE AND RURAL PHYSICIANS

The Ohio State Medical Journal of February contains a report of the action of the National Grange in its recent annual session in Cleveland in adopting a memorial to the American Medical Association asking that body to solve the problem of medical service in rural communities. The following abstracts are taken from that memorial

"The type of graduates now being produced by our medical schools will not settle and practice in the country districts This is conclusively proved by the experience of recent years The family doctor is rapidly becoming extinct He is being replaced by the specialist to a degree that is not warranted under practical conditions The need is for more general practitioners, whose outlay in time and money in securing their medical education will be such that their services will be within the reach of the rank and file of the people who constitute the overwhelming majority of our population, whether urban or rural We are not advocating one class of doctors for the country, and another for the town Neither are we advocating any lowering of medical standards is required is more practical instruction, which may be acquired in less time and with the expenditure of less money than under prevailing conditions We find that it is the opinion of many physicians of the highest standing that present medical education is not giving the most resourceful practitioners for ordinary services, it is producing practitioners who are dependent upon hospitals and laboratories, while these facilities, according to authoritative medical opinions are necessary in hardly more than 10 per cent of illnesses and accidents

"It is in the care of this 90 per cent of illnesses for which independent, resourceful physicians are necessary, that the rural communities are mostly in need. For the 10 per cent of emergencies, requiring specialists and hospital service, rural people can, perhaps, in most cases by an effort utilize urban facilities.

"However, the cost of these distant facilities make them impracticable for rural people except in cases of emergency. Because of their cost they are not practical for 90 per cent of the ordinary illnesses and accidents which, in the aggregate, produce the greatest sum of suffering, and whose early neglect leads to the serious emergencies. This 90 per cent of illnesses cannot be handled through distant doctors and urban hospitals. If the people are

to have adequate medical service, they must have physicians in their own communities

"It is for the people to determine whether it would not be good policy, as necessity demands, for the states to build and maintain medical schools solely under public control and

responsive to the needs of humanity

"We note that there are many distinguished physicians in the United States who believe that a proper madical education can be given upon the basis of a high school education and four years of subsequent training, provided this includes at least one year of practical experience in a hospital, that unanswerable evidence to confirm this opinion is furnished by the fact that many of the physicians of the highest standing in the country at the present time and an equally great number of your most useful servants of society, but of less distinction, scattered throughout the country have If such a had a training not exceeding this training will produce competent physicians, we think that the argument is unanswerable that such physicians will be less expensive and their services more widely available to the people

"We feel that we should call the attention of the profession to the fact that we are compelled by force of circumstances to be concerned with the usefulness of the medical graduates that are turned out and their apparent falture under present conditions to meet the needs of rural communities. In our opinion, the only adequate remedy will be found in the adoption of a more rational system of

medical education"

Commenting on the Memorial of the Grange, the January issue of the Journal of the Iowa

State Medical Society says editorially

"It appears to be a definite fact that men in the medical profession are governed by the same business principles that govern other The medical practitioner has business men made certain investments with a view of preparing himself for a gainful practice and if in a country community the rewards of a practice are not adequate to secure a comfortable living and make provision for the future, it becomes necessary for him to make certain changes, which may be the giving up of an unremunerative country practice for a practice in a large town, or the abandoning altogether a general practice and taking up a specialty In certain states and communities special provi-

(Continued on page 290-adv xvi)

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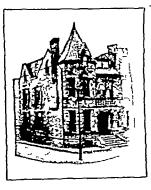
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CHESTER FORD DURYEA, MD. DIRECTOR

(Continued from page 288)

sions are being made to supplement the fees naturally coming to him in due line of practice, so as to give him a comfortable living and something more These efforts-have been more or less successful according to the generosity of the community, and the acceptance by the doctor himself

"These provisions have been too limited to meet the general demand that is being made to secure a competent medical practitioner There has been much discussion among the medical profession as to a change in the plan It has been held that of medical education shorter terms of medical training will qualify a group of practitioners who are willing to set themselves up as second rate doctors. It has been held, that it would be quite impossible to secure a sufficient supply of medical practi tioners willing to place themselves in such a professional light. It has been held also, that the general public would seriously object to being dependent upon medical practitioners who have only an inferior training, and therefore be quite unwilling to employ doctors classed as second rate, however good they may be, hence the doctor would fail in the plan of adequate compensation

"It may be worth while for committees on medical education to formulate and recommend a course up to a minimum standard for general

practice"

The January issue of the Texas State Jour nal of Medicine also comments on the memorial

of the Grange and says

"Dr Crowe, Secretary of the Texas State Board of Medical Examiners, recently informed us that he had sent a number of young physicians to rural communities, upon the earnest request of leading citizens, and that most of them have returned after having been virtually starved out, to seek connections elsewhere, from which they might make a living Speaking further on the question, Dr Crone had the following to say

"'Whether you are aware of it or not, it is true that when the "stork" is expected at the home of farmer Jones, who owns a thousand acres of rich, well-cultivated land, substantial, commodious barns, full of first-class equipment, a fine residence and two or three expensive automobiles, he sends his wife to the hospital, when his son or daughter has an attack of appendicitis or has been injured in an automobile accident, he bundles him or her into his limousine and rushes to the hospital, when a member of his family is a victim of typhoid fever, tuberculosis, cancer or any other serious condition, he does not call in the country doctor, but hastens with his wife or child

(Continued on page 291-adv run)

(Continued from page 290)

to the hospital, where he expects to get the most expert service. This is true of Farmer Brown's family, Farmer Smith's family and of the families of other prosperous farmers in the community. What, then, is left for the little, country practitioner besides serving the families of those who are unable and perhaps unwilling to pay for attention, prescribing for minor conditions and opening an occasional boil, extracting an ingrown toe-nail or pulling a tooth?

"The country doctor must live, and if there is not a living for him in the rural community, he is forced to find something else to do or go to the city, which he most frequently does—only to learn that the urban profession is over-crowded and that his service is seldom wanted'

"There are many good people who are devoting their lives to missionary work in foreign countries, without remuneration beyond the point of a livelihood, and a large proportion of these are doctors. It is this self-sacrificing, pioneer spirit and regard for humanity that has distinguished the Anglo-Saxon race and the combination in this country that we call American Perhaps it is upon this psychology that we depend for a large proportion of our practicing physicians It is doubtful whether the supply will suffice for modern de-The public must appreciate the need of making medicine attractive if it wants an ample supply of good doctors, and communities must arrange for their doctors, not by hiring them on a salary basis, but by assuring them of financial and moral support

"It is not possible to secure satisfactory medical service for a salary The conditions surrounding the practice of medicine are so exacting, so complicated and so impossible of control, that the service can be rendered upon a basis of personal contact, and that alone Wide experience in State Medicine in some of the European countries have amply demonstrated that fact, and a moment's thought will lead to the same conclusion The very nature of the practice of medicine would require that it remain personal, and intimate personal relationships can never be made a matter of official or governmental concern, the Shepard-Towner Maternity Law to the contrary not-Withstanding "

Oklahoma, as well as New York, feels the need of more physicians in rural communities. The January issue of the Journal of the Oklahoma State Medical Association discusses the causes of the scarcity in the following editorial

"The growing scarcity of physicians in rural communities and a relative increase in urban

(Continued on page 292-adv xviii)

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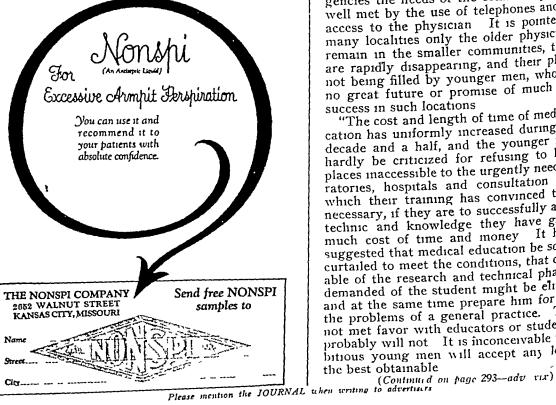
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(Continued from page 291-adv xvii)

centers has been noted as a matter of grave Various medical concern for several years organizations have attempted to investigate the underlying causes and to adopt possible remedial measures As conditions, as a rule, are very similar throughout the country, it is worth while for Oklahomans to begin to ponder the matter

"It is well known that there has been a simi lar trend in Oklahoma, especially in the last fifteen years The reasons for this are similar to those believed to exist elsewhere These

"A decrease in the number of medical schools, with a consequent decrease in students. In 1904 there were 28,000 students in 166 medical schools of the country, and 5,700 men were graduated In 1919 there were a few less than 13,000, in 1922 only 2,529 men were graduated, the number of schools having fallen to 81 In 1926 there were only 79 schools, 61 of these being grade A colleges In spite of this, stodents had increased to 18,840, graduates that

year numbered 3,962

"Rapid transportation, made possible by bet ter roads and the automobile, have undoubt edly been a great factor in the shifting of medi cal populations from small, unattractive towns to the larger centers Small Oklahoma towns, formerly having from one to three physicians, today have none, but except for urgent emergencies the needs of the community are fairly well met by the use of telephones and ease of access to the physician It is pointed out in many localities only the older physicians will remain in the smaller communities, that the) are rapidly disappearing, and their places are not being filled by younger men, who can see no great future or promise of much material

success in such locations

"The cost and length of time of medical edu cation has uniformly increased during the last decade and a half, and the younger men can hardly be criticized for refusing to locate in places maccessible to the urgently needed laboratories, hospitals and consultation facilities which their training has convinced them are necessary, if they are to successfully apply the technic and knowledge they have gained at much cost of time and money It has been suggested that medical education be somewhat curtailed to meet the conditions, that consider able of the research and technical phases now demanded of the student might be eliminated, and at the same time prepare him for most of the problems of a general practice. This has not met favor with educators or students, and probably will not It is inconceivable that am bitious young men will accept any less than the best obtainable

(Continued from page 292-adz xxiii)

"A few localities have tried and report success, in the plan to guarantee a minimum fixed sum, but that is in the experimental stage Apparently it must be considered sooner or later by communities finding themselves without proper medical service. The entire matter is surrounded by many complex problems, it is affected by many things, at first thought not One authority is of the connected with it opinion that over-standardization and overworking so-called 'efficiency' demands, is more than any other thing responsible. However, it is difficult to lay the blame upon any one condition, probably solution will be best met when it is understood that very diverse factors, educational, economic and sociologic, all have something to do with the growing scarcity of physicians in rural communities"

The January issue of the New Orleans Medical and Surgical Journal, in closing an editorial on the distribution of physicians in Louisiana,

"It will be seen from these statistics that in this section of the South there is not the possible acute need of doctors in the rural communities which may prevail in other regions. It has been said that development of good roads, automobiles and rapid transportation facilities has resulted in making one doctor take the place of three. This is probably the solution of the difficulty, a difficulty which is unduly magnified in the North, and which does not exist in the far South"

MEASURING THE BLOOD SUPPLY OF THE EXTREMITIES

The physician is often confronted with conditions in which the blood supply to the extremities, especially the feet, is diminished by arterial spasm, arteriosclerosis, pressure of a tumor, or other cause The February issue of the Ohio State Journal contains an article by Dr Walter G Stern of Cleveland, on tests of the sufficiency of the circulation The author describes the three older tests of the rise of temperature of water in which the feet are immersed There is an electrical temperature testing needle in which the needle is thrust into the limb, and a tourniquet applied until the limb falls in temperature The rapidity of the rise in temperature after the tourniquet is removed is taken as an indication of the efficiency of the circulation Another test is the injection of radiopaque substances into the arteries and the fluoroscopy observation of their progress through the blood vessels There is also an

(Continued on page 294-adr ex)



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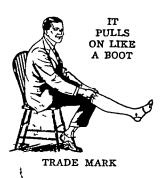
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oscillometer to record the amplitude of the pulsations of the main artery

The author then described observations on the disappearing time of wheals produced by the injection of normal salt solution into both normal and edematous legs, and found that the time depended on the sufficiency of the arterial supply. The article then describes the test as follows

"By means of a tuberculin syringe and a terfine needle, 02 cc of 085 per cent solution is The eye of the injected intracutaneously needle should be visible through the outer layer of the skin when the injection is made. The first injection is made at the base of the great toe, and similar ones are made at 4-inch intervals up to the leg and thigh The sense of touch is used to determine the disappear ance time, as the vasomotor changes produced by the injection often render visual judgment Normally, sixty minutes or unsatisfactory more is required for the complete disappear ance of the wheal produced by the injected fluid, though readings as low as thirty minutes at the base of the great toe have been con sidered normal (as we have one such reading in a patient without clinical evidence of vascular disease), but as a general rule sixty min utes or more may be considered as the normal disappearance time In cases of circulatory disturbance the disappearance time of the wheal is reduced to one-third or one-fourth, at times even to one-twentieth"

The author cites four typical cases, the first one being that of a man, aged 38, who had frozen his left foot twice, so that the foot became gangrenous The results of the intracutaneous test are shown by the following table

"Disappearing time (minutes) of wheals on left (gangrenous) leg

	(gangrenous) leg	٠
1	Just above area of gangrene	5 15
2	Ankle	10
3	Lower calf	18
-	Calf	16
-	Upper calf	20
	Knee	30
7	Thigh	30
8	Upper thigh	60 plus

The diagnosis was thrombo-angiltis, and the freezing of the foot was the result of the poor circulation. The disease has extended to the right foot which had not been injured.

The article ends with the following sum mary

"I In the absence of edema, the intracutaneous salt solution test is a simple, rapid and

(Continued on page 295-adv xvi)

(Continued from page 294—adv xx) accurate method of determining circulatory deficiencies in the extremities

"2 Sixty minutes or more is the normal dis-

appearance time of the salt solution

"3 In all instances in which clinical circulatory deficiency exists, the disappearance time is diminished, in the area just above the seat of a gangrene (existing or threatened), it is frequently as low as five minutes"

THE JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY

The February issue of the Journal of the Michigan State Medical Society contains a report of the mid-winter meeting of the council, at which reports were given by the officers of the society. The Secretary-Editor, Dr. F. C. Warnshus, described the work of the Journal in an eläborate report. The Journal has a circulation of 3,350 copies. The cost of publication was \$15,971.41 and the receipts were \$16,653.90, thus showing a profit of \$682.49. However, a salary of \$4,000 was paid to the editor, and presumably office rent was paid.

Regarding the editorial policy the editor

writes

"Our Editorial ideals have been to impart scientific instruction, to afford a medium for our members for the publication of their personal and collective investigations and experiences, to keep them enlightened as to public health activities and tendencies, editorial discussion and comment upon our common professional economic and social problems, the recording of our state and county organizational activities and the imparting of items of news and progress Supplemental to all of which we have ever borne in mind that our Journal constitutes the Archives of our Society"

The Journal has not been copyrighted, but beginning with this year, each number will be copyrighted, the immediate reason being to prevent the exploitation of articles for self-

advertisements

The publication committee is planning a department of Post-graduate education for the purpose of "imparting through planned special articles a definite course of reading covering the main branches of medicine. That the Publication Committee, with the Editor, be authorized to select a staff of writers for this department from the members of the faculty of the Post-graduate Department of the University and the Detroit Post-graduate School, and to supervise the department

We do plead for more practical articles imparting personal experiences, more case reports, more articles dealing with our public

(Continued on page 296-adv xxu)

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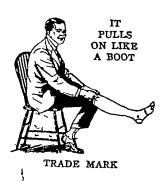
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BROOKLYN NEWARK SPRINGFIELD BOSTON WILKES BARRE DETROIT CHICAGO (Continued from page 293-adv xix)

oscillometer to record the amplitude of the pulsations of the main artery

The author then described observations on the disappearing time of wheals produced by the injection of normal salt solution into both normal and edematous legs, and found that the time depended on the sufficiency of the arterial supply. The article then describes the test as follows

"By means of a tuberculin syringe and a very fine needle, 02 cc of 085 per cent solution is The eye of the injected intracutaneously needle should be visible through the outer layer of the skin when the injection is made. The first injection is made at the base of the great toe, and similar ones are made at 4-mch intervals up to the leg and thigh The sense of touch is used to determine the disappear ance time, as the vasomotor changes produced by the injection often render visual judgment Normally, sixty minutes or unsatisfactory more is required for the complete disappear ance of the wheal produced by the injected fluid, though readings as low as thirty minutes at the base of the great toe have been con sidered normal (as we have one such reading in a patient without clinical evidence of vas cular disease), but as a general rule sixty min utes or more may be considered as the normal disappearance time In cases of circulators disturbance the disappearance time of the wheal is reduced to one-third or one-fourth, at times even to one-twentieth"

The author cites four typical cases, the first one being that of a man, aged 38, who had frozen his left foot twice, so that the foot became gangrenous The results of the intracutaneous test are shown by the following table

"Disappearing time (minutes) of wheals on eft (gangrenous) leg

ett	(gangrenous) leg	_
1	Just above area of gangrene	5
2	Ankle	15
3	Lower calf	18
	Calf	16
5	Upper calf	20
	Knee	30
7	Thigh	30
	Upper thigh	60 plus

The diagnosis was thrombo-angiltis, and the freezing of the foot was the result of the poor circulation. The disease has extended to the right foot which had not been injured.

The article ends with the following sum-

"I In the absence of edema, the intracutaneous salt solution test is a simple, rapid and

(Continued on page 295-adt xx1)

(Continued from page 294—adv xx) accurate method of determining circulatory deficiencies in the extremities

"2 Sixty minutes or more is the normal dis-

appearance time of the salt solution

"3 In all instances in which clinical circulatory deficiency exists, the disappearance time is diminished, in the area just above the seat of a gangrene (existing or threatened), it is frequently as low as five minutes"

THE JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY

The February issue of the Journal of the Michigan State Medical Society contains a report of the mid-winter meeting of the council, at which reports were given by the officers of the society The Secretary-Editor, Dr F C Warnshuis, described the work of the Journal in an elaborate report The Journal has a circulation of 3,350 copies The cost of publication was \$15,971 41 and the receipts were \$16,-653 90, thus showing a profit of \$682 49 However, a salary of \$4,000 was paid to the editor, and presumably office rent was paid

Regarding the editorial policy the editor

"Our Editorial ideals have been to impart scientific instruction, to afford a medium for our members for the publication of their personal and collective investigations and experiences, to keep them enlightened as to public health activities and tendencies, editorial discussion and comment upon our common professional economic and social problems, the recording of our state and county organizational activities and the imparting of items of news and progress Supplemental to all of which we have ever borne in mind that our Journal constitutes the Archives of our Society"

The Journal has not been copyrighted, but beginning with this year, each number will be copyrighted, the immediate reason being to prevent the exploitation of articles for self-

advertisements

The publication committee is planning a department of Post-graduate education for the purpose of "imparting through planned special articles a definite course of reading covering the main branches of medicine That the Publication Committee, with the Editor, be authorized to select a staff of writers for this department from the members of the faculty of the Post-graduate Department of the University and the Detroit Post-graduate School, and to supervise the department

"We do plead for more practical articles imparting personal experiences, more case reports, more articles dealing with our public

(Continued on page 296-adv xx11)

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(Continued from page 295-adv xxi)

relationships and responsibilities Then, too, for educational and entertainment we are eager to receive articles imparting personal impres sions of visits made to our own and foreign clinical centers Our plea to our members is to send in for publication, articles dealing with

these topics" The Secretary recommended that the edi torial and administrative work of the society be separated as is done by the Medical Society of the State of New York The plan has been adopted and Dr John H Dempster, of De troit, has been appointed editor, while Dr Warnshuis will continue as business manager of the Journal Dr Warnshuis has been editor of the Journal for sixteen years He is also Speaker of the House of Delegates of the American Medical Association

THE PUBLICITY COMMITTEE

Several State Medical Societies have publicity committees That of Nebraska is the sub ject of the following editorial in the January Nebraska State Medical Journal

"The publicity committee created several years ago has done a tremendous amount of re search work as a basis for action and has found the problem of publicity a difficult one to han dle successfully and diplomatically Those of us who have chafed for immediate and aggressive action have had little conception of the difficulties in the way Paid newspaper pub licity, as all may readily see, can easily be countered by like publicity from the cultists whose professional commercialism is undoubt ed, and whose publicity is thoroughly commercialized Great diplomacy must be used in our Education of the public must be by appeal to reason—not by appeal to the publicity work

sensational "It is perhaps early to speak for the newly reorganized committee, but it may be stated that the committee has in mind organizing a speakers' bureau and soliciting a number of representative men throughout the state, who will be subject to call to appear before various lay groups and address them on medical sub jects of public interest, and to get in touch with prominent lay organizations interested in public welfare and attempt to induce them to permit medical men to appear on their pro-It is also planned to arrange for a series of health talks once a week over the All of which seems feasible, practical and without objection

"The writer has always had a feeling, that metaphorically speaking the organized profession has too much indulged in hiding its light

under a bushel"

SURVEYS OF SURVEYS

The value of surveys depends on who makes them and the use to which they are put. A survey is often a collection of secondhand information in distinction from the firsthand knowledge of an actual worker in the field that is under investigation. The editor of the Journal of the Michigan State Medical Society does not approve all medical surveys judging from the following editorial from the January issue of that Journal

"The Bureau of Public Health and Instruction of the AMA has conducted a partial study of the number and scope of surveys that deal with public health and which have or are being conducted. The study covers a period of some twenty years and uncovers some interesting facts. Practically every phase of public health has been touched and every state in the union has been a field of work. There have been some 982 separate in estigations, and the United States Public Health service is credited with 1,013 surveys.

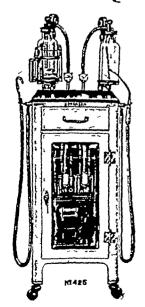
"In Michigan we have had 32 surveys classified as Cities 7, General 2, Maternity and Infant 2, Venereal 14, Tuberculosis 1, Sanitation 1, Health Education 3, and Miscellaneous 2

"As one surveys these surveys many questions arise What was accomplished? What were the conclusions? What was the need? Were the findings followed up and corrective measures instituted? Was there a subsequent check-up?

"Then, too, was there not destructive confusion and reduplications? Could not these facts be obtained just as adequately with less cost and labor in the decennial census? We are of the opinion that the majority of these surveys serve but one main purpose and that is to give employment to a horde of so-styled directors, supervisors field agents canvassers and secretaries at given salaries and expenses

"The preliminary facts seem to warrant the conclusion that the utter uselessness of a majority of surveys should be widely disseminated for the public's information. Also, that the money expended for these surveys might well be appropriated to more worth-while objects. There are far too many incompetent social economists preying upon the public in their useless endeavors and far too insufficient worth-while, constructive work."

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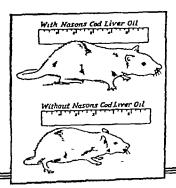
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IGIOUS INFLUENCE IN MEDICINE

The January issue of the Atantic Medical Journal contains a rief report of a mental case with a religious element by Dr Theotore Diller of Pittsburgh The case was described as follows

"A young man aged 22, prought to me by his mother, and been raised in the Catholic aith, and his mother was in great distress because he had ibandoned that faith and become in unbeliever in any form of Christianity

"I was convinced that the roung man was entirely normal, and that the mental change was lue to a slackening of interest nathings religious owing to entironment and to adolescent hanges quite normal. The nother was cautioned to let him alone for the present

"The case illustrates the fact that, in one phase or another, the question of religion must concern the physician It is one that he cannot and ought not to wish to escape, for it is a very large problem In this connecron, a quotation from that sound philosopher, Dr Samuel Johnson, is interesting On one occasion Boswell said to him 'Dr Brown has changed his religion and has left the Church of England and become a Baptist What do you think of it? Rephed Johnson 'Sir' I think very ill of it' Said Boswell You should not be prejudiced gim the matter because he has left the Church of England, for you have always supported the view that a man who is sincere and conscientious in his convictions, no matter where they lead him, is deserving of respect' Johnson replied 'Dr Brown is a man of forty, and if he is unsettled in his religious convictions at his age, he would be uncertain and wavering in a medical way, and I would have no confidence fin such a physician'"



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POPULAR MEDICAL ARTICLES

The State Medical Society of Wisconsin has a regular press service to the newspapers of the state, which is described in the February Wisconsin Medical Journal as follows

"A service to the public that also brings results to the members in the way of increased use of medical facilities, better understanding of medical science and of the work of the family physician is the weekly press service of the State Society Now in its second year, this service reaches every daily paper of the state and approximately one hundred and sixty weeklies and the clippings from the press of only single stories make a newspaper column a hundred feet long

"The future success of the service will be more readily attained as individual members take it upon themselves to see that the stories are printed in their local papers. This service, endorsed by the State Board of Health as one of public merit, is furnished free to any editor of the state upon request.

"The reception which the press of Wisconsin has given to the weekly news stories of the State Medical Society has been due to a scrupulous following of these ideals The service was not founded to promote the interests of any physician or group of physicians No name of a physician ever appears in one of the news releases This rule has never been broken, and it is sincerely hoped that it will never be violated. Adherence to this principle is a notice to the news editor of every paper that this information is not furnished promote individuals, placed before the readers solely in the public interest

"Real accuracy of statement is sought That this may be made possible, leading physicians are invited to prepare 500 word statements on timely topics. The

(Continued on page 301-adv xxvn)



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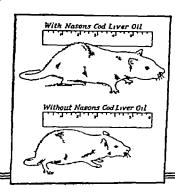
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Medical from page 299—adi xrv)

make disease, whether or not it scontagious, whether the medical history shows that the disease can be checked, and what medical science has to offer at he onset before a physician can be reached Every effort is made a avoid the creation of undue tharm, but no effort is spared to the facts about the disease

n their proper setting "The editor of the Wisconsin State Medical Society's news "service is a trained man with a quarter of a century of newspaper experience With the use of a good medical dictionary which has become somewhat Taxed from use, he attempts to ranslate the physician's original tatement on an assigned subject nto simple terms - words and thrases so simple that the averige person with an eighth grade ducation will understand them The history of the disease under liscuscion is important then it appears for public use t must read like an elementary Ascussion"

EXPERIMENTAL RATS

Medicine owes much to the formon rat and mouse, for an albino strain is the animal that is used in laboratory experimentation. Concerning these animals the Medical Tournal and Record of January 18th says editionally

There be those who can dly concerve of such a thing docile, good tempered and ell mannered rats,' which is on heir part a confession of ignornce, for we find in the very ignified and highly scientific harmaceutical Journal of Lonon the assurance that the albino at furnished by the Wistar Intitute of Philadelphia conforms these specifications a substantial compliment to And it merican science that we find at fourteen universities and ollege departments, five reinstitutes and five com-

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mercial libitationes make use of these offino rate bred by the Wistar Institute for the scientific tudy of the sifamin content of Lyen the boy in the -treet not knews that foods vithout vitamin content worse than uscless and all the gno enti take their orange tuce is a most available form of manna-continuing food most regularl—cren though occa--1 nally diluted with bootleg gin in the form of a ricky. But even her the cognoscenti, will be so men hat surprised to learn that the vitainin content of these food stuffs are best determined by laboratory experiments on the bedigreed rats which are mostly inbred and all of whom are descendants through many generations of albino Norwegian rats It is interesting to note that the popular concept of the deterioration incident to inbreeding is an error for in an admirable monograph on inbreeding and outbreeding, East and Jones, American biologists, have demonstrated that inbreeding per se is not injurious, and deterioration shown when a stock is first inbred, being solely due to deleterious recessive Mendelian factors commg to life As a matter of fact, the inbreeding promotes homozigosity as opposed to heterozygosity, and, as all who are familiar with the Mendelian theory well know, a high degree of homozygosity is essential to produce standard offspring with uniform characteristics and resistance and such a standard is required, of course, in the examination of vitamin contents or in any other physiological standardization"

The word homozygosity means the quality of sameness and fixity of characteristics which are transmitted from parent to offspring

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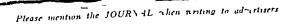
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NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 28, No 6

NEW YORK, N Y

March 15, 1928

COSMETICS*

Composition — Dermatoses — Treatment

By LAWRENCE K McCAFFERTY, MD, and SERAFINO GENOVESE, MD. NEW YORK, N Y

THE use of cosmetics may be only temporary, but we believe it is here to stay If so, it is up to the dermatologists to aid in making them safe for the laity. We feel that the public would lend its support to the medical profession if it knew the dangers from the use of harmful cosmetic preparations. On the other hand, a word of encouragement should be given to American manufacturers of cosmetics who have avoided using the harmful substances

For centuries beauty was sought in strange and varied ways. If we consider this search for beauty in antiquity from a medical standpoint, there arises in our minds the picture of a large cauldron in which all manner of ingredients cook and bubble—salves, pastes, powders, oils, rouges and perfumes

The word cosmetics comes from the Greek Kosmos, ornament The use of cosmetics has come down to us from the Egyptians and Arabs The Egyptian girls used red and white clay for make-up They dyed their finger and toe nails with henna, their eyelashes and eyelids were dyed black and a perfume was sprinkled upon the hair Mummies found in Egypt show traces of henna and gold upon the nails

The Jews learned cosmetics from the Egyptians They adopted at first only salves and perfumes for religious purposes, but later they used them for self-adornment A quotation from the bible gives proof of this "Thou anointest my head with oil"

The Romans had creams for softening the skin, dyes and colored powders to lend fashionable color to the hair, and many perfumes Most of the cosmetics came from Gaul and perfumes were so lavishly used that Julius Cæsar and Lucinius Crissus prohibited the sale of foreign perfumes. It is said that Nero's

dining hall dripped perfume so abundantly that the eyes of his guests were often in danger. When the Roman women saw the blond Barbarians, they used alkaline soaps and Germanic wigs to affect the blond and red coloring. Even depilatories were used by the Romans as their dress called for the removal of all superfluous hair from chest, legs and arms. Both Greek and Roman men resorted to cosmetics, at least to some extent.

Rhazes and Avicenna, Arabian physicians, were the successors of the Roman doctors Diedor, Apollodor and Galen The cosmetic prescriptions of the Roman physicians appear in the writings of French doctors of the 9th century

The greatest French physicians in the Middle Ages were deeply interested in cosmetics Henri de Mondeville, who lived in the beginning of the 14th century and who was physician to Philip the Fair, wrote a treatise upon surgery In the latter part of his book, he says "I am now going to touch upon another chapter of cosmetics only superficially-it is a chapter on a subject which goes against the will of God and of Justice, and as a general thing it is not the treatment of a disease. Its object is to deceive and to conceal—besides, I take no pleasure in handling this side of the question However, should a physician live in a province or city where there live many wealthy ladies having the right to appear at court, and should he have the reputation of a man handling his art with dexterity, he might be able to turn this to his advantage and to obtain the favor of the ladies Without the protection of women, it is impossible to obtain anything or to be liked by the families one is treating-therefore, one seeks their favor even more than divine or papal good will"

De Mondeville mentions a few cosmetic treatments in his treatise which are as indiculous as the claims made by some of the present-day preparations. For example, De Mondeville states "To prevent wrinkles, applica-

^{*} From the Departments of Dermatology and Syphilology New York Polyclinic Medical School and Hospital—service of Dr I H Dillingham, and Manderbilt Clinic, Columbia University—tervice of Dr J Gardner Hopkins

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LIQUID ROUGE

Carmin (nature) or Eosin (anilin) 1/5 Grams or Erythrosine 400 c c Glycerin (C P) 100 c c Alcohol (Grain) 500 c c Water Perfume qs ad

DRY ROUGE

Carmin (nature) or

Eosin (anilin)

Erythrosine 6 Grams 500 Grams Kaolin 500 Grams Chalk Perfume qs ad

EYELASH BLACKENING

Indigo blue

or

Chinese ink 4 Grams Acacia 2 Grams Water 20 Grams

DEPILATORY

Calcium sulphide 1 part Water'(to make paste) qs Zinc oxide 3 parts

(The above may be irritating—ingredients should be on label with a word of caution)

LIQUID NAIL POLISH (Enamel)

15 c c Acetone Amyl acetate 30 c c Celluloid 10 Grams Geranium lake qs ad

(The above may be irritating-ingredients should be on label with a word of caution)

NAIL POLISH REMOVER ACETONE

(The above may be irritating-ingredients should be on label with a word of caution)

NAIL BLEACH

Oxalic acid 30 Grams Distilled water 2000 с с Perfume qs ad

(The above may be irritating-ingredients should be on POISON LABEL with a word of caution)

> NAIL BLEACH Peroxide of Hydrogen

REMARKS

REVIEW OF LITERATURE ON VALIOUS TOXIC INGREDIENTS

Mercury in various forms has been used as the principal ingredient in hair dyes and creams Its purpose in creams has been to bleach the skin or remove pigmentation Its principal combinations have been bichloride, ammoniated mercury in very high concentration and calomel It has occasionally been the cause of severe cases of mercurialism Goeckermann in 1922 described two peculiar discolorations of the skin, probably resulting from mercury compound (calomel) in proprietary face creams His first case presented a brownish-grey or slate-colored pigmentation of the nasolabial folds This pigmentation appeared in the stomata of the follicular mouths of the skin The face cream consisted of mercury and bismuth. His second patient presented similar symptoms, he found that the cream contained only mercury He thought that the alkaline perspiration resulted in causing these deposits

A hair die containing 106 grains to the ounce of arsenous acid has been known to cause a dermatitis with edema of the eyelids, as reported by Cole Bismuth, silver, cobalt, nickel and pyrogallic acid as used in hair dyes have been known to produce injurious results in patients Olson in 1917 reported a case of Argyria localis due to an organic silver prep-

The above metallic preparations have all been the cause of much trouble in the past However, the principal offender at the present time is paraphenylendiamin. It is a synthetic anilin compound used for dyeing hair, furs and We see more cases of dermatitis today from its use than from any other com-The symptoms resulting from its use as a hair and fur dye are too well known to require further remarks. We believe that many cases of so-called neurodermatitis have their origin from the fur dye dermatitis. Thibierge and Lacassagne have recently stressed this point

There are various ingredients used in cosmetics which occasionally produce a mild but troublesome dermatitis. It is difficult at times tions of the juice of the grape-vine root with an addition of honey"

Poets of the Middle Ages wrote of cosmetics in a satirical manner, as is exemplified by the poem "Parsifal" (12th century) The monk Montaudon (end of the 12th century) in a poem says to God "Women will not cease to paint themselves until you give them beauty lasting until death, or until you let all coloring-material disappear from the earth"

About 1760, the pendulum began to swing back to nature Hair no longer was powdered and very little powder was used upon the During the close of the 18th century. Parisian women had given up the use of cos-In 1779 English Parliament prohibited the use of any make-up. In 1788, an unknown German physician warned against the use of cosmetics, especially those made in France However, during Napoleon's reign, cosmetics attained again in France almost the same importance that they had during the reign of Louis XV From then to the present day, cosmetics have been used perhaps

more in France than any other country
The use of cosmetics has never been as great in England or Germany as in France, but during Elizabeth's reign, England made great use of perfumes and cosmetics continued until Parliament passed the law, to which we have referred above

In the United States, from the days of the Pilgrims to the early part of the 20th century, cosmetics have been frowned upon We all remember the days of our mothers and grandmothers, and yet, if we reflect for a moment, we dare say that none can remember the use of rouge on lip or cheek The use of cosmetics in those days was left generally to the courtesan What a change there has been in the last fifteen years! One might fix the date of the excessive use of cosmetics in our own day in the decade 1910-1920, with the beginning of the World War A woman of today is almost conspicuous if cosmetics are absent in her make-up Statistical figures, which follow, will bear us out in this statement STATISTICAL DATA

		STATIST	ICAL DAT	A	
len	No of Estab	Cost of Material	I alue of Product	USA Papulation	Census Year
1879		\$1,201,409	\$2,203,004	50,155,783	1880
1889) 157	2,128,420	4,630,141	62,947,714	1890
1890	262	3,135,017	7.087,704	75,994,575	1900
1900		5.634,031	14.211,969	91,972,266	1910
1910	569	26,147,026	59,613,391	105,710,620	1920
1923	Dept of (Commerce			
	USA	for busi-			
	ness over	\$500 tor			
	1925				
	Creams and	d Rouges	34,178 000		
	Talcum a				
	Powders		25,496,000		
	Toilet Wa	aters and			
	Perfume		20 544,000		

Hair Tonics Dyes Other Cosmetics	11,096,000
Toilet Prepa	28,751,000
1925 Total equals	\$120,065,000

Taking the average price of all the above cosmetics at fifty cents a package, we have the following figures as to the number of packages sold in 1925

Hair Dye		P_{i}	ackages sold in 192
Hair Tonics			22,182,000
Creams Rouges Powders Miscellaneous,	including	Bleaches	68,356,000 42,864,000 57,502,000

FORMULAE

Since cosmetics will be used, it may be well for physicians to know the constituents of some which are harmless and yet satisfy their These formulae have been submitted to the Department of Health of New York City and have been favorably passed upon

VEGETABLE OIL COLD CREAM

Almond Oil	550 c c
White Wax	150 Grams
Borax	10 Grams
Water	290 с с
Rose artificial	5 c c

MINERAL OIL COLD CREAM

,	
Bees way	18 Grams
Paraffin	14 Grams
White ceresine	5 Grams
Liquid Petrolateum	55 Grams
Powdered borax	1 Gram
Water	48 Grams
Perfume, qs ad	

VANISHING CRFAM

Stearic acid Powdered borax Potassium hydrovide Glycerin (C P) Water qs ad	10 Grams 4 Grams 75 Grams 2 Grams 100 c. c
Water qs ad Perfume qs ad	

FACE POWDER

Calcium Carbonate	10 Grams
Talcum	56 Grams
Kaolin	20 Grams
Zinc stearate	10 Grams
Magnesium carbonate	4 Grams
	(0.2
Perfume qs ad	

Coloring material (Lake dyc-amlin) or (Carmin or Calamine) qs ad

LIQUID FACE POWDER

Zinc oxid	50 Grams
Calcium carbonate	50 Grams
Glycerin (C P)	100 c c

titis from the use of soap, if a cold cream were substituted for the soap, the disagreeable dryness disappeared and the dermatitis no longer made its appearance The cold cream acted as We were an efficient cleanser for the skin unable to detect any so-called "clogging of the pores" after the cream had been thoroughly massaged into the skin and carefully removed with a soft towel The cold cream was of no particular value to those patients whose skins were exceedingly oily, yet it apparently did no harm Vanishing cream has such a high content of water that when it is massaged into the skin, the water freely evaporates and the solid particles are rolled beneath the fingers into small balls and in this way are removed-hence the name "vanishing". There is only a very slight amount of oil left upon the skin - after the use of vanishing cream We do not feel that vanishing creams are of any value, but if it is necessary to use a cream, we suggest the use of a cold cream The only object of a vanishing cream is to act as a base for powder, but this same thing can be accomplished by cold cream

The soaps which we used, contained the minimum amount of alkalinity, that is, one-tenth of one per cent, when dissolved in water



Fig 4

Neurodermatitis which resulted from continuous scratching produced by irritation from a dyed fur (paraphenylendiamin)

When this soap was used for a few weeks by the patients whose skins were moderately dry, a very mild desquamation with slight reddening and the feeling of tautness developed When the soap was discontinued and a cold cream applied, this condition cleared up one patient whose skin was moderately dry, a dermatitis developed from the use of this soap after twenty-four hours After the dermatitis cleared up, we again had the patient use the soap and the same condition reappeared There are certain individuals whose skins are dry and who will occasionally develop a dermatitis when any soap is used, we suggest here that cold creams be substituted in those patients whose skins are dry When the soap was freely used by patients whose skins were excessively only, this disagreeable oiliness disappeared but recurred very promptly after the soap had been discontinued Popular American toilet soaps are pure and contain, as a rule, the minimum amount of alkalinity Their use is by no means contraindicated, unless the skin is extremely dry

Most reliable manufacturers of face powders today do not use lead or mercury, but substitute with harmless ingredients. We do not feel that powders are harmful if made, to some extent, according to the formulæ we have pre-

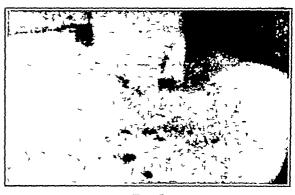


Fig 5

Keloids resulting from irritation produced by perfume. (Courtesy of Dr J Gardner Hopkins, Vanderbilt Clinic)

sented, the powder granules may clog up the follicles if the orifices are large or patent, but gentle massage with cold cream will frequently remove this foreign debris from the follicular orifices

Rouge and lip stick, when properly made, are harmless. The coloring material should be natural rather than anilin derivatives, if possible, however, irritating solvent amins—especially benzol—should be avoided

We can see nothing harmful in eyelash blackening, nail polish, nail polish remover or nail bleach. Of course, there may be an occasional case of dermatitis if these latter substances come in contact with the skin in susceptible individuals, as cited by Miller and Taussig, but in general these cases are few and far between.

All depilatories are irritating when improperly applied If the formula we have cited be used, we advise removing the depilatory by bathing with warm water and then applying a cold cream, if a dermatitis should appear, we recommend immediate discontinuance

We may summarize our remarks by citing the sanitary code from the Department of Health of New York City, and also to refer those of you who are interested, to the resolutions which have been drawn up by the Division of Legal Medicine, office of the Commissioner of the Department of Health of New York City These resolutions are intended for

to ascertain the real cause Miller and Taussig in 1925, reported some interesting observations. They discovered that the anilin dye used as a coloring material in the bizarre tints



Fig 1
Dermatitis resulting from paraphenylendiamin used as a dve for the patient's hair

for face powder, rouge and lip stick may cause They cautioned against the use a dermatitis of phenol in an attempt to remove wrinkles They cited a case of dermatitis on the neck resulting from finger nail polish Another of their patients developed a dermatitis from eau de cologne However, this applies to other perfumes as well One of us had a patient who developed a dermatitis on the nipple patient was in the habit of dabbing on a little Quelque fleurs daily Women are prone to apply perfume to eyebrows, temporal region and behind the ears, and occasionally a dermatitis will result About a year ago, one of us



Fig 2

Dermatitis which resulted from a fur dye (paraphenylendiamin)

(Coi riesy of Dr J Gardner Hopkins Vanderbilt Clinic)

saw a patient at the hospital, with a severe dermatitis of the face. This condition had been present more than two years at various times. While talking to the patient, she drew from the table a large bottle of perfume and smelled it for several seconds, this perfume was removed from her room and she cleared up in a few days with the aid of a soothing ointment.

Many of our perfumes in America and some in France are synthetic today. Just what ingredients in synthetic perfumes cause this condition, we are at a loss to say at present. There is a negligible amount of perfume in creams, rouge, lip stick and powders that can be usually disregarded, however, it must be borne in mind as a possible cause of dermatitis. We do not recall having seen in the literature or in our practice, any cases of dermatitis resulting from the minute quantity of synthetic perfume used in the above mentioned cosmetic preparations.

Orris root, which is an ingredient of some face powders, may in certain susceptible individuals, produce a mild dermatitis. Our colleague, A. H. Montgomery, has recently seen several such cases. Synthetic coal tar derivatives of which the principal ones are eosin, erythrosine and alizarin, may cause a dermatitis, as pointed out by Miller and Taussig. These should be substituted wherever possible with

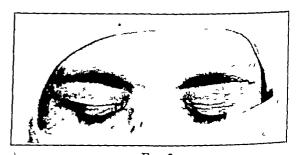


Fig 3

Dermatitis of the eyelids resulting from perfume (probably synthetic) being applied to the eyebrows

(Courtesy of Dr J Gardner Hopkins, Vanderbilt Clinic)

natural colors such as carmin, yellow ochre and burnt sienna, to produce the various One of us saw a very interesting shades dermatitis of the upper lip develop from the use of a lip rouge It is possible that the anilin dye here was responsible for this However, when the patient used another make of rouge with exactly the same shade of coloring, There is such an no dermatitis developed appreciably small amount of dye - whether natural or synthetic-in these various cosmetics, that in general, we feel that the anilin dves may be used, but one must bear in mind their possibility as a cause of dermatitis

One of us experimented clinically for several months with cold creams, vanishing creams and soaps. The observations may be of some interest, and for this reason, we will briefly summarize. Out of a group of twenty-five patients, there was not a single case of dermatitis produced from the use of either vanishing or cold creams of a special formula. It was found in those patients who had a dry skin and occasionally developed a mild derma-

does not include the dyes sold over the drug-

gists counters for self application

There are approximately 15,000,000 packages sold each year, one firm alone reports 4,500,000 applications in two years

HAIR TONICS

30 cases reported by 62 dermatologists At least 10,000,000 people use hair tonics

The small number of cases of dermatitis reported is misleading because only a few physicians took the trouble to make reports. The percentage is very much higher than indicated above, yet not alarming

BEAUTY SHOPS

According to Dr Dana Hubbard (14), in 1925 in the United States, sixty million men, women and children visited public beauty par-There are 170,000 persons employed in beauty shops at present who style themselves "cosmeticians" There are 135 training schools in the United States where instruction is given to future cosmeticians, the average fee for the course of instruction is \$250 Dr Hubbard states that these schools turned out 20,000 graduates in one year. It was estimated that in the regular shops, the sum of nearly \$400,-000,000 was taken in for the year 1925 Eleven of the forty-eight states have statutes regulating the activity of beauty shops and require operators to have a license

No doubt these figures will astonish you as much as they did us. We have no grievance against the amount of business transacted by beauty shops, but we do object to attendants in some beauty parlors prescribing, recommending or giving certain forms of treatment for pathological skin conditions. Most of the patrons who frequent beauty shops do so because of a dry or oily skin, patent follicles or conditions of a similar nature. However, occasionally a patron may have a superficial epithelioma, pigmented mole or even the manifestations of a secondary syphilis. It goes without saying, that such conditions require

the attention of a physician

One of us recently had a patient who consulted him regarding pigmented moles upon the face. This patient stated that she had been to one of the well-known beauty shops of New York City, where a cream was given her for the purpose of removing these pigmented moles. There was apparently a mercurial compound in this cream, as a decided dermatitis developed around the moles in question. Of course, if this patient had continued using this preparation, one of the pigmented moles might have been stimulated to malignancy. Another patient who consulted one of us recently, presented a superficial epithelioma on the tip of

the nose. About a year before, this woman had seen another physician who advised radium. She visited a beauty parlor in New York City for the purpose of purchasing some cream for her face. While there, she spoke to one of the attendants about the lesion on her nose, stating that a physician about a year previously had suggested radium. The attendant, who was dressed as a nurse, replied that radium was not the thing to use, and if it were, they would advise her as they always had a physician in attendance. She was given some cream and told to apply this to the lesion and it would disappear.

These two cases bring out the point that we wish to make, which is that in case any physician has a patient consulting him who states that treatment had previously been given her for any pathological skin condition in any beauty shop on the advice or suggestion of any of the attendants, these facts should be turned over to the Department of Health of New York City, who in turn will investigate, as it is a violation of the Medical Practice Act sicians in general, especially dermatologists, will co-operate with the Board of Health regarding these irregularities which occur in some beauty shops, we feel confident that such practices can be eradicated The Medical Practice Act of New York State was made a law to protect the public from being medically treated or advised by anyone excepting licensed physicians

Various preparations, such as "astringents to close the pores," wrinkle removers and so forth, which are so extensively sold to women seeking youth and beauty, need publicity by the profession to expose their inefficacies. Time will educate the public along these lines, but the duration may be shortened if the dermatologists will lend their support

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presentation to the American Medical Association this year. Time and space will not permit us to cite the resolutions, but the sanitary code states "That hair dyes and other toilet preparations containing paraphenylendiamin, lead or mercury or any other poisonous ingredients are prohibited from sale or distribution, and so forth" If these resolutions, including the sanitary code, which have been drawn up by the Department of Health, City of New York, are incorporated in some way into the Pure Food and Drug law, we believe that the solution of the problem for the removal of dangerous ingredients used in cosmetics, will be solved



Fig 6

Enlarged follicular orifices resulting from comedone type of acne. These orifices are approximately one millimeter in diameter. Experimentation with astringents for several weeks did not reduce their size as far as could be observed.

TREATMENT

The treatment of cases of dermatitis from the use of cosmetics may be answered by a word-discontinuance of the offending ingredient and usually the dermatitis will clear up However, it is not always easy to promptly discover this harmful ingredient. It requires much time and patience on the part of both physician and patient. It may be necessary for the patient to stop the use of all cosmetic preparations, to lay aside furs and wear only clothing-including hats-that contain no dye At times it is difficult to get the patients to co-operate as they are prone to believe that their condition is the result of uric acid or an eczema from internal origin We see so many cases of dermatitis from external origin today,

that we agree with Walter Highman that true cases of eczema from internal origin are few and far between. We have found small doses of unfiltered X-rays as the first therapeutic meas ure. In all cases of dermatitis, if the symptoms comprise edema and serious exudation, we prefer wet dressings of boric acid along with radiotherapy. If it is the dried, dequantating type, we prefer a soothing ointment. Most of these cases will clear up within two or three weeks, but are sure to recur if the real cause is not found and removed.

COSMETICS (A M A)

Injuries reported by 52 dermatologists

Creams	1		9	cases
Rouges	•		8	cases
Powders			5	cases
Miscellaneous	(including	bleaches)	21	cases

STATISTICS

Of Department of Commerce U.S.A August, 1926, for business of over \$500 for 1925 show in dollars

Creams and rouges	\$34,178,000
Talcum and toilet powders	25,496,000
Toilet waters and perfume	20,544,000
Hair tonics and dyes	11,096,000
Other cosmetics and toilet preparations	28,751,000

Taking the average price of all the aforementioned cosmetics at fifty cents a package, we have the following figures as to the number of packages sold in 1925—one year—as compared with the AMA figures for dermatitis for an indefinite period Pkgs sold

	AMA		1925
Hair dye Hair tonics	74) 30)	104	22,182,000
Creams Rouges Powders	9) 8) 5	17	68,356,000 42,864,000
Miscellaneous in ing bleaches	iclud- 21		57 502 000

FUR DYES

144 cases reported by 52 dermatologists or 2 32 cases per doctor. It can be assumed that 15,000,000 people use furs around the neck.

HAIR DYES

74 cases reported by 62 dermatologists or approximately 12 cases per doctor or ½ as many cases of hair dye dermatitis as for fur dyes

There are 40,000 beauty parlors in the United States Assuming that each one dyes two persons per day or say 50 per month, we have 600 per year or a total of 24,000,000 applications of hair dyes per year, and this

does not include the dyes sold over the drug-

gists counters for self application

There are approximately 15,000,000 packages sold each year, one firm alone reports 4,500,000 applications in two years

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Montgomery, Andrew H Personal Communication. Hubbard, Dana Personal Communication.

SMALLPOX AND CHICKENPOX—THE DIFFERENTIAL DIAGNOSIS* By FRANK W LAIDLAW, M D, MIDDLETOWN, N Y

URING our college days we all formed, from the textbook description, a mental picture of smallpox which was clean cut and distinctive, and most of us believed that we would have no difficulty in recognizing a case should the necessity arise. In actual practice some of us have found that it is a diagnosis to be approached with the most profound respect and the greatest caution "Smallpox has a power of deception which is as subtle as it is formidable"—(Wanklyn)

Many of us feel that smallpox is necessarily a more severe disease than chickenpox. This idea sometimes influences our judgment. It is truly surprising to realize in how mild a form smallpox can exist. The differential diagnosis between chickenpox and smallpox is extremely important, and we wish to call attention to a few features which we believe will be of considerable assistance.

It is unnecessary to give the classic description of the disease. This can be read in any text-book covering the subject. We wish particularly to call attention to important points, and to note some which are frequently looked upon as important, but which are really misleading.

The distribution of the lesions of the eruption is the first point to be considered. It is of decided advantage to examine the patient before taking the history, so as to avoid the bias which the history may produce. Smallpox may not present prodromes, and two or three days of illness may occur previous to the appearance of the eruption of chickenpox, particularly in adults

The patient should be stripped to the waist and placed in a good light An opinion should never

be formed without at least this amount of surface exposed for the purpose of comparing different areas. The face, when examined alone, some times presents a striking resemblance in the two diseases.

The distribution should then be studied carefully without at first paying any attention to the character of the lesions

The distribution of the eruption In smallpox there will be a greater proportionate number upon the face than any other part. The arms will come next with more below the elbow than above. The legs are next in order with a greater number be low the knee than above. The trunk will show the least, the abdomen having a smaller number than the chest. In short, the distribution is a "centrifugal" one.

In chickenpox the distribution is exactly the reverse of this—the trunk will show the greater number and the eruption diminishes upon the extremities the further from the trunk it is located. The face examined alone may show a considerable number of lesions, but in comparison to the chest the picture is altogether different.

It may be said that smallpox prefers exposed surfaces and that chickenpox prefers protected ones. Therefore smallpox lesions are comparatively few in the armpit, generally not present at all, while in chickenpox they are comparatively numerous in this locality. The same is true of the groin. With the foregoing description in mind, examine carefully the diagrams which are taken from Special Bulletin No. 36, issued by the California. Board of Health. The diagrams are credited by that Bulletin to Goodall and Washbourne's Manual of Infectious Diseases.

We earnestly request health officers to study these two sets of diagrams and to keep them in

^{*} From the February first issue of the Health Officers' Bulletin of the counties of Greene, Ulster, Orange, Rockland and Sullivan of which Dr Laidlaw is District State Health Officer

mind in making this differentiation. A diagnosis of either smallpox or chickenpox should never be made until it is determined that the distribution conforms to that of the disease upon which the conclusion finally rests. Ricketts stated many years ago, "However much the lesions may be altered in character, the scheme of their arrange-

Fig 1 Distribution of Smallpox Eruption Note that the distribution of the eruption is "centrifugal," more profuse upon the face, forearms and lower leg than upon the trunk, upper arm and thighs—armpit and grom comparatively free. Extensor surfaces more involved than flexors

ment will not be influenced either by the susceptibility of the patient or by the strain of the disease"

We here present two additional pairs of diagrams to illustrate this most important of all differentiating points between these two diseases,

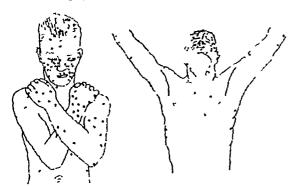


Fig. 3 Distribution of the eruption of smallpox in the 'folded up" and 'opened up" positions of the arms

namely, distribution These diagrams, also, have been reproduced from the California Board of Health Bulletin we have previously mentioned

It will be noted that in each pair of diagrams the patient is shown in two positions, which we will designate as "folded up" and "opened up". In the first or "folded up" position, the arms are crossed over the chest, the hands resting upon the shoulders, with the head bent forward. Note the

extent of eruption visible in the first or "folded up" position in both diagrams, and remember that the "protected" areas are covered, and that the face, extensor surfaces, and outer arm surfaces are exposed to view

Now, compare the second or "opened up' position in the two diagrams, in this position the

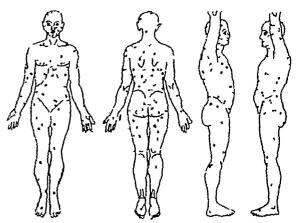


Fig 2 Distribution of Chickenpox Eruption. Note that the distribution in chickenpox is just the opposite of smallpox—more profuse upon the trunk, upper arms, and thighs, than upon the face, lower arm, and lower leg There is less of a tendency toward symmetry in chickenpox

arms are extended upward and the head thrown well back. The "protected" areas are exposed, while the outer and extensor arm surfaces are hidden from view and the face is less readily seen. It will be noted that in order to best expose the eruption of smallpox, the protected areas

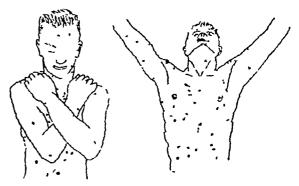


Fig. 4 Distribution of the eruption of chickenpox in the folded up" and 'opened up" positions of the arms

particularly the axillae and the inner surfaces of the arms, can be covered without much sacrifice, for smallpox shuns these areas as well as the chest to a great extent

But in chickenpox, it is necessary to use the "opened up" position to best exhibit the eruption, for this exposes the axillae, inner arm surfaces and the chest, areas preferred by chickenpox

All of the other differentiating features are sec-

ondary to the foregoing, and we will consider some of them in the order of their relative values This order is as follows

General appearance of the eruption, Area where eruption first begins, Growth of individual lesions, History of the case

General Appearance of the Eruption—In emallpox it will be noted that the lesions in any one area are practically similar in size, in shape (strong tendency to a circular outline), and in age

In chickenpox the lesions in any one area differ to a considerable extent in size, in shape (tendency to irregular outline, frequently oval), and in age (as shown by new lesions, fully developed ones, and crusts, frequently in close proximity)

Area Where Eruption First Appears—Small-pox usually appears first on the face Chicken-pox usually appears first on the trunk

The determination of this factor need not depend altogether upon statements of the patient,



Fig 5-Smallpox, Typical Distribution

but can be determined to a certain degree by comparing the apparent age, as shown by the stage of development of the lesions on the face and on other parts

Growth of the Individual Lessons—Smallpox lessons are slow in passing through the various stages of evolution,—requiring several days, in most instances

Chickenpox lesions, on the contrary, are rapid in their development

History of the Case —This should be the last feature of the evidence to be considered, and it should not be given the weight frequently as-

cribed to it It is true that smallpox very frequently has a prodromal period of about three days of illness before the appearance of the eruption, but the same history is sometimes present in



Fig 6—Chickenpox eruption, natural size, showing variability of lesions

chickenpox On the other hand such a history is sometimes absent in smallpox

In the last two or three weeks we have seen, in consultation with health officers and attending physicians, two clear cases of chickenpox in both of which, there was a history of prodromes

It is perhaps unnecessary to state, in view of what we have said in the foregoing, that every case of eruptive disease in which a diagnosis of chickenpox is considered, should be given the most careful scrutiny

In this connection, never ask a patient, "Have you had chickenpox?" but put the question, "Have you ever had chickenpox before?" This is in consideration of some of the frailties of human nature

Some Points of No Relative Value

Umbilication —This should not be considered at all, for it may occur in either disease, or it may be absent

"Shottmess"—Should be left out of consideration for the same reasons, and because of mistakes in determining its presence or absence

Secondary Fever — Not liable to occur in the present type of smallpox, and fever may be present during the eruptive period of chickenpox

THE OCCUPATIONAL DISORDERS OF THE NEW YORK PUBLIC SCHOOL CHILD*

By WILLIAM ROSENSON, MD, NEW YORK, N Y

REVENTIVE medicine is slowly, but definitely advancing over an ever widening sphere of activity The most fertile field for its development must be conceded to be the domain of childhood The New York public school system with an enrollment of more than a million pupils under supervision during a large part of the day, offers an unusual opportunity to put into practice on a large scale the mandates and methods and spirit of preventive medicine Already much has been accomplished Pre-school vaccination against small-pox, the general application of the Schick test, and toxin-anti-toxin for immunization against diphtheria, have taken firm root in the school regime Periodic physical examination for the detection and correction of remedial defects is becoming more intensively applied The formation, and extension of the special classes for the handicapped children, the cardiacs, anemics, markedly under-nourished, the mentally defective, poor visioned, and the physically crippled have done much to alleviate the afflictions of many children, and in some instances to prevent further progress of the pathological processes Complete restoration of health has been attained in some cases

There are, however, a number of conditions, methods, and mores still extant in the school system, and here I shall confine myself to the elementary grades, which have a tendency to produce definite physical and mental disorders, 'occupational disorders," if you please, among the children My attention was emphatically called to this subject about two years ago, when during the course of a single week, four cases of this type were seen. The first, a girl of eight was brought to me because of abdominal pain and vomiting These symptoms became manifest only after lunch, and on the way back to school for the afternoon session further questioning it was learned that her home was nine blocks from the school, and that the time alloted for the regular lunch period, fifty minutes, from twelve noon, to twelve-fifty, was entirely insufficient to allow more than a few minutes for eating the lunch As a consequence, she veritably raced home from school, gulped the food, hurriedly attended to her necessary wants, and continued on her marathon back to school to make the twelve-fifty gong Her journey was frequently interrupted by an attack of upper abdominal pain, and emesis The symptoms often continued during the afternoon They rarely occurred on Saturdays or holidays Physical examination was negative

The second case, a boy of seven years was seen at home He had a temperature of one hundred and four, with all the symptoms and signs of an upper respiratory infection When I first entered the sick room, the boy vociferously demanded that I permit him to return to school at once Not understanding the violent outburst, I turned to the mother, who informed me that there was an inviolable rule in his class that absence from school, no matter what the cause, would mean that the boy would be placed in the row with the pupils of poor scholastic standing, with the "dumbells" as he expressed it. He was an unusually bright and ambitious child, and the thought of this punishment produced a mental anguish which could not but retard the favorable progress of his condition Moreover, he had confessed that two days previously he had been chilly and achy, but cloaked his symptoms, and continued to attend school for fear of the degradation which would follow his absence

The third and fourth cases seen at the time were quite similar, and typify a large group of cases. These were children who suffered from marked fatigue. The symptoms were anorexia, pallor, irritability and restlessness. They were overtired, worn-out, over-burdened and unhappy. The rush of regular school work, two to three hours of assigned homework, carrying a load of heavy books to and from school, and up and down three or four flights of stairs several times a day, was evidently undermining their health

During the past two years since these cases were, so poignantly brought to my attention I have taken school histories of patients in an endeavor to learn the factors surrounding school life which have a bearing on the child's well being. A personal inspection of a number of schools, and talks with intelligent parents and teachers have assisted me materially in the formulation of the subject.

THE LUNCH PERIOD

The recess for lunch is fifty minutes. This includes the time required to leave the school building, to travel home and back to school, to eat lunch, to attend to necessary wants, and in walking to guard against street accidents by watching the traffic carefully, and traffic signals. As a consequence, the child either eats an inadequate lunch, or gulps a sufficient meal. The nervous strain attendant upon this rush frequently causes a lack of appetite, and fatigue. If the

Read before the Medical Society of the County of New York, at the New York Academy of Medicine December 23 1927

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plained that she had two hours of homework to prepare for the following day These are hours that no adult would tolerate, except perhaps the

physician

There are no definite regulations governing the amount of homework a child may receive. In some classes and schools it may be one hour, in others for the same grade it may be three hours, depending on the discretion or indiscretion of the teacher or teachers. I have found that when a study period is scheduled for the following day, additional homework is frequently assigned, and occasionally that study period itself is employed by the teacher for other purposes. Homework should not invade the child's inherent right to its share of sunshine, fresh air, and play. It should be so regulated as not to occupy more than 1/2 to 11/2 hours at most depending on the age of the child.

SUPERVISION OF LAVATORIES

In the school regime the most unaesthetic subject is that of the childrens' lavatories. So unaesthetic, and uninteresting is the topic that it seems to be in many instances the most neglected part of the school system. The lavatories are often filthy, inadequately flushed, surcharged with an ammoniacal odor, and without toilet tissue. I know a number of children from homes of good standards who find it impossible to use the school lavatories, and frequently suffer unnecessary discomfort, and pains. Constipation sometimes ensues.

Furthermore, there is no protection from intruders. No matron is stationed in the girls' lavatories, no porter in the boys'. I know of one instance in which three little girls were attacked in the lavatories, another in which a strange man was found prowling around the girls' lavatory.

Accompanied by a social welfare worker I inspected the conditions closely in five schools, and

shall sumarize each briefly

School A Old building, lavatories are outhouses, approach to them is through open yard, no covering overhead, and when visited we saw children going through the indoor yard of the building which was heated into the outdoor yard without overclothing, and the day was snowy and damp. The boys' and girls' lavatories were adjacent to each other. No other lavatories for the children in the entire building. The lavatories themselves were scrupulously clean, but the seats were old-fashioned, and made of soft wood. There was no tissue paper, and no facilities for washing the hands.

School B This building fairly new The lavatories are in an outdoor yard, but the approach is covered Plumbing fairly modern There was one roll of tissue paper chained to the wall There was excreta on the floor No facilities for washing the hands. There was no supervision of any kind. We went into the lavatories

without permission, and came out without being observed by anyone, although the entrance to the school building is through the ground floor yard Malicious persons can easily enter. Only other lavatory on the top floor (5th). Girls' and boys' lavatories separated.

School C This is a very large building having five floors There is no girls' lavatory between the cellar and the top floor The approach is through a very large playground This is dark. The lavatory for the girls is at the extreme end of the yard There is a strong ammoniacal odor Inadequate flush, and no facilities for washing the This school is in a congested neighborhood, and has a large share of delinquents who may enter the building, and be attracted by the dark cellar lavatory The lavatory is never locked because there is an after school recreation center. and there are actual instances in which older boys have been found in the girls' lavatory after school The boys' lavatory is in the playground, and is more adequate. There is a small antercom leading from the lavatory. It is secluded, and under no supervision Boys playing crap were found in this antercom

School D This is a new building with adequate provision throughout for the boys and girls They are entirely separated, are clean, light and sunny No facilities for washing the hands

School E New building with most modern plumbing The boys' and girls' lavatories, however, are adjacent, and it was in this school that the case mentioned previously in which an older boy induced two younger ones to enter the girls' lavatory and attack three little girls, the oldest 9, and the youngest 7 The oldest boy was subsequently sent to a protectory

There is then in some instances a very serious lack of supervision of the childrens' lavatories While the children are being taught the elements of cleanliness, hygiene, and sanitation in the classrooms on the upper floors, no attempt is made to provide them with soap, water, and towelling in the lavatories on the lower floor, to carry out the first principles of their teachings dren of the ungraded classes use the same lavatories as the normal children, and yet it is well known that these children are apt to display habit traits which make it undesirable for them to associate so closely with normal children under no For the sanitary, physical, and supervision moral well being, and protection of our city's school children there should be stationed a porter and a matron in the boys' and girls' lavatories respectively

THE SCHOOL HOURS

Of equal importance is the question of school opening. Under the double session regime, it is a frequent occurence to have six and seven year old children in the early session which necessitates beginning school at 8 10 A. M. During the

child attains the high distinction of being appointed monitor, then his recess must needs be curtailed by at least five to ten minutes

I was interested in the attitude of other cities toward this problem. In 1925 I sent a questionnaire to the Boards of Education of the ten largest cities of the United States ranking next in population to New York, and received the following replies regarding the time alloted for the lunch hour

Chicago—1 to 1¼ hours
Boston—1¼ hours
Philadelphia—1½ hours
Pittsburgh—1 hour to 1¼ hours
St Louis—1 hour 10 minutes
Baltimore—1¼ hours
San Francisco—1 hour
Detroit—1¼ hours to 1½ hours
Cleveland—1½ hours
Los Angeles—1 hour

New York allows fifty minutes for its children's lunch, the shortest period of any large city. The time alloted for the recess should be at least one

and one quarter hours

A number of schools have a double session The early session is dismissed for lunch at 10 50 and the children must eat their mid-day meal at about 11 A M This is rather an early lunch hour. If, however, after an interval the habit of eating an adequate meal is developed at this time, this habit must soon be substituted for another, because the following term, the same child is likely to be placed in the later session. These frequent changes interfere with our attempts to inculcate proper feeding habits. An endeavor should be made to keep the same schedule for several terms.

Another question, that of the school lunch has been fully studied by the School Lunch Inquiry Committee, a body organized at the request, I believe, of the superintendent of schools, and including representatives of various civic associations, and the Public Health Relations Committee of the Academy of Medicine The committee, the School Lunch Inquiry Committee, found that "indiscriminate, and often unhealthy food" was being served to the city's school children by an "objectionable concessionaire system" and recommended that provision be made for the appointment of an "assistant director of homemaking to operate school lunches" Their fine effort should be enthusiastically supported

On one occasion, while visiting a school lunch room, when in full operation, I was surprised to see that a large proportion of the children on line were placing two cups of cocoa on their trays. Not understanding this general enthusiasm for cocoa, I investigated, and found that each cup was but one-half full, and on inquiry, I learned that though seemingly a cup of cocoa was sold to the children, they had to invest in two cups of cocoa in order to get one cupful. Such an arith-

metical problem could be demonstrated only in a school children's lunch room

THE PROBLEM OF ATTENDANCE

Regular attendance at school should be en couraged, but when that atendance is emphasized as the paramount goal to be attained by any and all possible means, it may become subversive to good health In some schools the attendance is made the object of keen competition between the classes, and a large placard marked 100% is dis played on the door of the classroom that has no child absent during a designated period. If a pupil of that group should be so inconsiderate as to develop a bronchitis or a gastro-intestinal dis turbance, the class loses its pre-eminence. On the child's return, he is sometimes disgraced by being seated in the last row The child with a keen sense of loyalty or of fear is apt to disregard or conceal early symptoms, which may later prove to be serious This has occurred in three of my cases.

There is a type of child that readily contracts an upper respiratory infection. In unusually in clement weather such a case is undoubtedly better at home, and should be unquestionably excused from school. In the course of the term if this precaution were observed, the child's total absences would be fewer. A child with a mild upper respiratory infection, with coryza and possibly cough should remain at home for a day or two, especially in wintry weather. The emphasis on the 100% attendance record often brings a child to school, only to intensify his own symptoms, and to spread the infection among his class-

mates

Regular attendance is important, but it should not be made educations' chief raison d'etre.

SCHOOL WORK AFTER SCHOOL HOURS

The child's work day does not end with the close of the school hours. At times he is "kept in" after school as a punishment for some misdemeanor, more or less grave. This leaves less time for his outdoor exercise. Moreover, the traffic officer is no longer on duty at the corner to guide the child safely across New York's memacing avenues. This hazardous form of punish ment should not be condoned.

Since 1916 there has been a state law, the Welsh Law, requiring 200 minutes a week of physical training and games, and hygiene education. Some schools, not finding it convenient to include this work within the regular hours, added two hours to one day of the week, thereby extending it until five in the afternoon. Recently I was called to see a girl of eleven who returned from school at 5.15 in the afternoon, complaining of headache, pains in the legs, and feeling "all in". There was no fever and the physical examination was negative. This was undoubtedly a case of exhaustion. I ordered her to bed, but she com-

view point. For the last year and a half at least I have sought to arouse public attention to deal intelligently with the problems that have been broached by Dr. Rosenson tonight

There are children who are of the rugged, hardy type, who, like pack-horses, can endure heavy burdens without showing any ill effects. On the other hand there is a vast army whose number cannot even be roughly estimated, who are hyper-sensitive physically and mentally, and who react in a very marked way to psychic or physical insults.

Dr Rosenson has spoken of cases of tic that he has observed in children having a sensitive nervous system. I make bold to state that uside from the dramatic instances in which a tic or chorea give evidence of mal-adjustment between certain school children and their teachers and the educational environment, there are multiplied instances in which effects that are far reaching are produced upon a child, but not in ways that declare themselves so dramatically

The current hustle and bustle that dominates the lives of adults is bad enough, and often without adequate basis or explanation, but it becomes infinitely worse when the psychology of hurry and rush affects the lives of chil-While I realize that many individuals tend from birth to belong to the high-strung nervous type, the school ought not to aggravate such tendencies, but, on the contrary, under the guidance of psychologists, neurologists and educators as well as public health officials, it should study to counter-balance these unfortunate tendencies As things stand today, not only the child's sensitiveness, but that of every one in the home practically, is aggravated by the compulsion to rush, the tenseness of the home atmosphere and general irritability which characterizes not only the school child of tender years, but the mother and the others who may in some way or other catch the contagion of this mischievous and subversive in-I am certain that hurry and rush at meals account for more mal-nutrition among the rich and poor, than is accounted for by ignorance as to the proper dietary, by lack of parental control, or by coddling and other personal factors A child simply cannot eat enough, even before the school hour starts, if it is distracted by a thousand and one things that may appeal to its curiosity, and cause the loss of just a few minutes of time, or if it must rush to make up for failure to awaken early, if schools are far distant and if other such factors exist Who knows but what the gastric disorders that plague an army of young persons and adults may not have been aggravated, or had their origin, in the rush that possesses so many during their school career . I am an admirer of the ways of the people in

foreign countries who enjoy living and who make an art of life, rather than hustle and bustle to serve the god of utilitarianism. Our young children of between six and ten years of age are "career people" and are the victims of a Procrastean curriculum.

From my conferences with Dr William J O'Shea, the Superintendent of Schools, I have learned that he as well as a number of leaders in the educational system of the city, see clearly and fully the disadvantages of the present system to children, teachers and parents in so far as hours and conditions of work are concerned, but we must have an enlightened and popular sentiment to support a radical departure in the methods that obtain at present In my various speeches I have ventured to make certain revolutionary suggestions knowing that I voiced the general feeling of Dr O'Shea and those who are associated with him in the direction of our educational system

For practically all children up to the age of thirteen years I would insist upon a single period of daily instruction lasting three to four hours, according to age Such a period of instruction should include an opportunity to do the home work that may be necessary to bring out the individual resourcefulness and initiative of the child and to make it more familiar with newly imparted instruction It would make it possible for children, who may have missed the point of an explanation, to make known their failure and to be assisted before they are confirmed in their errors with a clear recollection of my own difficulty so far as mathematics was concerned, I am sure I would not have been so poor a student in mathematics, making the grade only by the skin of my teeth, if I could have stopped to ask questions during a study period with respect to some point where the explanation was less clear to me than to other students, even though it might have offered me a career as a bookkeeper and diverted me from public health work But it would have been a wonderful exhibition of a system, not yet in vogue, which is based on tolerance, patience and resourcefulness of the teaching staff, and of the encouragement to question one's teacher, and to allow time for this personal relationship to I am firmly convinced that be developed single periods of instruction for children in public schools, even those in the higher grades, would not add to the number of morons, nor diminish from the sum total of achievement of those who are a product of the public school With a single session per day there would be time for outdoor recreation and some of it could be organized and directed by teachers who have specialized in this field of work, so as to carry over the educational influence in character-building through play and to premidwinter months it means for them arising in the dreary cold darkness of a yet unheated apartment, often partaking of a rapidly prepared and scanty breakfast, and journeying to school shivering through a frigid, semi-darkness. Such hours for the youngest element in the school are unquestionably subversive to good health. If double sessions are here to stay for a while as they seem to be, a serious effort should be made to keep the youngest children, of the first and second years, in the late session

MISCELLANEOUS FACTORS INFLUENCING CHILD HEALTH IN THE PUBLIC SCHOOL

In schools with a double session, children are frequently compelled to keep their clothing with them during overlapping periods. As a consequence, they either keep their clothing on in the heated classroom, which encourages catarrhal respiratory infections, or they sit on them which is unsanitary, uncomfortable, and unhealthy. Some provision should be instituted for the correction of this most unusual procedure

The subject of the overcrowded classroom and its deleterious effect upon both the children and the teachers has been frequently stressed irritable and nervous teacher, the product of the harassing problems presented by the large classes has a very potent influence on the nervous system of the child Its mental well being, its attitude, and outlook so often reflect the spirit of the teacher I have seen tics come and go with the change of the teacher With the advent of a new teacher I have seen ırrıtable, tıred, morose, and unhappy children become spirited, alert, uncomplaining, and happy Few teachers can maintain an even disposition and cheerful outlook with fifty youngsters of varying temperaments, often presenting fifty different problems Smaller classes would be desirable, a maximum of thirtyfive as the ultimate aim

The educational authorities are cognizant of the overcrowding and difficulties presented by "mass' education. They are endeavoring to build as many new schools as the public appropriations will permit. Newer and more efficient methods in education are being introduced to meet more adequately the needs of our modern youth. The high scholastic standards should be supplemented by equally high standards of living, of health, and

recreation To best attain these ends the con siderations of problems of child health in the public schools should be left entirely to medical men, and their decisions should be final. A commission including a public health worker, a pediatrist, a psychiatrist, and a general medical man with the Commissioner of Health as chairman, should be entrusted with this important task

The program outlined here for the prevention of "occupational disorders" in the public school child does not in its major part call for an elaborate reorganization, or a large outlay. It includes in brief the following suggestions

(1) Increase of noon recess from the present fifty minutes to one and one-quarter hours

(2) For school lunches the manguration of the program presented by the School Lunch Inquiry Committee

(3) The question of the attendance to be treated on a more rational basis

(4) The "keeping in" of school children after school hours to be eliminated

(5) Regulation of homework so that no more than one-half to one and one-half hours be required depending on the age of the child

(6) Proper supervision of school lavatories with a porter and matron stationed in the boys' and girls' lavatories respectively Facilities for washing the hands to be provided

(7) Reduction of the school hours for the

second to the first year schedule

(8) In the double session schools, children of the first and second year to be placed in the late session

(9) Provision to be made for the closeting of

childrens' clothing at all times

(10) Smaller classes, maximum register to be

thirty-five

(11) The establishment of a commission of physicians to pass on all matters concerning childrens' health in the public schools

In the industrial world during the past decade great strides have been evidenced in making the conditions and environment of the worker more sanitary, more healthful, more comfortable, and happier Certainly, this the greatest of cities should do no less for its future citizenry. The way for the extension of this field in preventive medicine should be paved by the organized medical profession.

DISCUSSION

By LOUIS I HARRIS, M.D., NEW YORK, N. Y Commissioner Department of Health City of New York

THE subject presented by Dr Rosenson has a greater medical importance than may appear at first sight. I have ventured to dictate the following comments because I am exceedingly anxious to lose no chance to give an

impetus to public consideration of this question that will take it out of the realm of mere academic discussion

It is well that this important subject should be discussed from a medical and public health

limit. The diastolic pressure is usually 40-60 mm Hg below the systolic, and the difference between the two is spoken of as the pulse pressure. It is pretty well agreed that every dia stolic pressure above 90 should be considered pathological, also high diastolic pressures are more serious than high systolic pressures from a prognostic point of view

Etiology—The exact etiology of this disease is unknown, but may be divided into primary Of the primary causes, and secondary factors heredity and infection are most important They have been discussed by Allen,8 also by Gibbs and Sprunt The individuals actually inherit not hypertension, but a vulnerability to the disease, and they have a more susceptible cardio-vascular system than the average The other necessary factor is infection or intoxication, either acute or in chronic foci such as the teeth, tonsils, sinuses, appendix, gallbladder, etc. Gibbs¹ found focal infection in 96% of his cases, and Post and Steiglitz2 name numerous possible origins showing the futility of attributing it to any one factor spite of Rosenow's work on the predilection of the organism, we cannot explain why one person responds to those infections with hypertension, another with nephritis or diabetes

The secondary factors may be discussed under diet, particularly protein and salt meta-There has been considerable work done on this phase of the etiology, both clinically and experimentally The German investigators, particularly Schmidtman, Antischkow,7 and Monckelburg,8 by their experimental studies have concluded that cholesterol is responsible for the arteriosclerosis in experimental animals, such as rabbits, guinea pigs and Newburgh in his experiments has shown high protein diets to be the cause Nuzum¹⁰ and his co-workers also concluded that an excessive protein diet over a long period of time caused a disturbance of the acid base balance, resulting in the excretion of very Strouse and Kellman's work has apparently disproved that of Newburgh and Nuzum

Major^{10 20 21} in his experience with guandine bases has shown the potent pressor action of these substances which are normally present in the blood, tissues and urine as end products of purin metabolism. He has demonstrated the mechanism of their action on the nervemuscle structure of the arterioles, and indicated their retention in clinical cases of hypertension and their increased elimination as the blood pressure falls under treatment

Pathology—The pathogenesis in the production of high blood pressure remains doubtful, because a patient never dies of early hyper-

tension and in more advanced cases the invariable occurrence of lesions in the small blood vessels is still disputed In advanced sclerosis of the large arteries the blood pressure may be normal There are three stages of high blood pressure according to Volhard the early or pre-sclerosis stage, histologically and pathologically unknown At this stage the process may be halted or controlled, as we have only transitory increases in blood-pressure and there is no organic pathology present (2) The next stage is that of permanent hypertension and cardiac hypertrophy, often associated with sclerosis and hemorrhages of the Here there may be practically retinal vessels no impairment of kidney function (3) One form of termination is in malignant sclerosis, the result of a progressive kidney impairment The patient often dies in uremia, and the autopsy shows a primary contracted kidney Fishberg¹² in 72 cases of essential hypertension coming to necropsy found lesions of the terminal arterioles, and in every instance the minute arterioles of the kidney were affected He suggests that essential hypertension may be due to a disorder of renal function the other hand Albutt 13 has presented evidence that the renal lessons follow rather than antedate the increase in the blood pressure is further supported by Anderson¹⁴ who found that removal of 70% of the kidney tissue in rabbits does not produce hypertension even when prolonged and accompanied by evidence of renal insufficiency. Reid 15 also infers that the atrophy of renal tissue in chronic glomerulonephritis is not the cause of the accompanying hypertension Kylin¹⁶ believes hypertension is due to a disease of the vasomotor part of the vegetative system and may affect any one of its components. There are strong reasons for accepting the Volhard-Fahr view that a persistent spasm in the small arterioles followed by anatomical changes of loss of elasticity can later cause a partial or complete obstruction of the small vessels. It is not uncommon to find a thickening of the intima due to a proliferation of endothelium, the latter is usually a secondary change due to the in-Allen 18 has shown creased blood pressure that a rise in blood pressure may be due to a change in the salt and water metabolism and he has been able to reduce the blood pressure by the use of a strictly salt free diet Hypothetically, he suggests that the sodium chloride may be responsible for edema in the endothelium or contractions in the small vessels

A search through the numerous articles on hypertension in the attempt to find a mode of treatment that will actually control the condition is in vain. There are only the temporary measures mentioned, such as nitroglycerine, potassium iodide and calcium. All are agreed

vent many of the accidents that occur daily The method I propose would eliminate the concessionaires whose existence at best is made necessary by an archaic industrial system of excessive hours, overtime work, and home labor in the educational realm

Aside from the influence of the present system upon the development of various nervous disorders and diseases or of unfavorable effects upon personality, as well as upon the gastric system, we must consider that these factors together with malnutrition that arises out of the same causes, create a lowered resistance to various diseases, and this is important not only for children of very tender age but quite as much so for the girls who are approaching puberty

If the sanitary standards for lavatories and toilets with respect to their accessibility, as well as their construction, equipment and the privacy they afford, were as well organized in the public schools as they are in industrial institutions that are progressive, children would have no cause for complaint or be endangered Of course toilets ought not to be placed in an out-house or a building separate from the main structure, but treated as they are in industrial establishments, so that there are separate divisions for both sexes on practically every floor of the building, which may be supervised and watched so as to protect the children from intruders

I am hoping for the day when there will be a home visiting teaching service that will take care of those forced to be absentees due to sickness so that children will not feel under constraint to go to school when they are below par or have symptoms of beginning disease It might also serve very greatly to help certain

children keep abreast of their fellows without compelling them to go to school at all for periods of several weeks at a time, depending on home visiting instructions, which can be made brief and to the point when applied to a single child, and which would permit children who are handicapped from a nervous or physical standpoint to slow up in the race and keep abreast of their fellows. I have no time to elaborate this thought

Just as I am unalterably opposed to home work for children in all elementary schools, so I am even more opposed to keeping school children in after hours

Only partial safety channels are maintained by the police in the morning, during the noon hour and after school. Either there ought to be an even greater body of police assigned to make safe channels for the passage of children through traffic during all hours of the day, in structing the children on how to profit by these guarded channels, or else teachers or older children with a sense of responsibility should guide them home

As to sanitary conditions with respect to wardrobe, the methods of sweeping and even the size of classes, much might be said that is obvious and necessary but that would take us far afield. I make bold to say that if all the County Medical Societies would maintain an active campaign that would manifest the interest of the medical profession in the important preventive problems that Dr Rosenson has suggested, there would be a change effected in public sentiment which would inure greatly to the benefit of teachers, especially to the benefit of pupils, and last but not least to the mothers

ARTERIAL HYPERTENSION AND ITS TREATMENT

(With Report of 212 Cases)

By SAMUEL A VOGEL, M D, BUFFALO, N Y

I T is justifiable to assert that there is no general agreement as to the cause of high blood pressure, and even greater confusion reigns concerning the treatment

We know that the normal blood pressure varies in individuals according to age, sex, occupation and individual peculiarities and also undergoes fluctuations during the day, somewhat like body temperautres. It is lowest while at rest, particularly during sleep, and temporarily higher during hard exercises or excitement. Also a heavy meal may cause a

considerable rise of pressure, therefore in hypertension cases there is sometimes a stroke following a heavy meal. The old saying that one's systolic pressure should be 100 plus the age cannot be true and only holds incidentally in some cases, for example, the new born in fant has a systolic pressure of 80-90 mm. Hg while the pressure of a person eighty years old should not be 180. The systolic pressure rises with increasing age and in the normal adult is between 110-140 mm. Hg. At later ages it may be slightly higher, but 140-150 mm. Hg. may perhaps be called the upper normal.

^{*} From the Psychiatric Institute Morristown N J

number 94 were reduced more than two kilograms Of those who were not reduced only 39 improved In the cases associated with nephritis there was an almost equal number of improved and unimproved cases and the influence of weight reduction was less evident The majority of obese persons do not have high blood pressure, and it cannot be said that a reduction in body fat will necessarily reduce blood pressure, though its influence is usually favorable to some degree But it is reasonable to expect that where there has been a salt and water retention associated with a certain amount of edema, particularly of the invisible type, the loss of several kilograms in weight, a great deal of which was probably water, will commonly be accompanied by an improved circulation with direct benefit to the hypertension and its associated symptoms

CHANGES IN PLASMA CHLORIDE CONCENTRATIONS

The statistics in this table are variable, prob-

that did not improve, there were almost twice as many men as women, and the greatest number of unimproved males were among the hypertensive cases with nephritis (19 of the 36). I have counted as improved only those cases that had a drop of at least 20 mm. Hg for several days before leaving the Institute, and were practically free of symptoms.

A number of these patients have been seen several times since leaving the Institute, and when the diet has been faithfully continued the blood pressure has either remained at the same level as on leaving the Institute, or in many it has fallen lower. In the small number whose pressure has risen to a higher level, departure from diet has been proved by urinalyses and confessions. Allen, in his large series of cases published in October, 1922, comprising hypertension cases followed for 1 to 5 years, has shown that when the pressure assumes a lower level, and the patient remains on a strict diet, the pressure in nearly all cases will remain at

TABLE D

CHANGES IN PLASMA CHLORIDE CONCENTRATIONS UNDER TREATMENT

Final Plasma Cl. Concent	pe	above 580 mg r 100 c c. with Plasma Unimp	per	below 580 mg 100 c c. with Plasma Unimp	Hvpert (Nephritis Unimp	Imp	Total Unimp	Grand Total
At or above orig level Below orig level Above 580 mg per 100 c.c blood At or above 560 mg per 100 c.c Below 560 mg per 100 c.c	16 15 15 2 14	3 3 0 1 7	17 9 20 0 6	7 2 7 1 5	7 1 2 0 5	3 2 1 2 3	40 25 37 2 25	13 7 3 4 15	53 32 40 6 40
									171

ably on account of variations in the chloride equilibrium between blood and tissues. From a prognostic standpoint the cases with high chlorides are more favorable on the average than those with low chlorides. The exceptions, also the irregularities in the rise and fall of chlorides under treatment, must be attributed to known and unknown factors which space will not permit discussing here

TABLE E
RESULT OF TREATMENT AT INSTITUTE

		Improved		Uni	mprove	ď
	31	. 1	Total	М	·F	Total
Chl above 580	23	48	71	5	7	12
Chl below 580	29	26	55	12	8	20
With Neph	18	12	30	19	4	23
Grand Total	70	86	156	35	19	55

Results of Treatment—As mentioned above, only those cases were included in this series, which received treatment in the Institute for at least two weeks. A few patients remained for as long as six weeks, but the average length of stay was about three weeks. Of the total of 212 cases, 156 were demonstrably improved, viz., 70 men and 86 women. Among the 55

the lower level permanently. We have also seen a number of the so-called unimproved cases of the series improve at home after several months of careful diet. In all instances the relief of clinical symptoms has corresponded to the fall in pressure or has been even more marked.

Treatment—The treatment consists essentially in a salt-free diet, which means not merely the removal of salt from the table, but the most rigid elimination of salt from the diet by the use of food having a low chloride content and by special preparation of the food. The patient's fidelity to such a diet depends largely upon the knowledge and imagination of the dietitian or cook in substituting various seasonings to replace the salt. It is important for a patient to begin treatment in an institution with the requisite dietary and laboratory facilities, for obtaining the best initial results and for instruction in continuing the treatment at home

SUMMARY

This paper summarizes the results of 212 cases of hypertension treated in this Institute since the previous report by Allen The same classification was followed and the therapeutic

Male

Female

that rest will lower the blood pressure but admit that with the return of the patients to activity the blood pressure returns to its original high level. Venesection has been used since an early time and is still of value as an emergency measure for temporary reduction. Recently a considerable amount of both experimental and clinical work has been done with liver extract. In our hands the liver extract preparations that are on the market have proved worthless.

Although Mosenthal and Short²² say that there is no definite evidence in the literature that sodium chloride raises blood pressure, and that the level of the blood chlorides bear no relation to blood pressure, their actual clinical findings are unconvincing. It may be suggested, perhaps, that they did not keep their patients on the diet for a sufficient length of time, and in some instances the patients seemed to show a beginning response at the time when the experiment was discontinued Kylin²³ and a number of others advocate chloride restriction, and other literature has been reviewed by Allen

In the paper mentioned, Allen described the results of salt-free diet in 180 cases observed over periods of several years. In the present paper, we are enlarging this series with 211 cases subsequently treated in the Physiatric We have included only those pa-Institute tients who remained in the Institute for at least two weeks, and the average length of stay was about three weeks Only those cases are included that had shown persistent systolic blood pressures above 160 mm Hg and dias-The series would tolic pressure above 90 have been much larger, had all slight or transitory elevations of pressure been included The great majority of cases in the series were severe and unfavorable from a prognostic standpoint, for not only were the systolic pressures mostly above 200, but also the patients had generally been referred by physicians after various attempts at reduction of pressure

Following the empirical classification of cases employed by Allen, this series was divided into the following four groups

- A. Cases of pure or "essential" hypertension with initial plasma chloride concentration above 580 mg per 100 cc of blood
- B Cases of hypertension with initial plasma chloride concentration below 580 mg per 100 cc of blood
- C Cases of hypertension with nephritis
 The word "nephritis" is used here to
 indicate a renal lesion as shown by an
 impairment of nitrogen excretion

D Cases of hypertension with diabetes These cases because of their special peculiarity will be reported in a later paper

TABLE A

THE SEX	or H	PERTENSION	CASES	
With above	Chloride 580 mg 28 55	With Chlord below 580 mg 42 35	des With Nephritis 35 17	Total 100 107

TABLE B

CASES OF HYPERTENSION ACCORDING TO DECADE IN LIFE Decade Chl above 580 Chl below 580 With Nephritis Totals Grasd in Life M F M F M F Teul 2 6 12 5 2 10 10 28 33 20 3 5 17 2 5 4 6 33 34 24 1 61 77 45 2 11 11 28 43 21 12 7 11 3 1 18 21 11

DISCUSSION OF TABLES A AND B

Set—The consensus of opinion, not only among the medical profession but also among the laity, is that by far the greater number of hypertension cases occur among males. This is probably traditional because of the more frequent examinations of men and has been attributed to the greater use of alcohol and the heavy work by men. This series of cases proves this prevalent opinion erroneous as far as our experience extends, there were about as many males as females (105 and 107 respectively), although the hypertension cases with nephritis were twice as numerous in males as in females

Decade of Life—This analysis based on the age at admission, not at the onset of the trouble, shows the well known higher includence in later life, the greatest number in the fifth decade and the next highest number in the fourth decade. Contrary to the supposition that hypertension in women is brought on by the menopause, there are more men than women with hypertension during the fourth and fifth decades. The cases occurring in the second and third decades fortunately were few, as they are more resistent to treatment, and the prognosis is worse.

TABLE C

Body Weigh	T OF	Нурен	RTENS	ION CA	SES	
	P)a:	ma Cl	C1	helow ,80 Unimp	Case	s with hritis Unim?
Reduced less than 2 kg by treatment	0	1	8	6	3	5
Not reduced under treatment	21	5	13	2	5	3
Reduced more than 2 kg	46	2	35	14	19	14
2 Ng						

Body Weight —Of the patients that improved, 114 were reduced in weight, and of this

One of the outstanding points of interest is the time in hours that the disease had progressed before they were seen by the surgeon In 155 cases -more than half of the total number-more than 36 hours had passed before surgical aid was The fact that the mortality rate and the morbidity rate increases in direct proportion to the delay in operating acute appendices has been brought before the profession so many times that it seems almost superfluous to mention it again, and yet, the figures as shown in this group would indicate that either the public or the physicians, probably both, do not yet fully appreciate the importance of early operation. I know that in many of these cases the physicians are in no way responsible Often, they are not called in to see the s ck patient until very late and occasionally the patient or his family refuse to act upon the advice of early operation On the other hand, the doctor may be at fault in not presenting his advice in a sufficiently convincing manner This personal equation must enter into the situation for we have repeatedly noticed that there are some physicians who seldom have trouble in securing the cooperation of their patients while others have repeated examples of procrastination. The following table shows the time these cases were rererred

TABLE II

	Vo of Co	1565	Per Cent
Scen by Surgeon	Reco cred	Died (Per Cent Approximate)
Before 24 hrs	114	4	40
Between 24-36 hrs	21	1	<i>7</i> 5
Between 36-48 hrs	47	3	1 <i>7</i>
Between 48-60 hrs	8	0	27
After 60 hrs	68	14	278
No mention	15	0	5

It is certainly surprising to note that more than one-quarter of all of these cases, 27 8% were referred to the surgeon after 60 hours. Although I have not checked up the cases of adult appendictis occurring in Schenectady, I am under the impression that the proportion of late cases seen by the surgeon is somewhat smaller. If this is so, is it because the diagnosis is more difficult in the young due to the frequency of gastro-intestinal upsets, or is it due to a misconceived sense of pity and reluctance to operate on a child? I, personally, believe that both factors enter into the difficulty and that the answer to the problem is early consultation in all cases where there is any doubt

I have said that the time of operation bears a direct relation not only to the mortality rate but also to the morbidity rate. This is very well illustrated in a study of cases which did and did not require drainage and the length of time of hospitalization. The sequence of pathological changes in the appendix and the peritoneum is a very constant factor. Within 24 hours from the onset of the disease, these changes seldom require drainage and often not within 36 or 48

hours—but following this time the formation of localized abscesses, granulation tissue, or the development of generalized peritonitis necessitates the use of drains. The following table, omitting the 18 cases not operated, shows the number of clean cases and the number of drained cases.

TABLE III

Appendix excised, not drained	166	60%
Appendix excised, drained	66	23.8%
Appendix not excised, drained only	45	16.2%

The effect of drainage on the morbidity as shown by the length of hospitalization is clearly illustrated when we find that the average stay of the clean cases was 10½ days, while that of the drained cases was 19½ days

The abdominal pathology described at the time of operation is of some interest. I have separated it into two groups, the first showing the pathology of the appendix itself, and the second, the peritoneal pathology One point which is definitely brought out in these tables is the neglect on the part of the surgeons to adequately describe the pathology at the time of operation. In 30 cases, there was no mention made about the pathology of the appendix and in 54 cases, no mention about the peritoneal pathology This oversight makes these cases almost worthless in a critical analysis of hospital work and I feel that if we exercise a little more care in our pathological description, our histories will be of real value for future study

TABLE IV

Gross Appendix Pathology in Cases Operated

	Recovered	Died
Acute diffuse inflammation	125	1
Gangrenous	36	1
Perforation	58	9
Peri-appendicitis	2	Ō
No inflammation	15	Õ
No mention made	26	4
	262	15

TABLE V

Peritoneal Pathology

	Recovered	Died
Negative	78	0
Free fluid	54	2
Considerable peritonitis	18	ō
General peritonitis	4	6
Localized abscess	56	5
No mention made	52	2
	262	15

End results as regards later developments, such as post-operative hernia, are not known for the whole group. However among the 295 cases comprising this study 140 were taken care of by Dr. Stanton and me. There were eight deaths

results were similar Of these 212 cases, 156 improved during the initial treatment (usually ? or 3 weeks in duration) in the Institute, while . 55 are classed as unimproved because there was no appreciable reduction of pressure during this time Some cases in this latter group, however, showed subjective benefits or a fall of pressure after a considerable period of continued treatment at home This experience warrants the conclusion that salt-free diet furnishes the best and most specific means of treating hypertension cases, and that striking benefits are accomplished in the great majority of cases when the diet is properly carried out

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A STUDY OF ACUTE APPENDICITIS IN CHILDREN UNDER 12 YEARS OF AGE*

With an Analysis of 295 Cases Occurring in the Ellis Hospital, Schenectady, N Y

By C W WOODALL, MD, FA.CS

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HIS study of acute appendicits in children was prompted by a desire to determine in as far possible the factors responsible for death in those cases which have not survived and to survey any possible relationship in the morbidity and mortality to the methods used in handling these cases on the various days of the disease As a basis for this study I have reviewed all cases of acute appendicitis in children 12 years of age and under occurring in the Ellis Hospital, Schenectady, between July 1, 1923 and October 1, 1927, a period of 4 years and 3 months Hospital records prior to this time had not been kept in such form that they were readily available for study However, I have been able to add to these hospital records many additional cases operated by Dr Stanton or me prior to July, 1923 The total number of cases available for study are All cases treated in Ellis Hospital since July,

207 Cases operated by us prior to July, 1923 295

The age frequency is of interest and is shown

* Read at the Annual Meeting of the Schenectady County Medical Society December 6 1927

in the following table The earliest case occurred As the age increases, in a child two years old so does the frequency up to age 7 or 8, and it will be noticed that 85 per cent were found in children 6 years of age and older

TABLE I—AGE INCIDENCE

4gc		No Cases	Age	No Cats
1		0	7	29
2		4	8	39
3		6	9	33
4		15	10	44
5	`	18	11	42
6		27	12	38

I have not referred to the question of symptoms and diagnoses in this study as this paper is not a review of appendicitis in general but rather an analysis of certain cases and the factors bearing upon the results obtained

In this series of 295 cases, there were 22 These fatalities will be disdeaths or 745% cussed in detail later on Eleven cases were carried along on the Ochsner treatment and recovered without operation 262 cases were operated upon and recovered

which should have been drained. The second one of these cases, admitted on the 4th day, was operated at once. A gangrenous appendix was round which ruptured while being freed from adhesions, spilling pus contents. The surgeon mentions on his report that there was granulation tissue about the appendix, yet in the face of this fact and the spilling of pus, he did not drain. The child died the following day. Is it not possible that this death may be charged to an error of judgment on the part of the surgeon?

The next one of these cases may also represent an error in judgment. A 6-yr-old child was seen on the 5th day with a peritonitis. Presumably he had had no nourishment to speak of during this time. He was placed on strict Ochsner treatment for 8 more days, after which a large abdominal abscess was drained. Following the operation he was again placed on strict Ochsner until he died 3 days later. That gave a total of 16 days' starvation which numerous hypodermic injections of heart stimulants administered in the last 24 hours failed to combat.

The 4th case, a boy age 5, was seen on the 6th day of the disease. After 2 days of Ochsner treatment a localized abscess was drained. He was discharged from the hospital 23 days later as recovered. Twenty-five days later he was readmitted because of pain in the upper right quadrant accompanied by septic temperature. Operation performed the same day showed multiple liver abscesses and portal pyemia. He died of toxemia 2 weeks later. This case represents one of the complications that is occasionally seen in acute appendicitis, not controllable by the surgeon and usually of fatal termination.

The 5th case, a girl age 11, seen on the 6th day, was operated immediately upon admission

She had a history of a ruptured appendiceal abscess 3 hours previously. At operation the abdomen was found full of purulent fluid and a simple drainage was done. The child died a few hours later from toxemia. This death illustrates one of the real dangers attendant upon late cases. The scattering about of a lot of virulent pus in the general abdominal cavity from the sudden ripture of an abscess permits the rapid absorption of toxins which usually has a fatal termination.

The last of these 6 late cases illustrates the same danger as the previous one, a 4-year-old girl, seen on the 12th day with a sudden rupture of an appendiceal abscess. An immediate drainage was done but she expired the following day from toxemia. Both of these cases were recognized as hopeless at the time of operation by the surgeon

In looking at these 22 deaths in retrospect it seems quite possible that some of them may have been saved. In 2 cases there is a definite history that the family physician did not seek surgical aid when it first should have been sought. In 1 case a technical error at operation may have been the determining fatal factor—while in 5 cases the surgical judgment of the operator may be open to criticism Taken as a whole, the mortality rate of 71/2% compares favorably with other groups of acute appendicitis treated by other groups of surgeons That, however, is no reason for congratulating ourselves. When a study of this kind shows that there is a possibility that the mortality rate might concervably have been reduced to below 5%, it is an indication that not only we, but others with similar mortality rates, are not getting the best results in the treatment of acute appendicatis

PELVIC TUMORS COMPLICATING PREGNANCY

(Report of Two Cases with Normal Delivery Following Extirpation of the Growth in the Sixth Month)

By ARTHUR STEIN, MD., FACS, NEW YORK, N Y

TERINE or adnexal tumors complicating pregnancy may give rise to serious trouble, either during pregnancy or labor. While there are many tumors, especially those which are located high up in the abdominal cavity, which give no disturbances whatsoever, there are others which either through sudden changes in their position (twisted pedicle of ovarian cyst), or through their location way down in the pelvis (incarcerated myoma) might give rise to serious acute abdominal conditions. In these cases immediate operative interference is imperative, irrespective of the pregnancy. To the latter category the following two cases belong

Within twenty-four hours I was called to see

two patients each of whom had a pelvic tumor with acute symptoms complicating a six months' pregnancy. Both recovered from operation without mishap and later had normal full-term deliveries. In the cases here reported the presence of acute abdominal symptoms arising from complications in the growths themselves made immediate operation necessary.

REPORT OF CASES

Care 1—F R, a married woman, aged 32, was admitted to the Lenox Hill Hospital, March 21, 1927, in the sixth month of her first pregnancy, complaining of abdominal pain of eight weeks' duration. She had had rheumatism eighteen

in this group leaving 132, 5 of whom have developed post-operative ventral hernias out of a total of 46 drainage cases. This is in line with other groups of cases which gave about a 10% incidence of ventral hernias in drainage cases.

The fatalities in this study are comprised of 22 deaths, nearly 7½% of the total number. An analysis of these shows that 1 death occurred in a case seen within 12 hours of the onset of the disease, 3 occurred in patients seen within 24 hours, 1 within 36 hours, 3 within 48 hours, 7 within 72 hours, and 7 after 72 hours. The following table shows the above

TABLE VI

No of Deaths in Relation to Time of Consultation

Time of Consultation	Deaths
Within 12 hours	1
Between 12-24 hours	3
Between 24-36 hours	1
Between 36-48 hours	3
Between 48-72 hours	ž
After 72 hours	7
Total	22

Among these 22 deaths were 7 cases which were not operated but put upon the Ochsner treatment. One of these had been sick but 48 hours until the time of admission to the hospital. She expired 9 days later from general peritonitis and septicemia. I believe it possible that an operation performed in this 48-hour case might have saved her life—an operation performed either immediately, or perhaps at the end of 5 days at which time her temperature and pulse had come down to nearly normal.

Five of the non-operated cases were seen by the surgeon after 3 days had elapsed. On the chart of one of these is the tragic note that she was seen by the family physician on the second day but was not referred to the surgeon until the following day. These cases remained on Ochsner treatment from 2 to 7 days and all died of peritonitis. The last of these non-operated cases was not seen until the 4th day and was evidently in extremis for he died within 24 hours from peritonitis.

The remaining 15 cases which were operated upon are discussed in order of their time of admission to the Hospital. The child who was operated within 12 hours after the onset of the disease was evidently the victim of a surgical tragedy for the record shows that the appendix broke while being removed and that the contents were scattered over the intestines. He expired 3 days later from peritonitis and extreme toxemia, the fever rising to 1072

Of the 3 cases seen within 24 hours of the onset, one died 48 hours after operation from what was probably peritonitis although no cause of death was given Another died in 29 days. In

the latter case a secondary drainage of a localized abscess was performed 2 days before death. Both of these cases had perforated appendices with considerable peritoritis at the time of operation. The 3rd 24-hour case was operated immediately upon admission and, in spite of considerable general peritoritis, did very well until the 6th day when she started to run a septic temperature which continued until her death on the 22nd day

The 36-hour case has a note on the chart that the family physician was called the day previous but because of personal illness gave telephone in structions as to treatment and did not see the case until the following day. At the time of operation the head of the cecum was so indurated that inversion of the appendiceal stump could not be made. The child died 2 days later of peritonitis. If the referring Doctor had recognized the danger of delay in this case, the outcome might have been different.

I believe that one of the 48-hour death cases may possibly be attributed to an error in Judg-The child was only 21/2 years old, and instead of being operated immediately, was placed on Ochsner treatment for six days, after which a localized abscess was drained with death fol I do not believe that young lowing 2 days later children stand the starvation of the Ochsner treatment nearly as well as do adults and it is possible that this little boy might have been saved if he had been operated before his resistance had been lowered by this long period of starvation The second 48-hour case was apparently doomed Immediate operation showed a from the start The child belly filled with foul smelling pus died the following day from overwhelming toxemia

The two cases seen after 72 hours were both put on Ochsner treatment. One, a boy 4 yrs old, was operated 4 days after admission when a simple drainage was done. He expired 3 days later, the cause of death being given as acute intestinal obstruction with peritoritis. The other, a 12-yr-old girl, was put on Ochsner treatment for 6 days. At operation a localized abscess was found containing the remains of a gangrenous appendix. This was removed and the abscess drained. Five days later she died of peritoritis.

The group of 6 cases seen by the surgeon after 72 hours were admitted to the hospital from 4 to 12 days after the onset of the disease. The first of these, a 9-year-old girl, was seen on the 4th day with a very severe diffuse peritoritis. She improved greatly on Ochsner treatment for 24 hours, was then moved to another room, followed by a marked exacerbation of symptoms. On the next day, it was decided to relieve the abdominal tension by drainage. A diffuse peritoritis was found with pocketed pus cavities. The tension was relieved but the patient continued to run a septic temperature and died 23 days after operation. Autopsy showed a deep pelvic abscess.

removed This step was followed by removal of the left adnexa and ligation of the stump near the uterus with two chronic catgut sutures The abdomen was closed in four layers

The wound healed by primary union and the patient made an uneventful recovery Later she had a normal delivery at term

Conclusions

1 The removal of a pelvic tumor complicating pregnancy well before the onset of labor may be expected to eventuate in a normal delivery

2 If laparotomy and the extirpation of the growth are performed carefully, abortion or premature labor is usually not induced thereby

THE CANCER SITUATION IN THE STATE OF NEW YORK

By JOHN M SWAN, MD, ROCHESTER, N Y

Chairman of the New York State Committee of the American Society for the Control of Cancer

In a paper entitled The Cancer Situation in the state of New York, New York State Journal of Medicine, January 1, 1927, I outlined a program adopted by the New York State Committee of the American Society for the Control of Cancer, for an attack on the annually increasing deaths and death rate from these diseases. The chief item of this program is the offer of the Committee to provide groups of people throughout the State with information concerning the present knowledge of cancer and of the precancerous lesions, and with facts which indicate that several widely prevalent popular ideas concerning the development of malignant tumors have no scientific basis

The present seems a suitable time to analyze the statistical information available in the publications of the New York State Department of Health from the viewpoint of counties, because the 1926 statistics have become available since the publication of the former paper, and because the county seems to be the most practical geographical subdivision in which to organize and conduct educational activities. The 1926 statistics show a continuing increase in the total number of deaths and of the rate per 100,000 population in the State as a whole and in the State exclusive of New York City

Table 1						
Year	State of New	w York	State of N Exclusive York	of New		
	Total Deaths	Rate per 100 000	Total Deaths	Rate per 100 000		
1921	11,163	105 9	5 590	1167		
1922	11 706	1099	5 7 61	1197		
1923	12,257	1139	5 970	123 6		
1924	12 791	1160	6,234	1199		
1925	13 117	1174	6 345	1198		
1926	13,560	1198	6 536	121.2		

The New York State Committee is intrusted by the American Society for the Control of Cancer with the responsibility for putting its national methods and policies into active operation in fifty-four counties in the State Greater New York long Island, Staten Island and Westchester

County form the field for the operation of the New York City Committee

Table 1 gives the statistics from the State at large and for the State exclusive of New York City for the past six years

Table 2 shows the total deaths from cancer in the fifty-four counties, in which the New York State Committee operates, during 1922, 1923, 1924, 1925 and 1926. In these counties 26,393 people died of cancer during this five year period, an average of 5,278 per year, practically the figure for 1924. In 1923 there were 134 more deaths than in 1922, in 1924, 198 more than in 1923, in 1925, 214 more than in 1924, in 1926, 100 more than in 1925.

Table 2

Total deaths from cancer in fifty-four counties of New York State, north of Greater New York (This does not include institutional districts)

(This does i	not menta	e mst	rianonia	n aisn	icis)	
County	1922	1923	1924	1925	1926	Total
Albany	278	256	235	229	291	1,289
Allegany	53	63	33	48	54	251
Broome	129	130	139	156	146	700
Cattaraugus	89	89	72	85	87	422
Cayuga	100	98	86	99	83	466
Chautauqua	112	119	129	136	141	637
Chemung	82	78	94	60	102	416
Chenango	54	47	45	51	43	240
Clinton	36	45	51	53	56	241
Columbia	55	51	57	58	60	281
Cortland	39	52	42	55	59	247
Delaware	40	55	53	67	64	279
Dutchess	117	110	140	110	122	590
Erie	658	696	727	764	799	3 644
Essex	31	34	38	34	42	179
Franklin	37	54	43	53	58	245
Fulton	53	59	68	80	71	331
Genesee	40	50	49	54	66	259
Greene	49	39	36	35	45	204
Hamilton	3	4	š	0	3	15
Herkimer	72	70	72	71	73	358
Jefferson	90	103	95	123	118	538
Lewis	31	25	23	19	27	125
Livingston	30	32	41	37	46	186
Madison	63	64	55	80	54	316
Monroe	348	413	454	450	459	2 124
Montgomery	54	61	66	58	72	311
Niagara	117	112	137	146	111	623
Oneida	200	250	228	262	245	1,185
Onondaga	284	275	292	314		1 461
Ontario	86	65	113	96	88	448
Orange	151	140	172	170	151	784

months previously The last menstrual period occurred September 10, 1926

For several months she had suffered from vague pain'low down in the abdomen. During the last eight weeks it was sharper and located across the epigastrium. Several days before admission the pain became much worse and extended to the lower abdomen again.

She was a well developed and nourished woman disclosing the evidences of a six months' pregnancy. The abdomen was very prominent, showing two bulging masses. One was located in the right upper quadrant, the other, a little above the symphysis pubis just to the left of the median line.

The upper mass was elongated and extended about 1 inch above the umbilicus. It was soft in consistency and had all the characteristics of a six months' pregnant uterus

The lower mass was round, smooth and cystic in consistency. It extended to about three finger-breadths below the umbilicus. It was not movable

On vaginal examination the lower pole of the tumor on the left side and that of the pregnant uterus on the right were identified. Nothing further could be learned by vaginal palpation

The clinical diagnosis was left ovarian cyst complicating a six months' pregnancy

Operation —On March 23 laparotomy was performed to extirpate the growth A median incision was made midway between the umbilicus and the symphysis pubis. When the peritoneum was opened, the uterus containing a six months' pregnancy came into view. It was found to be pushed to the right side by a left-sided intraligamentously developed tumor the size of a large grapefruit.

The left broad ligament was slit open and a trocar inserted into the tumor. About 10 oz of muco-serous fluid were obtained. The growth was then shelled out of its bed without great difficulty. The pedicle, which originated to the left of the uterus, was seized with two clamps and the stumps were ligated with double chromic catgut. There was considerable oozing from the tumor bed, which was controlled by hot compresses and gauze packing soaked with epine-phrin solution.

The incision in the broad ligament was partially sutured with chromic catgut and the abdominal wound closed in four layers. A drain was allowed to protrude from the lower angle of the wound. The uterus was in no way disturbed during the operation.

On the day following operation the evening temperature rose to 1038° F, and on the next day the left parotid gland became greatly swollen. The temperature then rose to 105° F but the fever gradually subsided in the course of several days. The diagnosis was epidemic parotitis. The

patient was jaundiced for about a week. How ever, she made an uneventful recovery from operation and later had a normal full-term delivery

Specimen —The specimen removed from the broad ligament was oval in shape, somewhat irregular in outline, and covered with adhesions. It had already been opened and showed a very thick surrounding wall, within which there was an irregular mass of grayish, firm, fibroid tissue running in thick strands from wall to wall and almost entirely filling up the interior

Microscopic examination of the tumor showed a fibromyoma composed of bundles of smooth muscle fibers supported by a small amount of fibrous tissue. In the fibromuscular tissue there were areas of hyaline degeneration and a small number of vacuoles. Though still retaining its architecture, a large part of the tumor was necrotic.

Pathologic Diagnosis —Intraligamentous fibromyoma with necrosis

Vase 2—H K, a married woman, aged 20, was seen by me in consultation with Dr Herman Schwartz on March 24, 1927, within twenty-four hours of the operation described in the previous case. She was six months along in her first pregnancy. For the last three weeks she had suffered from increasing pains all over the abdomen but most marked on the left side.

The abdomen was evenly distended Palpation produced marked pain, especially in the hypogastrium Because of this sensitiveness the examination was made under narcosis. Then very little difference was found in the abdominal outline and no free fluid wave could be effected.

Vaginal examination revealed the fact that the pregnant uterus was pushed downward into the pelvis and therefore gave the impression of being under great pressure

A catheterized specimen of urine was negative. The white blood cell count was 15,000 with 86 per cent polymorphonuclear cells

The question for differential diagnosis was between a large ovarian cyst and a ruptured appendix with general peritonitis complicating a six months' pregnancy. The patient was admitted to the Lenox Hill Hospital for operation

Operation—The abdominal cavity was opened through a median longitudinal incision and the uterus containing a six months' pregnancy exposed. It was pushed to the right by a left-sided ovarian cyst, the size of a man's head. The pedicle, which was about 2 inches in diameter, was twisted about 360° and the walls of the growth as well as the pedicle itself were gangrenous. The whole tumor was exceedingly edematous.

A trocar was inserted into the cyst and about a quart and a half of sero-sanguineous fluid were

From the figures herewith presented it would seem that the most desirable places in the State for the cancer patient to apply for treatment are those in which cancer is being studied and discussed and in which constant improvement in technique is being developed in the various operative and radiological measures. Isn't this a challenge to the profession in the non-teaching countries to unite on the cancer problem?

A study of the figures ought to give a negative reply to those who ask about cancer belts

Cortland had the highest death rate (1883) The counties to the west (Cayuga and Tompkins) had 1268 and 1435 respectively. The county to the north (Onondaga) had 1088. The county to the east (Chenango) had 1259. The counties to the south (Tioga and Broome) had 981 and 1120 respectively.

Leaving Hamilton out of the question, the lowest rate was given by Niagara (\$14), the county east (Orleans) had 1222, the next eastern county (Monroe) had 1157. The county south of Monroe (Livingston) had 1183, the next county west (Genesee) had 1483, the next west (Erie) had 1162. Take the southern tier. Chau-

tauqua, 1156, Cattaraugus, 1145, Allegany, 1467, Steuben, 1521, Chemung, 1388, Tioga, 981, Broome 1120, Delaware, 1468, Sullivan, 1130 Or again the highest death rates were reported from Cortland (1883), Yates (1846), Wyoming (1807), Ontario (1578), Greene (1569), Warren (1563), Fulton (1534), Steuben (1521), Wayne (1505)

In submitting this analysis of the cancer situation based on the statistical information available, I am aware that the figures for one or two years are far from conclusive for a disease like cancer which is chronic and lasts, on an average, of from two to three years Nevertheless, a beginning must be made in the estimation of the number of cases and of the tendencies of such a disease if measures for its control are to be attended with With the exception of cardiorenal disease and its complications and the respiratory infections, cancer is the great cause of shortening of human life It is a responsibility of the medical profession to unite in the attack upon all of these diseases, but each one requires individual methods for its control The underlying principles are about the same, the details vary

ORAL CONDITIONS IN PATIENTS ADMITTED TO A STATE HOSPITAL By R. E CLOGHER, M.D., DDS, UTICA, N Y

there were 583 admissions to this hospital and of these 569 were seen in the dental clinic where a complete examination was made and the conditions charted, necessary X-ray pictures were taken, etc, and all the work done which was needed to put the mouths in a sanitary condition. In order to obtain a better idea of what the oral conditions were a tabulation was made of the conditions found on admission and of the amount of work done.

Gums— Normal Abnormal			206 363
Mouth— Good Fair Bad			174 119 276
Edentulous— Full Upper Lower			105 52 3
Extractions Alt colectomies Antrum Cases Impactions Cysts Fillings	•		1,863 54 9 73 7 167
		1 4 41	600

In reading this chart there are several factors which must be taken into consideration In marking the gums the word normal is used perhaps a little more liberally than a strict interpretation might allow. If the gums showed only a slight variation from normal or if a condition was localized to one tooth the general gum condition was marked normal of the fully edentulous cases were marked normal so that excluding these the ratio would In grading be normal 101—abnormal 363 the general mouth conditions the number of missing teeth was not taken into considera-Only the conditions of gums, fillings, crowns, bridges and remaining teeth were considered As the edentulous were all marked good the ratio is, good 69, fair 119, bad 276 The number of cavities means the number of fillings inserted As the average patient was mature the cavities in most cases were such that extraction was indicated

Excluding the edentulous cases in which infection is but rarely found the monthly admission rate is about 40 cases a month. Perhaps a better understanding of the condition can be had if we consider what would be found in these cases as shown by the averages in table one.

Number of Patients
Gums—
Normal

Abnormal

14 4% 83 6%

40

Orleans Oswego Otsego Putnam Rensselaer Rockland St Lawrence Saratoga	47 84 63 14 178 45 110 73	32 101 78 15 155 43 91 92	27 87 68 12 196 54 91 71	44 93 73 18 168 59 105 82	38 91 66 19 155 73 119 76	456 348 78 852 274 516 394
Schenectady	104	104	110	117	125	
Schoharie	32	30	30	27	27	146
Schuyler	22	15	23	17	12	
Seneca	35	29	41	30	21	156
Steuben	105	99	105	131	120	
Sullivan	32	34	36	37	47	186
Tioga	35	35	24	16	26	136
Tompkins	44	58	59	63	58	282
Ulster	101	97	121	111	101	531
Warren	41	40	48	36	54	219
Washington	70	59	53	56	65	303
Wayne	63	67	64	77	79	350
Wyoming	36	46	45	41	56	224
Yates	23	22	24	39	33	141
-	4,947	5,081	5,279	5,493	5,593	26,393

Table 3 shows the death rates per 100,000 population in the fifty-four counties for 1925 and 1926, together with the percentage variation in 1926 over that of 1925. Thirty counties had a 1926 rate above the 1925 rate the greatest increase being shown by Chemung (670%), the lowest by Clinton and Monroe (08% and 09% respectively). Twenty-three counties had a lower rate in 1926 than in 1925, the greatest diminution being shown by Madison (328%), the least by Schoharie (23%)

The case of Hamilton County is a special one. Hamilton has the smallest population of any county in the State (4,296) and in 1925 no deaths from cancer were reported from that county

Table 3

The death rate per 100,000 population in fifty-four counties of New York State, north of Greater New York, for 1925 and 1926, with the percentage variation in 1926 over 1925

in 1926 over 1925			
County	1925	1926	Variation
Albany	116 1	146 0	+25 7%
Allegany	130 4	146 7	+125%
Broome	121 1	1120	— 7.5%
Cattaraugus	1124	1145	+18%
Cavuga	1547	1268	18 0%
Chautauqua	1122	115 6	+30%
Chemung	83 1	1388	+670%
Chenango	151 6	125 9	—169%
Clinton	1194	120 4	+0.8%
Columbia	135 6	138 0	+17%
Cortland	1770	188 3	+ 63%
Delaware	1542	1468	- 48%
Dutchess	121 1	141 4	+167%
Erie	1149	1162	+11%
Essex	115 4	134 0	+161%
Franklin	108 8	122 9	+129%
Fulton	173 7	153 4	—11 6%
Genesee	124 1	148 3	+195%
Greene	123 9	1569	+26 5%
Hamilton	0 0	698	
Herkimer	1064	108 6	+ 20%
	1433	136 4	 48%
Jefferson	768	108 4	+41 1%
Lewis	99.2	118 3	+19.2%
Livingston	195 9	131 5	32 8%
Madison			

Monroe Montgomery Niagara Oneida Onondaga Ontario Orange Orleans Oswego Otsego Putnam Rensselaer Rockland St Lawrence Saratoga Schenectady Schoharie Schuyler Seneca Steuben Sullivan	114 6 94 4 109 2 138 4 117 4 173 7 140 1 143 2 130.2 153 9 143 7 141 8 104 4 120 8 124 8 100 2 125 2 126 3 138 0 166 5 91 8	115 7 116 0 81 4 129.3 108 8 157 8 125 3 122.2 126 7 138 5 148 0 129 7 116 0 134 0 113 9 105 8 124 9 88 7 113 7 152 1 113 0 98 1	+ 09% +22.8% -25.4% - 65% - 7.3% - 8.9% -10.5% - 14.6% - 10.0% + 2.9% + 11.1% + 10.0% - 8.7% - 23% - 23% - 17.6% - 8.6% + 2.3% + 10.5% + 5.5% + 10.5% + 10.5%
Rensselaer	141 8		
Putnam	143 7	148 0	
			110.0%
			710070
Schenectady			
Schuyler			
Steuben			
Sullivan			+23 070
Tioga	61.2		- 97%
Tompkins	1590	143 5	-106%
Ulster	133 6	1194	-100 kg
Warren	105 6	1563	+15 8%
Washington	120 2	139 2	1 20%
Wayne	148 6	150.5	- 1.2%
Wyoming	1329	1807	+35.9% +16.3%
Yates	220 6	1846	+10.370
	100 000	fuens car	ocer in the

The death rate per 100,000 from cancer in the State of New York, exclusive of New York City, in 1926 was 1212 From this point of view, thirty-three counties had a death rate in excess of the rate for the State at large the highest rate was given by Cortland (1883), the lowest by Orleans (1222) On the other hand, twenty-one counties had a rate below the rate for the state at large the lowest was given by Hamilton (698), the highest by Ulster (1194)

In the counties having the largest populations and containing the largest cities the rates are Erie (705,395) 1162, Monroe (400,217) 1157, Onondaga (272,124) 1088, Oneida (199,613) 1293, Albany (199,345) 1460, Broome (139,327) 1120, Niagara (136,384) 814, Chautau qua (130,650) 1156, Orange (119,498) 1297, and Schenectady (118,178) 1058

The rate is low in the counties in which medical schools are to be found and in which teaching hospitals are located One might suppose the death rate would be high in these counties on account of the attraction for cancer patients provided by the attention to be had from teachers of medicine and surgery, and on account of the psychological influence of being in the hands of physicians and surgeons of state-wide, nationwide and international reputation, yet the rate is low, except in Albany County, namely,-Albany, 1460, Onondaga, 1088, Monroe, 1157, Ere. 1162 In the case of Erie County there is also the additional attraction for the cancer patient offered by the State Institute for the Study of Malignant Disease In the case of Albany County there is perhaps some unusual factor to account for the high 1926 death rate because the 1925 rate was about that of the other three counties (1160)



EDITORIAL



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For list of officers of County Medical Societies, see this issue, advertising page xxvii

MEDICAL LEGISLATION

The daily newspapers of March 12 carry the announcement of an agreement among the leaders of the Senate and Assembly that the Legislature will adjourn on Wednesday, March 21 Much legislation inimical to public health, including the chiropractic bill, has died in committees, but a new chiropractic bill has been introduced

The cultists are apparently following their usual tactics and are hoping to secure recognition during the confusion and hurry of the closing hours of the legislative session Especial vigilance by the legislative committees of the County Medical Societies is required during the last few days before the adjournment of the Legislature

Mouths-	
Good	14 79
Fair	25 69
Bad	59 79
Extractions	164
Alveolectomies	5
Impactions	6
Cyst or Antrum	1
Fillings	14

It is impossible to chart the amount of infection present and only those who have examined a large number of these patients can appreciate what deplorable conditions are found in the great majority of cases. Those marked fair are generally patients who have only a few teeth

By questioning many patients it was learned that over 50 per cent had dental attention for extraction in case of toothache, about 20 per cent had irregular dental attention and not more than 5 per cent had regular dental attention. Even among the latter class it was rare that the dentist had been visited within

a year previous to admission

While it cannot be proven that mental illness is caused directly by focal infection in the teeth yet there is no doubt that physical ill health has a direct bearing on mental conditions. In such conditions as psychasthenia, manic depressive, hysteria and the deleria of toxic conditions, foci of infection in the mouth will tend to aggravate the mental condition and will delay the mental adjustments necessary for recovery. In the delirium of the toxic state due to heart, kidney and thyroid disease, and in arteriosclerosis, there can be no

doubt that dental infections may and often do play the major role in the etiology of these conditions. It is almost axiomatic that per sons over 50 who are in good health have good teeth or none, and that persons under 50 who have chronic constitutional conditions have bad teeth. The man 50 years old who looks 60 in the vast majority of cases has been the victim of dental infection.

By the time the patient has reached a mental hospital dental treatment can only prevent further infection and in but few cases claim credit for alleviation of mental symptoms. The toxins produced in the mouth are as a rule very mild and it is their long continued action that produce structural changes. The hospital dental treatment does, however, bring about marked improvement in the physical health of the patients.

The campaign for the prevention of mental illness should include a thorough appreciation of the need for better dental attention by the The great majority of the general public patients admitted to this hospital have been under the care of their physicians for a con siderable time before admission, yet from the conditions found in the mouths of these patients it is very apparent that care of the mouth has played no part in the general medical treatment Many physicians have little appreciation of the serious results that follow oral infection or they would insist on a thorough dental examination in all cases early enough to prevent the general sequelae of such conditions



A PUBLIC HEALTH CAMPAIGN

Public health work implies an organized personnel At present it is practiced by organizations rather than individuals One of the objectives of the organizations is to promote the practice of public health by individuals-which means that physicians in private practice shall be ready to give advice in public health and that every person shall seek it as readily as they now seek relief from pain

The physicians of New York State are rapidly acquiring the point of view of public health and preventive medicine The great need in public health work at present is to educate the people to practice the precepts of the doctors—that is, to practice personal hygiene If every citizen was anxious to practice personal hygiene, he would support public health projects which must be maintained by the people, among which are water works, diagnostic clinics, and health education

The field of public health practice is broad and the subjects many The State Charities Aid Association, the leading lay organization engaged in public health work, has issued a pamphlet entitled "The Next Ten Years," which enumerates its activities past, present and future

The pamphlet emphasizes four major health activities in which the association has been engaged in the past.

- 1 Anti-tuberculosis work
- 2 The anti-diphtheria campaign
- 3 Promotion of medical legislation

4 Cultivating the faith of the public in the medical profession

Mr Folks, the author of the pamphlet cnumerates eleven topics in public health in which the Association might engage as follows 1, County health units, 2, heart diseases, 3, maternity and infancy, 4, venereal diseases, 5, dental, 6, mental hygiene, 7, health of school children, 8, nutrition, 9, cencer, 10, periodic examinations of adults, and 11, teaching hygiene in public schools

From among all the opportunities Mr Folks names the following five as the ones chosen by the Association for its newer activities 1, county health departments, 2, heart diseases, 3, venereal diseases, 4, maternal mortality, and 5, correcting

defects of school children

This list is of special value for two reasons 1 It is a concrete plan, and concreteness, in distinction from theory, is always valuable in the promotion of clear thinking and planning

2 Nearly all the subjects are medical topics, and are also the objectives of the Medical Society of the State of New York and of its constituent

county medical societies

The essential feature in these plans is that of bringing medical service to individuals State Charities Aid Association emphasizes the administrative methods of bringing patients to the physicians The medical societies emphasize the methods of giving medical service after patients have come to them Each service is complementary to the other

LOOKING BACKWARD

THIS JOURNAL TWENTY YEARS AGO

Life Insurance and Health -Life insurance companies are financial organizations into whose transaction the element of health enters, and they are doing much to promote health among the people. This Journal of March, 1908, discusses the subject in the following editorial

"The life insurance companies are doing much to interest men in their own lives and in the lives of their families, and anything which accomplishes that is of salutary influ-They are a powerful and practical agency for reminding people of matters of health and longevity Men with bad habits and excesses are refused insurance, and such refusals have a good educational effect. Plant in a man's heart a deep regret that he has lived unwisely and he becomes a torch-bearer to warn others away from his unwisdom. The insurance companies also desire as examiners the competent men of the community, the effect of this being that wholesome competition and examination ensue

"There still remains for these organizations to combine in a concerted action to secure better general health conditions They can as a matter of plain business policy give every aid to medicine in its philanthropic efforts The life insurance companies could wisely take the same interest and lend aid in the work of health departments as the fire insurance companies do in the work of fire departments No single financial interest should be more deeply concerned for the public health"

PUBLIC SPEAKING BY PHYSICIANS

The course in public speaking given by the Queens County Medical Society as described on page 346, has excited the question of what use is public speaking to a doctor Anyone attending a round of Medical Society meetings and hearing a hundred doctors speak, as the officers of the State Medical Society do every fall when the District Branch meetings are going on, will say that physicians have much to do with public speaking Those who attend the meetings have the opportunity to observe the speaking methods of the doctors throughout the state, and they discern certain fundamental defects, which if corrected, would immeasurably increase the interest and efficiency of the society meetings This editorial is not a discussion of medical oratory, but it deals with some common defects which are nearly always in evidence in medical meetings

It is assumed that any doctor attempting to speak has two qualifications

- 1 He has something to say, and
- 2 He has words with which to say it

What does a doctor usually lack? He is usually defective not in the content of his speech, but in the manner of its delivery. He knows perfectly well what to say, and how to say it, but when he gets on his feet, he fails in his good intentions through a lack of appreciation of some of the fundamental principles of speech.

The most common defect among doctors is that regarding the voice. A doctor attempting to address his brethren is expected to speak loud enough to be heard in the back seats, and distinctly enough to be understood. Yet these fundamental principles are violated more commonly than any other obvious rule.

The second important defect is that regarding the form of a speech. The most effective speaker jumps into his speech at once, says what he has to say, and sits down. He does not make apologies for being called upon unexpectedly, or give the explanation that he does not know anything about the subject, and has nothing to say

Most ineffective are joshing, razzing, and horse-play, in which many speakers indulge The audience is not interested in such things, even though they may laugh. The laughter is usually at the speaker, and not with him Many a speaker thinks he is making a tre-

mendous hit because the audience laughs, but in reality the laughter is in derision rather than applause. At any rate, a serious medical society meeting is no place for that sort of an address. If the speaker has no medical thought, he had better not attempt to speak at all

The third point in regard to speaking is the length of time that a speaker should occupy Five minutes is a standard length for an extemporaneous discussion of a paper, and in fact five minutes seems interminably long when the speaker does not know what he wants to say, and says it in a way that cannot be understood

It is sad to watch the effect of ignorant discussion of an excellent paper presented by a guest of a society. The effect of many speakers is often spoiled by discussions of the inconsequential points which interest only the expert. On the other hand, crisp criticisms and pointed questions add immeasurably to the value of the speech of the visitor, and the satisfaction which he feels in delivering his speech.

The fourth point regarding medical speaking is that raised by the question Shall the address be written or oral? When a doctor is put on the program for a five minute discussion of a paper, he must make preparation for his remarks, for otherwise he will use up his five minutes in telling how good the other fellow's speech is, and how poorly prepared he is to discuss it But if he comes with a definite idea of the points which he wishes to bring out, and has prepared his notes either on paper or on the pages of his mind, he will speak with effectiveness and to the point However, if a man is down for an original five minute address on a subject, it is always best that he should write his remarks in order that he may keep his five minute address down to a limit of four minutes and avoid taking fifteen minutes to make it. The speaker will produce the greatest effect when he has condensed his remarks well within the time limit of their effective delivery

The four points of voice, form, length, and medical preparation are well within the comprehension of any physician and of his ability to observe them. If a physician's defects in these respects are pointed out to him, he will readily overcome them, and those who listen to him will bless him for his effective talk

an x-ray examination of all children as a preoperative measure. In his series of 63 cases,
11 received x-ray examinations because of
thymic symptoms. In 4 of the 11 the thymus
was definitely enlarged, in 6 doubtfully enlarged, and in 1 normal. Of the remaining 52
children, 3 were found to have definitely enlarged thymuses, although no symptoms were
present. Enlargement of the gland seems
prone to occur in the overweight, pale, and
flabby type of child. The finding of an enlarged thymus with resulting postponement of
the operation may save an occasional life—
Archives of Pediatrics, January, 1928, xlv, 1

Therapeutic Relapsing Fever—An editorial writer in the Journal of Tropical Medicine January 16, 1928, xxxi, 2, discusses the work of Plaut with the microbial cause of relapsing fever, the Spirochata duttom, in the treatment of general paralysis Although Plaut obtained favorable results with malaria therapy, it occurred to him that the therapeutic action might be intensified if an organism more closely related to the Spirochæta pallida were used infectious material was taken from the tail or heart's blood of a mouse injected with S duttom, the blood being subsequently mixed with saline and injected hypodermically or intrave-The incubation period after hypodermic injection is usually from five to seven days, after intravenous injection two to three days As a rule, from three to five chills occur The fever at intervals of six to eight days does not appreciably exhaust the patient, and is absolutely innocent in its course The discase is allowed to end naturally in from six to eight weeks. The contraindications to relapsing fever therapy are severe heart complications and severe general debility, the aortitis of paralytics is not a contraindication The treatment is not suitable in cases of "galloping paralysis" The earlier treatment is begun the better are the results, though even advanced cases are favorably influenced Comparatively incipient expansive cases are more promising than the much more common forms of simple dementia. In five of seven severe cases of tabes, in which Plaut employed relapsing fever therapy, the lancinating pains disappeared or were considerably relieved, and the ataxia became less pronounced. These preliminary observations suggest that it may be worth while to employ the relapsing fever therapy in tabes on a more extensive scale

Diagnostic Value of Determination of Nitrogen Content of Bile—A J Boekelman of Utrecht refers to recent studies by Gundermann on the bile of extirpated gall bladders with special reference to the nitrogen content in relation to stone formation. He found a higher percentage on N in stone-free bladders and

imagined that stone formation may be due to low N content The author sought to check up these finds by studies of bile obtained by duodenal intubation Tabulation of his results in gall bladders of all kinds appears to show that normal ones have less nitrogen than diseased ones, while in stone bladders great variability is shown Comparison of results with those of Gundermann shows that while the latter concern principally stone formation the others have to do chiefly with the differences between the normal and diseased gall bladder Thus in every case without reference to stone tested the normal gall bladder bile showed less than 200 mgms per 100 cc while in cholecystitis the figure was far above 200 mgms per 100 To these generalizations there have thus far been no exceptions The widely dissimilar finds in stone bladders are doubtless due to the fact that while cholecystitis is present in some it is absent in other cases. In all cases tested with the duodenal tube a positive reflex must have been present to guarantee that the source of the bile is the gall bladder, but in gallstone cases or in cholecystitis this reflex is often absent, so that the author's material is not so large as it might otherwise have been As for Gundermann's theory that stone formation may be due to low N content of the bile the author is unable to confirm either the facts or the theories The technique of the method for determination of N is not mentioned -Klimsche Wochenschrift, January 8, 1928

Fabism -Under this name Professor L Preti describes an old but rare alimentary intoxication which has been reported chiefly from Sicily, Sardinia, and Southern Italy comes about both from eating the beans and from inhaling the pollen, and only during the period April-July The essential symptoms are sudden anemia and urobilinuria while other common manifestations are icterus and hemoglobinuria The variety of bean accused is the Vicia faba, known in English as the Windsor or horse bean, which is not eaten in the United States because inferior to other kinds If the beans are ripe when consumed the disease does not appear in the alimentary form, but they are often eaten raw or but slightly cooked which seems to bear some causal relation to the toxicosis, although the author believes that the beans which are poisonous are the subject of some unknown disease is absolutely no connection between fabism and lathyrism, another food intoxication which affects the spinal cord and which is due to eating the chick pea Despite the rarity of the disease the author has notes of over 1200 cases of which less than two-thirds were due to consumption of the legumes, the remainder being due to inhalation of the pollen The anemia

MEDICAL PROGRESS

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An Anaylsis of Anorexia in Children -In this study Walter M Bartlett took anorexia to mean a subjective complaint of constant loss of appetite persisting long enough to cause objective signs of malnutrition Of 1,471 children coming to an out-patient clinic 349, or 24 per cent, were found to have loss of appetite Of these 349 chilas a presenting symptom dren 35 per cent had no discoverable lesion to account for their condition, and were therefore classified as subjects of functional anorexia The five commonest reasons for bringing children to the out-patient clinic were loss of appetite, cough or cold, physical examination for admission to public school, pallor, and under-The commonest conditions found associated with marked loss of appetite were septic tonsils and adenoids, acute infectious diseases, tuberculosis, pyelitis, and dental caries, and of these septic tonsils and adenoids were Patients with functional the most frequent anorexia were treated by three methods daily administration of saccharated iron, daily administration of codliver oil, and (3) the introduction of liver, beeksteak, and kidney into the diet at least three times a week some cases anemia was associated with malnu-From the statistical data it was impossible to compare the first two groups, but both of these admitted of comparison with the The mean total gain in weight third group of the children receiving saccharated iron was 350±0402 pounds, for the children receiving codliver oil the mean total gain in weight was 475±0634 pounds, while for the children on the liver diet it was 790±0276 pounds most efficient and reliable method of treating functional anorexia in children is the introduction of fresh calf's liver, boiled beefsteak, and lamb kidney into the diet Calf's liver may be a specific stimulant to the appetite -American Journal of Diseases of Children, January, 1928, xxxv, 1

The Etiology and Treatment of Acute Poliomyelitis—S A Kinnier Wilson, after a survey of the present knowledge with reference to the transmission of poliomyelitis, emphasizes the fact that both abortive cases and healthy carners must be a menace (Lancet, January 7, 1928, ccxiv, 5445) It is his impression that direct infection is at its maximum during the incubating and the preparalytic stages. Attention must be directed to the problems offered by the patient developing the disease, by the abortive case, and by the healthy contact. In patients showing prodromal symp-

toms and in all contact, frequent disinfection of the nose and throat with douches or gargles of potassium permanganate (1 in 5,000), perovide of hydrogen (1 per cent), liquor sodæ chlorinatæ (05 per cent) or some other chlorine-containing preparation, is advisable The sole specific treatment consists in the intra spinous injection of immune serum, but this method is obviously beset with difficulties. The administration of large doses of urotropin has, in the author's hands, yielded no impressive results Recently Bordier has warmly ad vocated the use of a combination of spinal As soon as radiotherapy and diathermy spinal topical diagnosis has been made, X-ray irradiation is applied, for children under two years the dosage is 3 units H in a series of three successive seances, measurement being made at the skin level under a filter of 6 mm Above the age of three the of aluminum dose may be increased, reaching in the adult 5 units H in a series of three applications The rays should penetrate at right angles to the vertebral laminæ A period of 25 days should The diathermy, elapse between treatments which is intended to favor the nutrition of the tissues, should be utilized from the outset in dependently of the radiotherapy, and should be carried out daily for about ten minutes The sinusoidal current is also a useful adjuvant After the acute stage rational physiotherapy should be persevered with for twelve months, when its place should be taken by orthopedic measures, if such are called for

Watch the Thymus -John Howell West urges the importance of suspecting thymus en largement in infants and young children suffering from breath-holding spells with cya nosis, simple cyanosis (especially noticeable about the lips and finger nails), noisy dyspneic breathing during both inspiration and expiration, or convulsions similar to those of tetany The diagnosis is determined by means of the x-rays, and the treatment is by exposure to If no improvement follows the same rays this treatment, the thymic origin of the trouble may well be disputed As sudden death following trivial causes, such as slight injury mild infection, anesthesia, and injection of serum has occurred very frequently, the autopsy showing no cause of death other than an enlarged thymus, it is very desirable to determine the presence of such a thymus before submitting an infant or young child to even a minor operation. During the past year it has been the author's routine practice to have an r-ray examination of all children as a preoperative measure. In his series of 63 cases,
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has been severe enough in a few cases to destroy life, but nearly all the patients recover The author can find records of but three au-The exact mortality is known topsy cases only for Sardinia where it is 8 per cent disease is of unusual scientific interest although its practical significance is of course limited to a small geographical zone in which it seems to have been known even to Herodotus and Pythagoras, although medically our knowledge of it dates back only to 1855 believed that the first consumption of the beans is harmless but when eaten in the following year an anaphylactic reaction develops which is the disease One outbreak confers no immunity -Klinische Wochenschrift, December 17. 1927

The Significance of Pain in the Lower Extremities and Its Treatment-Wilfred Harris warns against the dismissal of a complaint of pain as "rheumatic," or even as functional or hysterical In appraising the significance of pain in the lower extremities it should be borne in mind that pain may be due to herpes zoster in which the characteristic rash is delayed, to tabes, to osteoarthritis, sciatica or sciatic perineuritis, to external crural neuritis, disease of the spinal cord, Dercum's disease, phlebitis, or to chronic vascular disease in the form of Raynaud's disease, endarteritis obliterans, or chronic thromboangeitis For the pains of tabes and neuritis analgesic drugs, such as acetylsalicylic acid, amidopyrine, or even morphine may be used to secure temporary relief In severe tabes Harris gives two injections of arsphenamine (06 gm) at a fortnight's interval, and immediately after the sec ond injection 5 ounces of blood are withdrawn from the vein by a larger needle, from which 50 cc of serum are prepared and injected intraspinally twenty-four hours later tica, stretching the nerve by passive flexion of the hip with the knee kept straight, under a general anesthetic, followed by Swedish exercises, is sometimes of service. Better results may be obtained by one or two injections of sterile physiological saline solution into the nerve at the notch, and perhaps at the level of the tuber ischii, after first injecting 2 per cent novocaine solution freely In acute pain, relief may be quickly, though temporarily, obtained by large subcutaneous injections of oxygen in three or four places along the course of Ionization with the constant current, using large electrodes quickly padded, and a strong current up to 40 or, 50 milliamperes or even more, sometimes gives great re-The actual chemical solution used on the electrodes is not important. In Dercum's disease the administration of thyroid extract sometimes is of benefit In phlebitis rest is

essential, on account of the danger of dislocating a clot Belladonna liminents and poppy fomentations, with citric acid internally will ease the pain and arrest the tendency to spreading of the venous thrombosis Chronic thromboangeitis, in suitable cases, in the absence of glycosuria, and in subjects under the age of fifty-five, may be successfully treated by Leriche's periarterial sympathectomy—

Practitioner, January, 1928, cxx, 1

Diagnosis and Treatment of Coronary Sclerosis -P Morawitz and M Hochrein write systematically on this subject as such, and without any titular reference to myocardial dis ease, angina pectoris, or other associated af-We know of two clinical syndromes fection which point to disease of the coronaries, towit, angina pectoris and cardiac asthma, but as a matter of fact neither of these occurs in the majority of cases In 137 autopsies on par tients with disease of the myocardium and coronaries no less than 91 showed marked involvement of the vessels, while the other 46 could be regarded as myocardial degeneration without coronary disease In these 91 cases the authors frankly admit that they made the correct diagnosis in but 16, other and incorrect diagnoses being myocardial degeneration in 27, cardiac muscular insufficiency in 5, general arteriosclerosis in 9 Failure to make a diagnosis in 34 cases was due to the desperate condition of the patients on admission, they being moribund and for the most part coma-Finally in 8 cases the cardiac lesion was overshadowed by some severe general disease. Turning to the 46 cases shown at autopsy to have been simple myocardial degeneration without coronary implication, the authors made a wrong diagnosis of coronary sclerosis in 3, while in another there was disease of the aorta only, without implication of the coro With these facts speaking for themselves it does not appear that any analysis or comment can change the situation Coronary sclerosis in other words is mostly overlooked, and there remains only to add something under The authors treatment of suspected cases show that fear of digitalis is quite unfounded and it should be given, intermittently at least, in small doses, when intermitted the digitalis may be replaced by diuretin or some analogous Strophanthin on the other hand is given only intravenously, in the worst cases, and at the outset Glucose solution should be Control of abdominal meteorism is difficult but should be attempted -Münchener medizinische Wochenschrift, January 6, 1928

Actinomycosis of the Liver Following Suppurative Appendicitis—A W Greenwell, writing in the Military Surgeon, February, 1928, lxii, 2, describes two fatal cases of actinomy-

cosis of the liver following suppurative appendicitis, one coming under his own observation, the other having been contributed by Leland S McKittrick Both patients failed to convalesce normally after appendectomy During a prolonged illness, tuberculosis and subphrenic abscess were considered, but the real nature of the disease was not diagnosed until the fungus was actually demonstrated at a secondary operation. One pathologist states that "actinomycosis sometimes affects the appendix, but is found unexpectedly and has no characteristic feature." In patients developing liver complications following a suppurative appendix and not showing external sites of infection, or positive actinomycotic sputum from a pulmonary involvement, the diagnosis is difficult and is made too late to admit of a cure. It would. therefore, seem that a thorough pathological examination of each appendix, removed in the presence of pus, would be necessary if the presence of this fatal fungus is to be detected. It has been stated that the extension of actinomycosis is via the connective tissue and that the formation of fistulous passages is characteristic, but in both cases here reported the liver lessons were apparently metastatic. The eradication of the fungus before it reaches the liver depends on its early detection and the removal of the tissue in which it appears Medical measures have apparently little curative power for this aspect of the disease

The Question of a Recrudescence of Diphtheria in Europe—The infrequency of diphtheria in the European capitals since the war is shown not only by figures but also by the indifference of the profession to the Schick controlled toxin-antitoxin active immunization as carried out in the United Nevertheless of late disquieting reports have come from large hospitals in Berlin and Paris of a new septic type of the disease which is said to resist antitoxin experience is said by hospital practitioners to have been most disheartening Fortunately thus far the disease has not assumed epidemic proportions Opinions differ as to the questions of increased virulence, mixed infection, etc., and the findings have not been uniform in this respect. According to one view what is known as septic or malignant diphtheria is not so much a matter of increased virulence or mixed infections as of the milieu, for the victims have mostly been the poor, who are badly fed, living in badly ventilated and lighted quarters, etc. This view is borne out by the quarters, etc fact that few cases of diphtheria gravis have been reported from private practice Dr O Stiner, the author of the paper quoted, adds figures from the Swiss cantons There has been no great epidemic since 1893-4

marked and steady decrease in mortality has been ascribed to the use of serum serum, diphtheria headed the mortality list of acute diseases but for a long time it has been at the foot. In the last few years not more than 3 deaths for every 100,000 inhabitants have occurred Certainly there has as yet been no evidence of any recrudescence of the disease in a malignant form or otherwise in any of the Swiss cities At the same time, the author holds, they should be prepared to meet the first evidences by vigilant measures such as active immunization, isolation, the use of The mere fact that the polyvalent sera, etc new expression of the disease is limited largely to the poorest quarters of the largest cities is not without some significance—Schweizerische medizinische Wochenschrift, January 7, 1928

A German Questionnaire on the Value of Protective Diphtheria Immunization. -Schwalbe says that active immunization against diphtheria by the toxin-antitoxin mixture has never come into extensive use in Germany although for some years it has been very largely resorted to in the United States and elsewhere In order to ascertain the reasons for the indifference of German pediatrists to wholesale immunization the author addressed a questionnaire to the leaders of this group and obtained answers which were fairly First of all diphtheria has been rare in Germany since the war. Another reason may be the uncertain duration of the period of immunity, which in the experience of some The majority of pediatrists excuse themselves from replying owing to lack of personal experience Several are firmly opposed to anything which savors of compulsion and in fact to any wholesale campaign There were no unfavorable comments based on possible dangers nor did any one go on record against local immunizing campaigns when the Some contended that disease was prevalent since the majority of the population is immune to the disease naturally it was somewhat far fetched to attempt to improve on Nature Attention was called to the fact that in the United States where active immunization has been carried out on a large scale the disease is still flourishing, but the fact that the method has been effective in the groups actually immunized seems to have been ignored Professor Degkwitz who spent months in the United States in the study of the method and later introduced it into Munich is optimistic, but would make immunization compulsory only in institutions. In contrast to the situation in the United States the Schick criterion seems to play a minor role, as not much reference is made to it - Deutsche medizmische Wochenschrift, January 13, 1928



LEGAL



By LLOYD PAUL STRYKER, Esq Counsel, Medical Society of the State of New York

CONSTITUTIONAL LAW

This is the second in our promised series of The subject embraces the most interesting, the most fundamental and the most important branch of jurisprudence Constitutional law involves a consideration of the powers and the limitations of government itself as in this country, the Federal and the various State Constitutions are written, the subject here embraces an understanding of those written Constitutions, the purposes for which they were written, their history, and their application to the various departments of government, as well as to the question of whether or not a given statute is in violation of the Federal or of a State Constitution, that is, whether a given statutory enactment is or is not a "constitutional law"

The word "constitution" has been many times defined Corpus Juris calls it "that fundamental law of a state which contains the principles on which government is founded, regulates the division of sovereign powers, and directs to what persons each of these powers is to be intrusted and the manner of its exercise"

Judge Story, in his celebrated treatise on this subject, wrote "A constitution is in fact a fundamental law or basis of government, and falls strictly within the definition of law as given by Mr Justice Blackstone. It is a rule of action prescribed by the supreme power in a state, regulating the rights and duties of the whole community."

Mr Justice Miller, writing for the Supreme Court of the United States, declared "A constitution in the American sense of the word is the written instrument by which the fundamental powers of government are established, limited, and defined, and by which those powers are distributed among the several departments for their safe and useful exercise for the benefit of the body politic"

The story of the adoption of the United States Constitution forms one of the most brilliant and fascinating pages of our history. The Revolutionary colonists, during the period of their war with Great Britain, faced the problem not only of meeting and overcoming the armies of King George, but of providing an arrangement under which these previously unrelated communities could work together, institute and enforce the powers of taxation, carry on negotiations with foreign countries, and provide the means for the support of Washington's armies. The colonists were living under a loose arrangement known as

the Articles of Confederation These Articles were defective in many ways, but primarily, they were wanting in that no means was there provided of enforcing its obligations upon individuals or of compelling States to meet their just share of the financial burdens of the Revolution More than six years elapsed after the successful issue of the struggle in the field before the defects and ills found in and arising from the Articles of Confederation were remedied

Finally, in 1787, there was called at Philadel phia a convention of delegates representing twelve of the thirteen original States vention was presided over by George Washing-The delegates comprised the leading characters of the new-born country Among these were Rufus King of Maine, Roger Sherman of Connecticut, Alexander Hamilton of New York, William Livingston of New Jersey, Gouverneur and Robert Morris, Jared Ingersoll and Benjamin Franklin of Pennsylvania, John Dickinson of Delaware, Daniel Carroll of Maryland, James Madison and George Washington of Virginia, John Rutledge and Charles Pinckney of South Finally, after a summer of debate to Carolina which the public was not admitted, a Constitution was evolved, which provided that upon its ratification by the conventions of nine States, it should be established as the Constitution of the United States of America

For a long time, it seemed as though an insufficient number of the States would be willing to accept it New York was one of the most Through the brilliant work of Alexdoubtful ander Hamilton at Poughkeepsie, finally the New York convention fell in line, and in 1789, the Constitution of the United States was adopted Its preamble recites not only its purpose, but reveals the nature of the defects of the previous arrangements which it was designed to cure The preamble reads "We, The People of the United States in Order to form a more perfect Union establish Justice, insure domestic Tranquillity. provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America"

The United States Constitution has been justly praised by jurists and philosophers not only in America, but throughout the world Gladstone declared that it was the greatest document ever primed by man.

The delegates at the Philadelphia convention were all acquainted with and were deeply influenced by the teachings of history and by the writings of philosophic jurists abroad. It is evident that they had read and pondered Montesque's 'Spirit of Laws''. The problems encountered in the democracies of Greece and Rome and of the early republics were understood, and the reefs on which they had all Leen wrecked were charted and avoided.

The Constitution consists of six Articles entire document can be printed on seven pages It enumerates the powers of government, and separates those powers into three great divisions The executive, the legislative and the judicial It defines the powers and the duties of each, and marks out the limitations of those powers and The American Bill of Rights is comprised in the first ten Amendments which were proposed by the first Congress and ratified by the legislatures of the several States in the year 1791 The Eleventh Amendment was adopted seven vears later the Twelfth in 1803, the Thirteenth in 1865 the Fourteenth in 1868, the Fifteenth in 1869, and then for forty-four years no new Amendments were adopted In 1913 the Sixteenth and Seventeenth Amendments were added to the Constitution The Eighteenth and the Nineteenth followed six years later

The method by which Amendments to the Fedcral Constitution may be adopted is clearly set forth in Article V, which declares that whenever two-thirds of both Houses of Congress shall deem it necessary, they may propose Amendments to the Constitution, or, on the application of the legislatures of two-thirds of the several States shall call a convention for proposing Amendments, which Amendments in either case shall become valid when ratified by the legislatures of three-fourths of the several States or by conventions in three-fourths thereof The former of the two methods is the one which has been up to this time employed No constitutional convention has ever been called since the original convention of 1787

There is but one limitation to this power of amendment, and that is expressed in these words "No State without its Consent shall be deprived of its equal Suffrage in the Senate" With that single exception, it is possible to amend our Federal Constitution at any time and in any way, provided the method pointed out by the instrument itself is followed

Anyone can read the United States Constitution in less than half an hour, but to understand it is the work of a lifetime, because it is not only to the Constitution that you must turn, but to the decisions of the Supreme Court of the United States, which for 139 years has been construing

The Constitution, then, marks out the boundaries of the government and defines what may

or may not be done by the courts, the executive or the legislature, but the Constitution is the creature of the people, it was adopted by them, and they have the power to change or alter it "It is not," said Judge Cooley, "the fountain of law nor the incipient state of government, it is not the cause, but consequence, of personal and political freedom it grants no rights to the people, but is the creature of their power, the instrument of their convenience" But unless revolution is resorted to the only way in which the Constitution can be changed is in the manner previously referred to—the manner laid down by the Constitution itself

'This Constitution" declares the Sixth Article, "and the Laws of the United States which shall be made in Pursuance thereof, and all Treaties made or which shall be made, under the Authority of the United States, shall be the supreme Law of the Land, and the Judges in every State shall be bound thereby, any Thing in the Constitution or Laws of any State to the Contrary not-withstanding" No statute of any State, nor any of their Constitutions, therefore, are valid if they conflict with the Constitution of the United Further to emphasize and enforce this concept, the same Article continues "The Senators and Representatives before mentioned, and the Members of the several State Legislatures, and all executive and judicial Officers both of the United States and of the several States, shall be bound by Oath or Affirmation to support this Constitution, but no religious Test shall ever be required as a Qualification to any Office or public Trust under the United States"

One of the intricate problems involved in the adoption of the Federal Constitution arose from the jealousies and ambitions of the several States. This problem was met by the Ninth and Tenth Amendments which read

"ARTICLE IX The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people

"ARTICLE X The powers not delegated to the United States by the Constitution, nor prohibited by it to the States are reserved to the States, respectively, or to the people"

Thus every right and power possessed by individuals or by the States prior to the adoption of the Constitution and which were not delegated to the United States by the Constitution, were preserved intact. The power of local self-government except as limited by the Constitution of the United States, remains as it was prior to the time that instrument was adopted.

There is in each State, we find a State Constitution, setting forth and defining the rights, the powers and the duties of the respective branches of the State government. Each State, under the terms of its own Constitution, may adopt such amendments to its fundamental law as it chooses, provided that such amendments do not conflict with the Federal Constitution. Each State has

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its own legislature, and adopts its own laws, it may adopt any laws it chooses, provided these laws do not conflict either with the Constitution of the State or of the United States

Thus, in our country, the constitutional problems presented to the Courts may, and usually do, involve two questions. Does the particular law conflict with the State Constitution? Does that law conflict with the Constitution of the United States? The decisions of the highest Courts of the several States, and of the Supreme Court of the United States embrace and make up that vast body of jurisprudence known as "constitutional law"

In this country, then, Congress and the legislatures of the various States are not supreme, but may enact only such laws as are not in conflict with the State and Federal Constitutions England, there is no written constitution, although the word "constitution" is there constantly in use What is meant by the English constitution, has nowhere been more clearly stated than by Wood-row Wilson who wrote "The Constitution of England consists of law and precedent She has great documents like Magna Charta at the foundation of her institutions, but Magna Charta was only a royal ordinance She has great laws like the Bill of Rights at the centre of her political system, but the Bill of Rights was only an Act of Parliament She has no written constitution, and Parliament may, in theory, change the whole structure and principle of her institutions by mere But in fact Parliament dare not go faster than public opinion, and public opinion in England is steadily and powerfully conservative That is a very impressive tribute which Sir Erskine May feels able soberly to pay to the conservatism of a people living under such a form of government when he says 'Not a measure has been forced upon Parliament which the calm

judgment of a later time has not since approved, not an agitation has failed which posterity has not condemned"."

But in the United States, public opinion also plays its part in constitutional law Whereas our constitutions are in writing, the meaning, the im port and the interpretation of those written words are constantly under scrutiny by the Courts From time to time, opinions as to what the words of the Constitutions mean, broaden and change and no doubt, will continue to shift with the passing A careful study of the constitutional de cisions and of the contemporaneous history which is their setting and their background, reveals how frequently the Supreme Court has been affected by the great body of public opinion existing at the time of the making of the decisions A his tory of the Supreme Court and of its constitutional decisions, is a history of the United States The controversies which were fought out in that great tribunal, have not always rested there. When in 1860 and 1861, eleven of the Southern States decided to withdraw from the Union, they were acting upon what they thought was a power retained by those States at the time when they en-They followed at tered into the Federal Union least the form of constitutional usage, they adopted ordinances rescinding the original ordi nances by which they had adopted the Constitu There is nothing in the Constitution which granted them the power which they essayed On the other hand, there was no express provision in that document prohibiting that power The ultimate decision was fought out not in the Supreme Court or in Congress, but at Antietam, Chancel lorsville, Gettysburg and in the bloody Wilderness before Richmond In the future, will appeals from constitutional decisions ever again be taken to that final arbiter the bloody field of battle? Who can tell?

CAESARIAN SECTION—INFECTION—DEATH

About the first of June, a physician was called to attend a patient who at the time believed she was in labor. After examination by the physician, it was found that the patient was not in labor. The physician then advised her to come to his office for regular prenatal examination. The patient at that time was about eight months pregnant, and had not previously consulted any physician with reference to her pregnant conditions.

About the 20th of June, the defendant physician was again called to the patient's home, at which time he found her in the first stages of labor. After examining her vaginally and externally, he found that her pelvic measurements, which had not been taken up to that time, were

a good deal below normal Her labor pains were irregular in time and quality, and the physician suggested waiting until the labor pains became more normal to see whether under these conditions the patient would make any progress to wards delivery

After about twenty-four hours in labor, no progress was made, and the family becoming apprehensive, asked for a consultation, which was acquiesced in by the attending physician Another physician was called in consultation. An examination was made of the patient to determine the diagonal conjugate, which was done by a vaginal examination. The patient was then ordered to the hospital, and the rest of the pelvic measurements were taken with the pelvimeter.

At the time she entered the hospital, the uterus was dilated about two and one-half fingers. The consultant substantiated the findings of the attending physician, and advised an immediate Caesarian section, as the condition of the fetus by examination of the fetal heart was apparently good.

Prior to the performance of the operation, the usual and customary routine of scrubbing with green soap and otherwise cleansing and preparing the parts, was done The Caesarian section was performed by the consultant, assisted by the attending physician, and a third physician took care of the child after its delivery. In the performance of the operation, a median line incision was made beginning at the symphysis pubis from below, extending upward for about six or seven inches up to the umbilicus. The uterus was then delivered from the abdomen, and the entire abdominal cavity packed off with sterile pads dipped in saline The uterus was then opened, the broad ligaments being firmly pressed by the assistant's fingers to control hemorrhage, and the surgeon removed the child by breech extraction uterus was then closed by three continuous lines of sutures and one line of interrupted sutures The body of the uterus was then cleansed with saline solution, and the uterus replaced in the abdominal cavity After the removal of the fetus, the placenta was removed by the surgeon abdominal cavity was closed in layers, the deep sutures being chromic and the superficial sutures absorbent There was no indication for drainage, no pus being present at the time of operation

After the operation, the patient was returned to bed A post-operative shock enema consisting of six ounces of saline was administered. The patient was also given two ounces of whiskey

The Caesarian section was performed at four o'clock in the afternoon The patient was again seen by the physician at about 7 30 in the evening, and also at 10.30 She was seen on the morning following the operation three or four times by both physicians. On these visits, after examination her pulse was found to be very rapid, and she was still suffering a certain amount of shock, the temperature ranging from 103 to 104 The patient was given an injection of saline solution in an effort to overcome the shock and to As she had quite a give her some body fluid quantity of gas in her stomach, medication of fluids in any large quantity by mouth were dis-Under the stimulation that was adcontinued ministered to the patient, she made a marked improvement, and on the evening following the operation, her temperature had gone down to about

However later that evening, the patient had a

chill, and her temperature rose to 104, her abdomen becoming considerably distended at the same time. This condition was combated by further support and administration of stimulatives for the heart, and an irrigation of the lower bowel by the insertion of a rectal tube for the expulsion of the gas. After the hist chill, the patient had several other chills, her temperature remaining high. The patient did not rally from any treatment that was administered to her

Three days after the operation, the operating surgeon removed the dressing, inspected the wound and found a little serum oozing from the incision. He loosened one or two of the silk worm sutures to promote drainage of any pus that might collect in the superficial wound. There was no pus present at the time, just a serous discharge.

On the evening of the third day after the operation, the physicians advised the husband that the patient was in a serious condition. At two o'clock in the morning of the fourth day after the operation, the patient died

The husband had in the meantime called another physician to see the patient. The second physician who was called in removed the dressings, examined the patient, and later advised the attending physician that he had found that the patient had been infected, and that he further opened the abdominal wound, and a certain amount of sero sanguineous pus came from the wound, and that he removed another interrupted suture to facilitate drainage. This physician approved of the after-treatment that was being rendered to the patient, and ordered in addition ten drops of adrenalin to be administered hypodermically every two hours.

The cause of death was given as to aemia from general peritonitis following Caesarian section. No autopsy was performed upon the patient, although one was requested by the attending physician, but the husband refused to consent to the performance of an autopsy.

Neither prior to the operation, nor at the time of the performance of the operation, was there any indication of the presence of infection from any cause Prior to the operation, the patient's condition was good, temperature being normal, her heart action normal, and she was having good labor pains. The patient was, however decidedly overweight, small in statute and sluggish mentally

An action by the husband as administrator was instituted against the attending physician and the surgeon. However, after the same was pending for some period of time, the plaintiff consented to a discontinuance of the action.



NEWS NOTES



LEGISLATION

Bulletin number 8, which was issued by the Committee on Legislation of the Medical Society of the State of New York, on February 29, contains the following items which are of general interest to the physicians of New York State

HEARINGS

No hearings are announced for next week or later, as a matter of fact, if the Assembly resolution for adjournment on March 16th is supported by the Senate, the Assembly committees will be discharged on March 6th and the bills remaining with them will go to the Committee on Rules On February 28th a great many bills had hearings, some of them with but a twenty-four hour previous announcement. The following we were interested in

Assembly Int No 481—Story—amending the Health Law making it a felony to violate the habit forming drug portion. Although this bill was amended the day previously so as to except physicians, pharmacists, druggists and dentists, it, nevertheless, drew very powerful opposition.

Assembly Int No 1113—Doyle—requiring the labeling of cosmetics, was opposed by drug manufacturers because the bill provides that the date of manufacture shall be printed on the label

Assembly Int No 1296—Cooney—Health Law, X-ray machines, copy of which is enclosed, drew considerable opposition. The dentists opposed it because they are not included among those permitted to operate machines. It was pointed out that the bill carries no provision for enforcing the law and the Department of Health objected to the enforcement being placed with them

Assembly Int No 1028—Olsen—birth control bill The usual proponents and opponents appeared The hearing developed conclusively hat the proponents were not interested from a medical point of view, but wished the law amended for its social welfare effect. This argument did not impress the Codes Committee very forcibly.

BILLS ENCLOSED

Assembly Int. No 1349—Gleason—to amend the Workmen's Compensation Law in relation to permanent partial disability. It may be said that there is hardly a likelihood of any labor bills being acted upon this year until after the commission makes its report. It is rumored now that the report will be submitted by next Monday evening

Assembly Int No 1456-Lidzy-the anti This is the same bill that vaccination bill we have had annually and the same opposi tion should be presented, but may we suggest that you ask some of your lay friends to write Doctor Lattin their opposition to this bill In past years we have occasionally been some what embarrassed by having such meager sup port from the lasty The opposition to the bill last year was limited to three professional men, and the Bernarr Macfadden group called the committee's attention to the fact that it opposition were in the interest of the public, the public was but poorly represented and therefore, it could be said with truthfulness, was but slightly interested

Supplement March 7, 1928

A new chiropractic bill was introduced in the Assembly on Tuesday by Mr Congdon, of Allegany County It is important that as much pressure as possible be brought to bear immediately upon the Rules Committee, before whom the bill goes The personnel of the committee is Joseph A McGinnies, Eberly Hutchinson, Edmund B Jenks, Nelson Cheney, Russell G Dunmore, Fred L Porter Herbert B Shonk, Abraham Grenthal, Maurice Bloch, Peter J Hamill, and Irwin Steingut

Every chairman should immediately write to each member of the Rules Committee, and the chairman whose Assemblyman is a member of the Rules Committee should write a special letter to him. Do this immediately, because the bill may come up any day for decision. It is of the usual vicious character, it is almost a duplicate of the bills that were introduced last year, providing for a special examining board and including a waiver clause.

Henry L K Shaw,
Garrett W Timmers,
Harry Aranow,
Committee on Legislation,
Medical Society of the State of New York

COMMITTEE ON ARRANGEMENTS FOR ANNUAL MEETING

A twenty-page bulletin covering every phase of the preparations for the annual meeting of the Medical Society of the State of New York in Albany on May 21-25, has been issued by the Committee of Arrangements through its chairman, Dr J N Vander Veer of Albany The committee consists of James N Vander Veer, M D, Chairman, Augustus H Hambrook, M D, Peter L Harvie, M D, Charles W Woodall, M D, Wilham P Howard, M D, Clarence E Mullens, M D, Joseph A Cox, M D, Daniel B Lynch, M D, and Sherwood V Whitbeck, M D

The following subcommittees have been appointed to carry on the details of the work as set forth in the bulletin

Reception and Registration, Dr C W Woodall

Hotels and Garages—Dr J N Vander Veer Meeting Places—Drs W P Howard and S V Whitbeck

Ball and Banquet—(Tuesday evening, May 22nd) Drs D B Lynch, P L Harvie, C W Woodall

Commercial Exhibits—Dr A J Hambrook, Entertainment and Publicity—Dr C F

Finance, Audit and Account—Dr J N Vander Veer

Heart Demonstration-Dr J A Cox

The meeting places have been arranged as follows

The House of Delegates will assemble in the Hotel Ten Eyck, in the Grand Ball Room on the top floor, at 2 o clock on Monday, May twenty-first Supper will be served to the delegates on the ground floor of the hotel at the close of the afternoon session A charge of \$2 50 will be made to each delegate

The formal annual meeting of the Society will be held in the Grand Ball Room of the Ten Eyck Hotel in connection with the annual banquet on the evening of Tuesday, May twenty-second A charge of \$500 will be made for

the dinner

All other features of the annual meeting will be conducted in the State Armory on Washington street, just west of the Capitol building There the registration table for members will be located, and all the scientific sessions will be held. The center of the main floor will be assigned to the commercial exhibitors, while the sections will meet in the Company rooms. There will be abundant space for everybody, and every feature will be easily available.

The commercial exhibits will be of great importance to physicians. The exhibitors are advertisers in our Journal, and in the course of a year the money which they pay into the treasury of the Medical Society of the State of New York amounts to nearly half as much as the amount which the physicians themselves pay. The advertisers have treated the members of the State Society with cordiality and the Society in turn is providing the exhibitors with space in the very center of the activities of the meeting.

A special number of this JOURNAL will be devoted to the annual meeting, in which all its features will be fully described

ANTI-DIPHTHERIA POSTER CONTEST

The poster contest on the subject of the prevention of diphtheria is being stimulated and conducted by the State Department of Education through Mrs Z B Kimmey, supervisor of drawing

The expense of the contest is borne by the Out-Door Bill Posting Company which will see that the successful poster is reproduced and distributed over this and other states at its own expense. The contest is open to members of the art classes of high schools or normal schools of New York outside of New York City, and will extend from February 15th to May 15th. Prizes will be offered, the first one being a scholarship in the College of Fine Arts in Syracuse University, worth \$365.

Prizes for the poster will be awarded in accordance with their availability for reproduc-

tion on the bill boards Color, action, grouping and legends will all be considered in the determination of merit. It is expected that the picture will tell a story in itself and that the reading matter will bear directly upon the prevention of diphtheria.

Each poster must be a horizontal rectangle, approximately 16x36 inches, with a uniform white margin of 2 inches. Three colors and black should be used

This contest has been suggested by the Anti-Diphtheria Conference, in which are represented the State Department of Health, the State Department of Education, the Metropolitan Life Insurance Company, the State Committee on Tuberculosis and Public Health of the State Charities Aid Association, and the State Medical Society

TUBERCULOSIS MONTH

The National Tuberculosis Association will conduct a country-wide educational effort to promote the early diagnosis of tuberculosis

This campaign will extend throughout the month of March and will be conducted through the tuberculosis associations of the states and counties. Also the county medical societies will be urged to consider the problem and their members will doubtless receive literature and communications.

Physicians are likely to ignore these appeals because they are made so frequently that they

become commonplace, yet to know tubercu losis is to know practically all other diseases of the chest. If an examiner can recognize the milder signs of incipient tuberculosis he can also recognize the more evident ones which indicate pneumonia. Practicing the examination of the chest of a suspected tuberculosis patient is the best training for the examination to determine any disease of the lungs.

It is to be hoped that the physicians of New York State will respond to the appeals of the National Tuberculosis Association

THE DUTCHESS-PUTNAM MEDICAL SOCIETY

A regular meeting of the Dutchess-Putnam Medical Society was held at the Nelson House, Poughkeepsie, N Y, Wednesday evening, February 8, 1928, at 8 30 o'clock The meeting was called to order by the President, Dr H St John Williams at 8 50 P M

Dr Charles M Gilmore of Beacon, N Y, was

elected to membership

Dr Krieger moved that Dr L. E Rockwell of Amenia be made a life member of the County and State Medical Societies Carried

Dr Borst moved that 200 copies of the By-Laws with up-to-date revisions be printed Carried

Dr Borst moved that the President arrange an open meeting for March Carried

Dr John A Card, Chairman of the Public Health and Public Relations Committee, submitted the following report

Maternity Mortality Rate

	1925	1926
N Y State	56 <i>7</i>	55 3
N Y City	51 4	452
Dutchess County	61	<i>7</i> 06

Baby Climcs

4 Poughkeepsie-weekly

1 Vassar Hospital 3 Board of Health

1 Rhinebeck-monthly

1 Beacon-monthly

No regular ones in rest of county—one was held in each of 13 towns last summer

Pre-Natal Clinics

2 Poughkeepsie—weekly Vassar Hospital Board of Health 1 Beacon—monthly In rest of county—none

Tuberculosis Work

The committee feels the need of more and better tuberculosis work, perhaps more climes, especially out in county, and that we are not getting cases early enough. In 1926 there were reported 122 new cases from Dutchess County. As there were 51 deaths in the county outside of institutions in 1925, it makes an average of 24 new cases to every death. Authorities say we should find at least 5 or 6 or even more.

More coordination is needed between the different agencies doing public health nursing work. There are 22 nurses doing public health work in the city and county working for 14 dif-

ferent agencies

Dr Sadlier moved that the report be endorsed and that the Committee be authorized to carry

on the work as outlined Carned

Dr John A Card was appointed chairman of a committee with power to arrange a testimonial dinner to Dr John H Cotter in commemoration of his fifty years medical practise

Scientific Program

Dr James T Harrington, Poughkeepsie, N Y, "Phlebitis"

Dr H W Stibbs, Poughkeepsie, N Y, "Physiology of Respiration with Demonstration of Apparatus"

Members present Drs Williams, Howard, Malcove, Cavanaugh, Patterson, J H Dingman, Borst, Sobel, Boyce, Harrington, G MacKenzie, Deyo, Peckham, Rivenburgh, Malven, Malone, Vigeant, LeRoy, Conger, J I Cotter, J H Cotter, C E Lane, McCabe, Herridon, Slee, Burns, Sadlier, Davison, Gosse, Cheney, Thomson, Toomey, Krieger, Cadwell, Simon, Neighbors, Voorhees, Davison, Stibbs, Card and Carpenter,—41 Meeting was adjourned at 10 30 P M for refreshments

H P CARPENTER, M D, Secy Treas

PROSECUTION FOR ILLEGAL PRACTICE IN ORANGE COUNTY

Quick action on the part of the health officer of Middletown, Dr H J Shelley, who is also Secretary of the Medical Society of the County of Orange, and of Mr H B Royce, Counsel for the Middletown Physician's club and the Medical Society of the County of Orange, resulted in the arrest and conviction of a selfstyled "Miracle Man" who called himself Professor Caballah, but whose real name was Harry Schoenhaut, for illegal practice of medicine The prisoner had hired rooms in Mitchell Inn, Middletown, and was treating cases of nervous disease. One woman patient who was paralyzed was brought to the healer in the arms of a friend The healer came to Middletown a few days before February 22, and when on that day his activities became known, the health officer immediately got in touch with the Albany office of the Medical Society of the State of New York, and with the Department of Education, and as a result an investigator was sent to Middletown at once Two detectives were detailed to the case and gave the Professor \$500, although the clinics were advertised as free. A charge was immediately made before City Judge Starr, who at once imposed a fine of \$25 and a jail sentence of three months on Schoenhaut, but he remitted the jail sentence on condition that the Professor should immediately leave town, which he did after pawning a gold watch in order to pay his hotel bill

The Middletown Times-Herald for February 25th and 27th printed a full account of the case and in addition it ran an editorial which says

"We are incorrigible believers in magic, no matter how civilized we are supposed to be Let a fakir appear and call himself a swami, or Mazdaz, or a psycho-therapist, or anything else suggestive of the esoteric, and abused bodies and damaged souls are freely placed at his disposal Pseudo-Freudians, half-baked psychoanalysts have wrought incalculable damage during the last few years Cultists The Mr Caballah was one everywhere thrive of this type-a type a great deal more dangerous potentially than the ordinary patent medicine fakir or peddler of the secrets of Solomon and Sheba He was here only two or three days. In that time he was able to attract patients, but that the police got to him before much damage was done was indicated by the circumstance that he had to pledge his watch for funds sufficient to pay railway fare after he had paid a \$25 fine. The police often manage to save us from ourselves'

BRONX COUNTY MEDICAL SOCIETY

A regular meeting of the Bronx County Medical Society, held at Castle Hall, on February 15, 1928, was called to order at 9 P M, the President, Dr Gitlow, in the Chair

The following were elected to membership Bernat Abraham, Marcus Kaftal, Joseph H Lapin, Nat Spitzer and David Zahn

Dr Cunniffe, for the Committee on Legislation, reported in detail upon the status of the Bills affecting the medical profession that have been introduced in the State Legislature. Dr Aranow presented the Report of the State Legislative Committee with particular reference to the Assembly Bill (Int No 426) permitting an injured employee to select his own surgeon was debated considerably, but no definite action was taken because it was thought that the Bill which the Committee on Medical Economics, of which Dr Britt is Chairman, is interested in having introduced, will cover this matter asmuch as the conference assumed a neutral attitude, it was agreed that the County Societies might use their own judgment in advising their Assemblymen with regard to its opposition or support

General discussion followed after which it was moved and carried that a Committee of five be appointed to go to Albany for the purpose of furthering the amending of the Workmen's Compensation Law to permit a free choice of physicians by employees, provided there is such a Bill in the Legislature

Dr Magid, for the Committee on Medical Economics, reported on a general survey of the conditions in our community that tend to affect the economic status of the physicians This Report was referred to the Comitia Minora

A communication was received from the Medical Society of the County of Schenectady enclosing Resolutions passed by that Society opposing the proposed amendment to the Public Health Law pertaining to the possession, administration and prescribing of narcotics (Assembly Int 480) changing the penalty for violation of this law, from a misdemeanor to a felony. The Resolutions also asked that Article 22 of the Public Health Law be repealed. It was moved and carried that the Bronx County Medical Society go

on record as endorsing the Resolutions of the Schenectady County Medical Society

The Scientific Program then proceeded as follows

PAPERS

- 1 "Acute Subdeltoid Bursitis," Jacob Grossman
- 2 "Oral Syphilis and Differential Diagnosis," illustrated by lantern slides, Adolph Rostenberg
 - 3 "Diagnosis and Treatment of Early Syphi-

lis," illustrated by lantern slides, A Benson Cannon

The above Papers were discussed by Drs J Gardner Hopkins, Zigler, Lobell and Wincor Drs Rostenberg and Cannon closed the discussion

It was moved and carried that a vote of thanks be extended to the readers of the Papers

I I LANDSMAN, MD, Secretary

ART EXHIBIT BY PHYSICIANS

The second annual New York Physicians' Art Exhibit will open at the Academy of Medicine, Fifth Avenue and 103rd Street, New York City, on April 1, 1928 Any physician is eligible to contribute original work in paining, sculpture, drawing, etching, etc Contributions must be sent to the New York Physicians' Art Exhibit Committee, care of Superintendent, New York Academy of Medicine, 103rd Street and Fifth Avenue, New York City, not later than March 21, 1928 Each piece should be labeled (on the back) with title and name and address of the contributor Duplicates of these labels are then to be sent by mail to the Committee at the above address before March 21st

The New York Physicians' Art Club, under whose auspices this exhibit is given, particularly invites out of town physicians to participate in this exhibition

All correspondence should be addressed to Dr Henry A Bancel, 1 West 68th Street, New York City

A similar exhibit was held in the Academy during the first fifteen days of last March, as described on page 320 of the March 15, 1927, issue of this Journal The exhibit consisted of 575 articles by 78 exhibitors. It is expected that this year's exhibit will be even larger and more comprehensive

REGISTRATION OF PHYSICIANS

At the present time 16,500 of the practicing physicians of the State are registered with the Department of Education for the year 1928. In order that the names of the 1,000 remaining practitioners, who have not yet registered, may appear in the 1928 annual directory published by this Department, it will be necessary for them to

register not later than Maich 20th, on which date the final copy of the list goes to press

The statute provides a penalty for late registration after January 1st, and this penalty must be paid by all physicians who register later than March 1st.

HAROLD RYPINS, M D, Secretary, New York State Board of Medical Examiners

COURSE IN PUBLIC SPEAKING

A course in Public Speaking for doctors has been announced by the Queens County Medical Society, through its Committee on Economics, of which Dr L M Rohr of Jamaica, is Chairman, and with the cooperation of the Queens Borough Tuberculosis and Health Association

The instruction will be given on every Wednesday evening in Jamaica, beginning on February 29th, and continuing for twelve lessons. An expert instructor has been engaged and a fee of \$50 will be charged for each student, but one-half of the fee will be paid by

the Health Association for the first thirty-five matriculants on the ground that the ability of physicians to address audiences is an asset in Public Health

Courses in Public Speaking are being conducted for the general public by YMCA and other organizations, and physicians are availing themselves of the opportunity to acquire the ability to address audiences. The Queens County experiment will be watched with interest by physicians throughout the United States. See Editorial on page 332



MEDICAL WARES



CLINICAL THERMOMETERS

The thermometer was invented by Galileo four and a half centuries ago, and was very soon used by Sanctorius in diagnosing fever. The self-registering feature of a thermometer was invented in 1781, but its present form was not developed until one hundred years later.

The small clinical thermometer was first made about 1865 and came into general use about 1873. The present reliability and accuracy of the clinical thermometer are the result of a century of research and experiment.

A clinical thermometer is essentially a handmade product whose accuracy depends upon the skill of the workmen, and on frequent cests and a rejection of inaccurate products. Each thermometer is made individually and very few machine processes are used

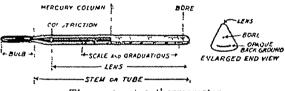
The basis of a thermometer is the tube which forms its graduated stem. The bore of this tube has a diameter about one onethousandth of an inch, which is smaller than that of the human hair The tube is triangular in section and its rounded front edge acts as a microscope to magnify the film of the mercury so that it may be read with ease. The tubes are drawn from a hollow cylinder of glass on one side of which a layer of white glass is fused so as to form a background against which the column of mercury may be read. The cylinder is made triangular shaped in a mold and is then drawn into a tube about two hundred feet in length which retains the triangular shape of the cylinder and in which the original bore is reduced to an extremely small size Most thermometer tubing in the United States is made by the Corning Glass Works, and is shipped to the thermometer manufacturer in six-foot lengths

The first process in the manufacture of a thermometer is that of measuring the bore of each tube with a microscope. The tubes having the same sized bore are placed together, but the bore may not always be exactly the same throughout the length of the six-foot tube, and so the thermometers made from one tube may vary slightly, and frequent tests are therefore necessary during the process of manufacture.

The next step in the manufacture of a thermometer is that of fusing the bulb to the stem Each bulb is made individually from normal glass tubing and its size is adjusted to that of the bore of the stem. A trial bulb is first formed and fused to one of a bunch of tubes of a uniform bore. The crude thermometer is then filled

with mercury and tested at 95 degrees and 110 degrees, to see if its scale will occupy the proper proportion of the stem. A bulb too large will require too long a scale for the length of the stem, while one too small will produce too short a scale to read. If the trial bulb is satisfactory, it is used as the model by which to judge the size of the others. Judging the proper size of a bulb requires great experience on the part of the workman.

The rapidity with which a thermometer registers depends largely upon the size of the bore. A large bore requires a large bulb and a small bore takes a small bulb. The little mercury required for the small bulb becomes heated in a minute or less time, and hence the names, one minute, or two minute thermometers.



The parts of a thermometer

The self-registering feature of the thermometer consists of a constriction which almost closes the bore and yet allows the mercurv to pass when it is under pressure small section of the stem is heated with a pointed flame and a tiny cavity is blown in This section is reheated and the heated tube its cavity is constricted by melting down the internal walls so as to close the central part of the cavity and yet leave a small opening on each side through which the mercury will pass when under the pressure of the heat of the bulb or the concussion of shaking down the thermometer Those thermometers whose constrictions are so large as to allow the mercury to fall are called retreaters, and are rejected The manufacturer also eliminates those whose bores are so small that excessive force is required to shake the mercury down

Rough handling may cause a thermometer to become a hard shaker or a retreater by fracturing some part of the constriction of the chamber. A hard shaker as well as a retreater may develop from shaking down the mercury by the concussion of hitting the fist holding the thermometer against the other fist. The proper way to shake down the mercury is to swing the arm in a circle while holding the thermometer with the bulb downward.

Thermometers are sometimes exploded by

their exposure to the sunlight, or a radiator, or by rinsing in hot water. A clinical thermometer will not stand a temperature much higher than that marked on the stem

The calibration of a thermometer extends from a low point of ninety-four degrees to a high point of one hundred and ten degrees, and is done in a way that is accurately con-A bunch of thermometers is placed in a water bath at a temperature of exactly 94°F, and the upper ends of the mercury colunin are marked on the stems The thermometers are then placed in a bath at 110°F, and each one is marked for that temperature Each thermometer is then placed in a machine which lays off the graduations uniformly, one-fifth of a degree apart Two pointers of the machine are set at the end marks, and the machine then automatically lays off the calibrations, each one being one-eightieth of the distance between 94 degrees and 110 degrees Since the thermometer has a registration range of sixteen degrees, and the calibrations are marked in fifths of a degree, there will be eighty marks in the length of the thermometer

The calibration of a thermometer is individual to that particular instrument, and is different from that of all other thermometers The bore of a thermometer may not be exactly uniform throughout its whole length, and so the 986° mark may be slightly wrong unless it is checked. Accurate tests of the completed thermometer are made, and those whose calibrations are more than one-fifth of a degree in error, are discarded Still the uniformity of the size of the bore is surprising, and comparatively few thermometers are rejected on account of imperfections in the original tube About one-quarter of all high class thermometers are correct to within one-tenth of a degree It is no reflection on a thermometer or the manufacturer that a correction of not exceeding one-fifth of a degree must be made In fact a recorded correction is evidence that the thermometer has been inspected and its possible error measured

Glass changes with age and sometimes undergoes a slight warping, thereby diminishing or expanding the size of the bore. The high class thermometer is kept for six months or more in order that it may undergo the maximum amount of change. Each thermometer is marked with its own individual number and a certificate of its accuracy is enclosed when it is sold.

Almost the only machine work on a thermometer is that of etching its markings. The thermometer is coated with wax, on which its graduations, its individual number, and the manufacturer's name, are scratched by machines which work on the well known principle of the pantograph that is used for copying drawings and maps. The thermometers are then placed in a bath containing hydrofluoric acid, which eats into the scratched spaces on the glass. The wax is then removed, and colored enamel is rubbed into the marks.

The manufacture of high grade thermometers also involves other points which are necessary in order to insure accuracy and reliability. The mercury is distilled three times to insure a high degree of purity. Yet minute pieces of glass may enter the mercury or particles of air may be imprisoned in it, and their presence may not become evident until a stringent inspection is finally made.

The reliability and accuracy of the thermometer are secured by careful hand work, which costs money A thermometer might be manufactured cheaply, but a machine-made thermometer would lack the accuracy which a modern physician demands. One guaranteed to register accurately within a tenth of a degree is the product of costly skill

It is interesting to note the psychological reaction of the workmen to visitors. When a skilled workman is watched, he is likely to become self-conscious, and his mind to be diverted from its task. Accuracy in his work requires his undivided attention, and since the skilled operators work mostly by the piece, visitors are not encouraged in a thermometer factory.

Thermometers are made with considerable van ation of the details, but all undergo the same processes of manufacture The bulb may be made spherical for rectal use, or the graduations may be shortened so that they end at 96°F Centigrade graduations may be etched on them instead of the Farenheit scale, and they may be mounted in a variety of cases Yet the essential parts of every thermometer are made by the handwork of highly skilled operatives as has been A standard clinical thermometer 15 described an instrument of precision, whose readings show far less variation than the temperatures of two normal persons who appear to be similar in other respects

2

THE DAILY PRESS



THE BEAUTY TREATMENT OF THE INSANE

A modern hospital for mental diseases provides the means by which the inmates may lead a normal life, one of the elements of which is a good appearance in company. The New York Times of January 18, makes editorial comment on a report that the State Hospitals of Illinois have installed beauty parlors as a part of their therapeutic equipment. The editorial says

"Insane though the clients may be, the parlors are well patronized. Few of the inmates are so far out of their minds as not to want to look their best. Some of them have become so interested in the business of beautifying that they have qualified as skillful assistants. Already the new department has proved itself worth while as an aid in the recovery of patients displaying an interest in it.

"It is perhaps too soon to expect elaborate statistics and reasons for this improvement Psychologists themselves have not always been quite clear on such subjects as whether we laugh because we are happy, or are happy because we laugh. If the latter is true, then the same logic would account for the fact that a woman fresh from the hands of a beauty specialist is nearer sanity than when she looks a dowdy frump. A properly prettified woman, hair bobbed and waved, skin glowing, nails immaculate, lips with a touch of rouge, certainly looks a sound, normal creature. And no doubt that helps her to feel so."

Such articles as this are of great value in educating the people regarding the true nature of life in a state hospital. They are quite willing that their kin should go to a hospital in which free beauty treatment is an example of the normal attention which the patients receive. An additional element in the hospital treatments is that the patient is free from the nagging and the razzing of the mother and aunt at home. If a woman wants to have her hair curled or her nails polished, she can do so without the annoyance of spying relatives

SILENCE

Can there be a sound without a human ear to perceive it? Can the normal human ear escape hearing sound of any kind? Is there such a thing as absolute silence for any normal person? Writers, even the editorial writer of this Journal, are seriously disturbed by sounds, and they seek quiet nooks in which they may think in quietude But sound is an inward quality and like an accusing consequence, it intrudes into the most secluded places, and annoys those who most wish to escape 1t The seeker after silence finds it best amid the turmoil of a crowded city, for the annoyance comes not from the vibrations that strike the ear, but from those which trickle down the auditory nerve and piece the brain like a needlepoint. The most annoying of all sounds is the nibble of a mouse in a silent midnight The New York Times of February 17 comments editorially on the search for silence and tells the experience of a Parisian writer

"A nervous man, easily disturbed by noise, he arranged with an architect to build a sound-

proof room in his home. When he began work in his silent chamber he found that in spite of the padded walls, two feet thick and stuffed with sawdust, every noise from outside came to his ears, magnified rather than diminished. He abandoned the refuge, went to a hotel, and in the inner depths of a seven-room suite wrote his play in comparative quiet.

"It must be that a sensitive writer who seeks complete quiet for concentration on his work concentrates rather on any tiny sound which escapes the mufflings of the padded chamber. By such a one a fly's footfall could be distinctly heard and he might even be distracted by the beating of his own pulse."

Two sounds are especially annoying to our editorial ear as we read our exchanges on the train. We can usually escape the giggling flapper by taking refuge in the smoking car and the rumble of the train drowns the whistle of the male of the species. The more noise the train makes, the less is the annoyance of other noises.

AMBULANCE CHASING

The evils of ambulance chasing are being recognized by the courts of New York State. and leading lawyers are attempting to purge their ranks of the chasers, just as physicians are trying to control the few doctors who give their assistance to the shyster lawyers Nearly every issue of the New York newspapers of the higher class carries plans regarding the purifying activities of the bar associations and courts The action of Presiding Justice Dowling of the Appellate Division of the Supreme Court in ordering an investigation of ambulance chasing is described editorially by the New York Times of February 9, as follows

"The investigation will be conducted by a Justice of the Supreme Court, in special term, with full power to compel attendance of witnesses and the production of books and papers

"The inquiry is to cover the whole business practices of counsel for defendant or plaintiff and all their agents and activities of whatever kind, all unlawful agreements to split fees. pay money for any purpose in connection with claims, in short, all unprofessional, obstructive or corrupt practices of the ambulance-chasers and their squads of runners, henchmen and go-betweens

"The proceeding, new here, was successfully There an inquitried in Milwaukee last year sition initiated by the Lawyers' Club was entrusted by the Circuit Court to three of its members sitting en banc. A pretty state of things was disclosed One ambulance-chaser, not a lawyer, had boasted that he had six hun-After the investigation, dred cases pending the Court purged its records of all cases tainted with malpractice of any kind or made the plaintiffs do the purging by canceling corrupt contracts and hiring new counsel The ambulance retinue is said to have practically gone out of business in Milwaukee Since these personal injury cases are the main crowders of the calendar, there is additional, ample reason for the judicial inquiry"

The New York Herald-Tribune of February 9 says editorially

"This action by the Appellate Division may be regarded as a legal landmark in this state It is a highly important assertion of the court's The judiciary law gives the Sujurisdiction preme Court power and control over attorneys But Justice Dowling maintains that even without a statute the proposed investigation can be ordered "as the exercise of a power inherent in and an essential attribute of courts of justice of general jurisdiction" He cites the decision of the Supreme Court of Wisconsin fully sustaining the Circuit Court in the ambulance-chasing investigation which succeeded famously in Milwaukee

"The disciplinary power of the Appellate Division of the Supreme Court, Justice Dowl ing observes, 'is not merely passive, it does not have to rest mert until some third party calls it into action' Most beneficial doctrine, laymen will say The aggressive mood of the Appellate Division and of the bar associations promises a real cleanup, the more so, perhaps, since it has taken them a long time to get up their fighting blood"

The New York Sun of February 20, in its column called "The Sun Dial," gives the fol lowing vivid picture of the ambulance chaser

"You're badly hurt, aren't you?" asks the ambulance chaser reaching the side of a man who has been merely dazed by a falling flower

"No," replies the victim truthfully "Don't be silly," argues the lawyer "You'll never be physically perfect again"
"Who are you?" asks the man

"I'm your attorney" "I have no attorney"

"Of course you have Here's my card Now, sit still until the ambulance comes"

"I don't want an ambulance," argues the

"Shut up, and don't speak any more except when counsel so instructs I've sent for the ambulance"

"But I'm a busy man, and I've got an ap-

pointment, and" "Are you too busy to take a chance on get ting \$50,000?"

"No"

"Then close your eyes and ride in the ambulance as your lawyer orders!"

"It sounds like good business The lawyer sues. If he collects anything the client gets 10 per cent or less If he fails to collect any thing the client owes him for legal services When it is all over the client is usually in worse shape than he was before the accident.

"There are lawyers who can give any am bulance a start and beat it to the hospital The ideal training for this type of barrister is one year at a law school and three years on a running track

"The big mistake is made when the colleges gives him a diploma It should give him a pair of roller skates and make clear to him that he should work with Blackstone, not with blackjack "

When the funny columns of the newspapers take up a problem, one may be sure that the people generally are becoming interested in its solution



BOOK REVIEWS



EMERGENCIES OF AI GENERAL PRACTICE. By the late NATHAN CLARK MORSE, A.B., M.D. Revised and rewritten by Amos Watson Colcord, M.D. 2nd Edition Octavo of 541 pages, illustrated. St. Louis, The C. V. Mosby Company, 1927 Cloth, \$10.00

Among the various books written on emergencies of a general practice the above volume certainly goes into careful detail of the majority of conditions with which any man in that field may be confronted. The book is systematic, brief and clear of detail The surgical problems are carefully worked out with sufficient data to establish an accurate diagnosis in most cases. All the various specialties, as eye, ear and throat, gynecology, etc., have been given their respective consideration. The outlines on treatment are thoroughly modern. In the medical emergencies there might have been included the management of some of the serious acute infectious diseases. However, excluding the latter, this is one of the best volumes for emergency reference that has been written.

Affections of the Stomach By Burrill B Crohn, M.D Octavo of 902 pages, with 361 illustrations Philadelphia and London, W B Saunders Company, 1927 Cloth, \$1000

The author has drawn from a large amount of clinical matter and observation which have been recorded in an interesting fashion.

Although the book in general follows the accepted form of devoting the early chapters to the anatomy, physiology, etc., the clinical relationship is constantly kept in the foreground. The association between the laboratory, surgeon and clinician is manifest throughout the book. The chapter on Gastric Neurosis deserves special mention because of its discussion from a purely psycho-neurotic standpoint. The surgical treatment of Gastric and Duodenal Ulcers is discussed by Dr. A. A. Berg, whose experience in this field is vast.

This volume should prove of value not only to the specialist but also to the general practitioner

IRVING GRAY

Diseases of the Skin A Manual for Students and Practitioners By Robert W MacKenna, MA, MD 2nd Edition, revised Octavo of 452 pages, with 143 illustrations Baltimore, Md., The Williams & Wilkins Company, 1927 Cloth, \$7 50

In this the second edition, Dr MacKenna has very wisely continued his original plan of classifying the commoner diseases of the skin according to their etiology or location, a plan which makes for a quicker understanding of dermatology by the student and a decided advantage to the general practitioner in the diagnosis and treatment of the diseases which present themselves in his daily work. The illustration of this book is particularly well done, there are many beautifully executed color plates and the monochromes are from photographs made "close up" thereby defining the lesions in a most satisfactory manner. The paragraphs on treatment deal generally and in detail with each disease and the author's favorite prescriptions are printed in such manner as to make them readily accessible. Four years of association with Dr McKenna's first edition has quickened our desire for this greatly augmented and revised new volume. The book is well printed and its publishers are to be congratulated on their excellent production.

N. T. B. and G. F.

A Text-Book of Physiology For Medical Students and Physicians By William H Howell, Ph.D., M D 10th Edition, revised Octavo of 1081 pages, with 308 illustrations Philadelphia and London, W B Saunders Company, 1927 Cloth, \$6.50

The medical literature of the United States now contains a book on physiology that is second to none. Howell's Physiology now long familiar to medical students appears in its tenth edition, which is superior in every particular to the previous editions. It is easier to read, and so splendidly arranged that it cannot but help to form a very useful part of the physician's guides in the search for knowledge of the normal. The author has given the various views on the many subjects on which there is still debate, so that the reader will not believe a certain viewpoint is yet the truth. Such a method of treating subjects has the greatest value, as there are so many who wax dogmatic about things today, when no one really knows the truth about the subject. Regardless of the field of the human body in which the practitioner may be interested, he will find the subject well presented from the physiologic standpoint in this text.

J Arthur Buchanan

THE ESSESTIALS OF OTOLOGY By GEORGE BIRMINGHAM McAuliffe, A.B., MD Octavo of 177 pages, illustrated New York, Oxford University Press, 1927 Cloth, \$400 (Oxford Medical Publications)

This small volume represents the author's method of teaching otology to the undergraduate students at Cornell University. He has succeeded in including a practical exposition of the diseases of the ear, such as suffices for the medical student, and has eliminated much that is advanced and theoretical

The information is presented in so-called "tabloid" form, the margin of each page containing topic words or topic sentences which sum up the subject treated in that particular paragraph.

The various functional tests for the cochlear and vestibular nerves are clearly and concisely stated

The surgical technique of acute mastoiditis is given so as to acquaint the student with the most frequent otologic complication.

There is a chapter on the various drugs used in the commoner ear diseases

The majority of the illustrations are free hand drawings by the author

Students of medicine will find this volume an excellent guide in their undergraduate studies

BENJAMIN H ABRAHAMS

GETTING WELL AND STAYING WELL. A Book for Tuberculous Patients, Public Health Nurses and Doctors By John Potts, M.D. Octavo of 223 pages St. Louis, The C. V. Mosby Company, 1927 Cloth, \$2.00

This book will be found useful by tuberculous patients and public health nurses, also by doctors not widely experienced or specially trained in the diagnosis of incipient tuberculosis and who happen, for one reason or another, to find themselves in need of a guide to the proper teaching of fundamental principles. The book is practical and trustworthy. Nothing is advocated that is not orthodox. A commendatory introduction by Dr. J. B. McKnight, Superintendent and Medical Director of the Texas State Tuberculosis Sanatorium, gives further assurance as to the book's dependability. A. C. J.



OUR NEIGHBORS



ROCKY MOUNTAIN SPOTTED FEVER

A serious disease called Rocky Mountain spotted fever is endemic in the Northwest Colorado Medicine for February contains an article on the disease by Dr Carl S Gydesen of Colorado Springs, from which the following abstracts are taken

"Rocky Mountain spotted fever is an acute, endemic, non-contagious, febrile disease transmitted to man by the bite of the wood tick, dermacentor Anderson Stiles, which has been infected by an organism called Dermacentroxe-

nus Rickettsi

"Rocky Mountain spotted fever is intimately associated with the settlement and agricultural development of any region that harbors in-The most constant locality in fected ticks which the fever prevails in Montana is in the Bitter Root Valley in an area four to ten miles wide and fifty miles long In Idaho it has been reported along the entire north bank watershed of the Snake River"

"Man plays no part in the perpetuation of the virus, and in this way the disease differs from malaria, yellow fever and typhus virus is propagated in nature, first, by the infected ticks feeding on smaller wild animals (squirrels and rabbits) and infecting their hosts, while these infected animals, transmit the virus to other feeding ticks, second, through the hereditary transmission of the virus from an infected female to her eggs and then through the different life stages of the

"The life cycle of the Dermacentor Andersom is about two years. During the winter months the ticks lie dormant under logs and stones, but upon the appearance of the first warm days in the spring they crawl upon the grass, weeds and bushes from which they can easily attach themselves to the passing larger They lay from one hundred to several thousand eggs and then shrivel and die The larvæ hatch from the eggs in thirty or forty days if the weather is warm The larvæ stick in clumps to the ground foliage and await the passing smaller animals to which they at-They become engorged in tach themselves about five or six days and then drop to the ground where they lie dormant for three or four weeks before molting. The skin is then cast and the asexual nymphs are born form again attaches itself to a host, becomes engorged and falls to the ground where it lies dormant for three or four weeks while the metamorphosis into the adult form takes place"

"Two types of Rocky Mountain spotted

fever are recognized depending upon the sever ity of the disease and the mortality rate. The Bitter Root strain is exceedingly virulent and it is rare for an adult to recover Statistics indicate a 90 per cent mortality The Idaho strain is decidedly less virulent and the mortality seldom exceeds 5 per cent Botanical and climatic conditions probably explain this great difference in mortality. In the Bitter Root Valley of southwestern Montana the win ters are severely cold and long The summers are mild and the tick infested areas are gener ally shaded and moist Here the larvae and nymphs feed on the Columbian ground squir rel and the adult ticks attach themselves to the domestic animals Along the Snake River in Idaho the summers are very hot and dry On these dry sage brush plains the jack rab bit is the principal host for the infected ticks Later investigations have shown that ticks which have been well fed will produce the disease much more readily in guinea pigs than the unfed ticks will"

"The disease usually infects persons whose occupation takes them into the sage brush and mountainous regions, such as stockmen, miners, shepherds, prospectors, lumbermen, hunt

ers and summer tourists"

"The incubation period varies from five to ten days with an average of seven days Dur ing this time the patient complains of malaise, chilly sensations and has a slight evening tem-Then an abrupt chill occurs and it is followed by a temperature of 103-104"

"On the third, fourth and fifth days the characteristic eruption appears It develops first on the ankles, wrists and forehead and then spreads to the rest of the body The lesions are scattered at first, but they become more numerous on each succeeding day and are seen in the hairy areas as well as the palms and the soles of the feet Later they may be found on the buccal membrane, the posterior pharyngeal wall, the conjunctiva and one writer reports small hemorrhagic areas in the fatty and muscular tissue found at post mortem

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(Continued on page 355, adv x111)

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dietary
of infants
and
children





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(Continued on page 355, adv xiii)

(Continued from page 352)

results in a desquamation that involves the entire body"

'The diagnosis of Rocky Mountain spotted fever in the regions where it is endemic is not difficult. Even the laity recognize it. It appears after the first warm days of spring in regions known to be infested with the infected wood ticks. Also the history of the tick bite, the malaise, muscle and bone pains, the head-iche and chill; followed by a temperature of 102-104, and the characteristic rash appearing irst about the wrist and ankles are the outstanding features of the disease."

"In the reports of the USPHS for 1926 he work of Spencer and Parker at the field station at Hamilton, Mont, is reported. They lave developed a prophylactic vaccine against Rocky Mountain spotted fever and have tested to value by administration in selected areas and checking results. In 1925 two men who had received but one-fourth of the dosage considered likely to give full protection later contracted mild infections and recovered. These recoveries were the only two among seven Bitter Root valley cases during the season of 1925, and also the first two records of recovery imong laboratory and control workers."

"The production of the vaccine which is nade from infected adult ticks, requires nearly ifull year. It involves the engorging of hundreds of female ticks, the feeding of hundreds of thousands of the resultant larvæ on infected losts, and the rearing of these through the lymphal stage to adults. It is in the adult tick hat the highly virulent virus essential for a patent vaccine most consistently occurs."

CIGARETTE TESTIMONIALS

The editorial by Mr Lloyd Paul Stryker in the legal department of this Journal of November 15, 1927, page 1264, was widely copied in the State Medical Journals. The January issue of California and Western Medicine not only printed quotations from the article and a letter of commendation, but it also ran the following editorial.

"Adverse comment in state journals has been rife concerning the recent scheme of a cigarette firm to foist upon the public the unthinking endorsement of a few physicians throughout the country as the studied and scientific research results of the medical profession

"It is regrettable that any physicians should have thoughtlessly lent their support to this advertising scheme. The profession that has studiously worked to protect the people from

(Continued on page 356, adv xiv)



THE HOUSE OF DEPENDABLE SERVICE

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Surgical Belts,
Corsets
and
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ZEPHYRWATE supports that DO Support

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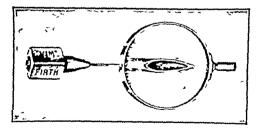
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Ease of adjustment to any desired position and the means of locking the lamp in place make this appliance most satisfactory for general use Power is variable in the Super Solar Arc. The rays may be concentrated to produce caustic effects, or toned down to reproduce mild sunlight The combination of ultra-violet, infra-red and other light rays produces a spectrum that most nearly approaches that of natural sunlight

Solar erythema can be produced with the Battle Creek Super Solar Arc in six to eight minutes, when desirable Occupying a minimum of space, due to its upright position, the lamp may be easily and quickly moved in adjustment to the patient

The new Super Solar Arc Lamp employs many advanced features in construction May we send you our new bulletin, completely describing this efficient appliance?

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Therapeutic
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The Battle Creek Mechanical

Health Horse
A valuable aid in the
treatment of chronic
conditions Provides
exercise identical with
horse back riding, so
frequently prescribed
by physiciansforhealth
promotion.

The Battle Creek Massage Table-

Type R I
Constructed of single steel frame, welded to gether finished in white asepuc ename throughout, measuring 25% inches wide, 80 inches long and 30 inches high

The Battle Creek Radiantor

Radiantor
A portable electric
light bath of great convenience to the general
practitioner as it may
be transported to any
home where the nec
essary electrical con
nections may be easily
made
The Best le Creek

The Battle Creek
Solarc Bath

Type BB
A very efficient apparatus for general body radiations of light, heat and ultra violet. Additional units may be added so that one lamp will radiate the adjacent sides of two tables.



(Continued from page 356, adv viv)

hat the absentees number among them some of the most prominent of the county's physicians, including present and former officers of both State and county societies

"Is this condition prevalent in other societies? f so, what is the cause, and what can be done o arouse greater interest in this work so vital o the well-being of the professions? Correspondence on the subject is invited."

MEDICAL ETHICS

The Atlantic Medical Journal for February has an editorial on the practice of medical ethics, in which the editor says

"We have previously called attention in our editorial columns to the fact that too often suits have been instituted for alleged malpractice based upon the comments and opinions given by physicians in criticism of the medical attendant who was in charge of the patient at the time. We have been advised of this in numerous cases by the attorneys bringing suit

"A recent instance may be cited of a primipara in charge of the attending physician, a general practitioner, who explained to the husband the difficulties experienced in the delivery and the reason why the baby was born dead. The husband was not satisfied and called at the office of an obstetrician to seek his opinion, giving the details as related to him. The obstetrician stated that he saw no reason why the baby should not have been born alive. The husband paid the \$20 office fee exacted, and deemed it only fair to seek another opinion. He consulted another obstetrician, who gave a similar opinion.

"It seems almost unbelievable that any physician would sell, let alone venture, any opinion in this manner. Here is a layman, with the mental anguish of losing his firstborn, due to what he thought was faulty obstetrics, consulting two obstetricians, who based their opinions upon the statements made by the layman in an overwrought frame of mind. Neither obstetrician had heard the details from the medical attendant. Such action on the part of any physician cannot be too severely condemned.

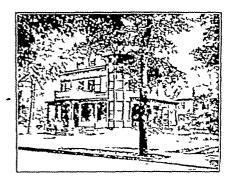
"It would seem justifiable, in any instance of this kind, when the charges are proved to be true, that said physician, if a member of a county medical society, should be made to show cause why he should not be dropped from membership. It may be that pitiless publicity may force a better observance of the principles of medical ethics."

Frank L. Hough, Director

Telephone, Oakwood 7181

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Conducted according to the ethics of the medical profession

Patients are accepted only upon the recommendation of their physicians

Equipped for giving the following forms of physical-therapy

Baking Treatment
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Rooms available for resident patients

A physician is available for the resident cases whenever their attending physician is unable to visit the patient

Regular reports of progress are sent to the physician who refers the patient

Attention is given to special diets as ordered by their physicians

VISITING PHYSICIANS ARE ALWAYS WELCOME

Try it in ANEMIA!



A scientific nutrient in concentrated form which permits the administration of liver substance in a convenient and palatable manner

Write for Sample

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{ Directions and circulars are supplied to physicians only }

Samples Prepaid on Request to

HORLICK — RACINE, WIS.

(Continued from page 355, adv xiii)

fraudulent claims of drug advertisers should be more alert and discerning

"With all the criticism that has been roused against unscientific endorsement and all the publicity that has been given the careless signature of a circular letter by some thousands of the doctors of our nation, it is hoped that never again will a single signature appear until the signer has incontrovertible proof that the claims he is endorsing are findings made after actual scientific investigation"

ATTENDANCE AT COUNTY MEDICAL SOCIETIES

Many county medical societies of Pennsil vania publish their own monthly bulletins and some print the record of each member's at tendance at the meetings The Atlantic Medical Journal for February, commenting on one of the bulletins, says editorially

"The enterprising editor of a county society bulletin recently published the attendance record of all members of his society. The score runs as follows

Number of meetings attended	Number of member in attendance
0	60
1 2	26 13
3	11
4 5	8
6 7	6
8	1 2
9 10	6

"It is rather appalling that neraly half the members failed to attend a single one of their county society meetings, and that only about a third of them attended more than two meet ings The competition between the many med ical meetings is frequently given by members located in large cities as an excuse for frequent absence, but in this particular instance there is only one other competing medical organi zation, whose meetings alternate with those of Yet eleven members of the county society both organizations failed to attend a single The average of the meeting of either one county socnety attendance was 33, while that for the other organization was 63-a difference accounted for perhaps by the presence of ? guest speaker at the latter meetings One of the most distressing features of the record is

(Continued on page 357, adv xv)

THE INDIAN TEEPEE

The Wyoming section of Colorado Medicine, ne organ of the Medical Societies of the states of Colorado and Wyoming, has the following ditorial entitled "The Big Sleep":

"We pride ourselves on our education, and et a large part of these boasted achievements re in reality bunk

"Take the question of sleep

"The western Indian knows more of the real oys of sleep than all the rest of the so-called avalized world

"That's a strong statement, but you can prove it to your own satisfaction, if you will but try his way

"No million-dollar palace has in it the lifegiving sleep an Indian teepee offers its owner. Man invents what he thinks are improvements in the way of living only to find that these so-called improvements are in fact disadvantages and only tend to shorten his life

"For years the Indians knew no other home than the teepee, and yet as soon as the government insisted on his building and living in houses the death rate among the Indians began to increase, and it is still on the increase

"The Indian teepee made of canvas or even thin muslin is so far superior to any modern tent that there is no comparison. If you can get one do so by all means and enjoy sleep as you never have before

"On account of the ventilator at the top where the poles cross and the upward current of air through it no flies or mosquitoes are ever found in a teepee. The air is always fresh, yet free from draughts

"Get an Indian teepee and enjoy the big sleep After five years' sleeping in an Indian teepee we certainly can recommend one for every family We are not agents for them, but we do know your lives will be happier if you enjoy one in your own back yard Why not enjoy the big sleep?"

The author might have mentioned a feature which promoted ventilation without causing drafts. The Indian teepee in the American Museum of Natural History, New York City, has a curtain looped to the tent wall on the inside of the teepee about five feet from the ground and falling to the floor. This prevents drafts on the floor and produces an upward current that insures fresh air around the sides even when a fire is burning in the middle of the floor.

How Many Times a Day Do You Wash Your Hands?



Patch's Nepto Lotion

will keep them soft and smooth

Surgeons, Physicians and Nurses are obliged to wash their hands very frequently Mothers, too, who have children to care for or housework to do, must have their hands frequently in water.

Must have their hands frequently in water

You know how hard it is to keep them from
chapping during the cold weather Here at last is
the lotion that gives the desired protection

the lotion that gives the desired protection
NEPTO LOTION is different from other lotions
It is made with a base of Irish Moss, combined
with glycerin and alcohol in just the right proportions to keep the skin soft and smooth. It relieves
chapping and protects the soft texture of the skin
Just a few drops of NEPTO LOTION, applied

Just a few drops of NEPTO LOTION, applied right after drying the hands, will work wonders! You'll be surprised how soft and pliable your skin will keep

A bottle of NEPTO LOTION kept on hand, on the wash stand or in the office, will save you that uncomfortable feeling which rough chapped hands always cause It is fine after shaving

Let us send you a trial bottle of Neptol

THE E. L. PATCH CO.

BOSTON, MASS

MAKERS OF PATCH'S COD LIVER OIL

The E. L. Patch Co., Stoneham 80, Boston, Mass. Send me a trial bottle of Nepto Lotion.

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St. and No.

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Bodkin's Diseases of the Rectum

By MARTIN L BODKIN, MD, F.ACS

Rectal Surgeon St Catherine's Hospital, Associated Surgeon, Broad Street Hospital New York,

The entire text for this edition has been carefully revised and amplified Several important new chapters have been added

The application of bacteriology to the causes of the different types of the simple catarrhal diseases of the colon and rectum and the treatment of these diseases are satisfactorily explained in a special This information of the cultivation of bacteria from the food we eat has heretofore been so meager that the average practitioner and student could not apply his knowledge in a practical manner to either medicine or surgery

> Second Edition, large 8vo, 491 pages, 111 illustrations, Cloth, \$6 00

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"SENIOR" ROBERTSON Carbon Arc Lamp

Price: DC or AC, 116 volt



OBSERVING THE CRIMINAL

The editor of the Medical Journal and Rec ord, writing in the February first issue of the periodical, suggests that murderers be kept He supports hu alive for scientific study view with the following argument

"Efforts to prevent crime depend largely upon an understanding of the criminal mind, a knowledge of the abnormal psychology which results in asocial acts To this end are labor ing the criminologist, the psychiatrist, the sociologist, the psychologist Legal acts of revenge and punishment serve only as stumbling blocks in the path of scientific investigation. One cannot study the mentality of a dead man, yet the voice of the public cries out against the preservation of a human life when that life has culminated in an outrage against the funda mental feelings of the race

"Whether the perpetrator of an atrocity be sane or insane, whether he be responsible or irresponsible, make interesting subjects for debate, but are of little practical importance The essential point is to deal with him in such a manner that he will never again be a menace to his fellowmen Killing him accomplishes the desired result with gratifying finality Thereafter he is no longer a source of danger-but neither is he of any use. The thorough study of a personality capable of committing a revolting crime, glorifying in the resulting publicity, pointing pridefully to himself as a note worthy "bad example" to the youth of the com munity, in other words, behaving in a thor oughly abnormal and perverted manner, ought to bring to light a quantity of valuable mate Securely incarcerated and forced to be come a more or less useful member of the in stitution community, he may be a veritable mine of psychopathological data from the day he is sentenced to the completion of his au To be sure, one or two isolated cases mean little and generalization therefrom would be dangerous What is needed is the preserva tion of the criminal as a specimen for scientific If his crime is such that the investigation herd howls for his blood, so much the more vital is it that he be kept alive with the care and solicitude accorded an experimental ani To society at large, he has ceased to exist. To the scientist he is a rare and valu able specimen, available for study and expen mentation from every angle known to the stu dent of aberrant personalities"

LEGALIZED ABORTION

The February issue of Colorado Medicinc ays editorially

"Russia, unafraid of experiment in government, has formed a commission for considering petitions of women who, for any cause, desire abortion Eighty-three percentum of these petitions have received favorable action. In three rears 55,320 authorized abortions have been lone. In this great number there was no faality. The operations are all free and are done in government hospitals. Within the same opened the authorities of Russia learned of 56,675 abortions done by bunglers with 3,000 leaths.

"Not satisfied with the results of its trial of tree abortions, Russia is now more actively teaching birth control and is experimenting with new methods of prevention. In all European countries there is increasing activity in teaching birth control. The United States is alone in forbidding the use of the mail to writings favorable to contraceptive methods. We, in a land of the free, practice the principle that the government must decide what the people may be permitted to know."

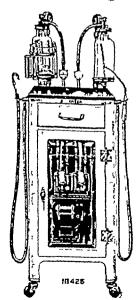
ADVERTISING STANDARDS

The Medical Society of the State of New York chooses its advertisers according to the same standards that are set forth in the following brief editorial in the Wisconsin Medical Journal

"With names of physicians ('selected') for sale at \$9 50 a thousand and an American Medical Directory for sale at \$1500, it is little wonder that the mail of the doctor is increasing Every firm whose advertisement is rejected by this Journal and others generally resort to direct-by-mail appeals to use this, try that or simply sign the card for samples. Even Bernarr Macfadden uses this direct appeal in an effort to get testimonials

"Your dues could be cut in two if this Journal accepted all the advertising that is profferred. The Journal, with a sense of responsibility to its readers, will continue to select, to require proof, to reject. And its advertising columns will prove increasingly valuable to the readers as a guide to reliability of firm and product."

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444 Jackson Avenue

We refer you to anyone employing the use of this apparatus for endorsement A list of satisfied users will be mailed to you upon request

Four cylinders—two for suction alone, and two for pressure alone

Perfect and sensitive pressure and suction controls

Possible administration of ether intratra heally

The Sorensen you purchase today will be serviceable in 1938. The past proves that

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nenstruum composed of Fine Old Brandy, Yolk of Fresh Eggs, Sugar and m to the flow, of Liquor Potassii Arsenitis (Fowler's Solution)

An unusually palatable tonic which appeals even to the most fastidious patient. WARNINK'S ADVOCAAT has enjoyed a unique reputation for many years, it being prescribed as a tonic the world over

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SALIPYRIN "Riedel"



is a chemical combination of antipyrin and salicylic acid. The thera peutic effects of both these components are preserved, although modified by close chemical union and in a very great degree deprived of the dangers of mechanical mixtures.

Salipyrin is distinguished from other salicylates by the comparative

freedom from ill-effects (absence of free antipyrin) and prompt antipyretic and sedstive action.

INDICATIONS Influenza, Colds, Catarrh of the Nose and Throat, Rheumatism, Neuralgia, Alcoholic Excess, Pleur isy, Dysmenorrhea, Metrorrhagia, Vaginitis, etc. If given early in the attack, Salipyrin generally succeeds in aborting colds

Salipyrin is supplied in powder form and as SALIPYRETS in tablets of 7% each.

Approved by the Council on Phar and Chem. of the American Medical Association for inclusion with N N R.

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Berry and South 5th Streets, Brooklyn, N Y

RELIGION AND SCIENCE

Harry Emerson Fosdick, DD, the champion of modernists in the pulpits of New York, has an article entitled "Religion's Debt to Science" in the March issue of Good Housekeeping The following extracts refer to the physicians' part in promoting true religion among mankind

"When people talk about conflict between scence and religion as though that were the gist of the matter, we would do well to think of the triumphs of scientific medicine. We ought to speak of that oftener in places where the heroes of the race are remembered and the servants of humanity are put into our inward halls of fame. Our missionary enterprise has produced great souls and we know the roster of their names Paton of the New Hebrides, Morrison of China, Judson of Burma, Livingstone of Africa Bot we do not know so well that scientific medicine also has its roster of heroes who well deserve to stand beside them

"Conflict between science and Christianty? Think of Lister's work in antiseptic surgery, Morton's work in anesthetics, Jenner's work in vaccination, or the new antitoxins that are stealing terror from old scourges like diphthena. Would not Jesus rejoice, who cared so much for the bodies of men and spent so much energy upon their health? I say it reverently, he healed a few people after the manner of his day, but how grateful would he be if, coming back, he should see science now fulfilling his own words, 'Greater things than these shall ye do'

"This last year I visited ancient Corinth in Greece Thither, late in the last war, an astonishing American woman had brought two thou sand children from the carnage and chaos of Asia Minor There in Corinth in old Greek army barracks she installed the children few weeks twelve hundred of them had malana Malaria had been there for centuries Historians say that it caused the disintegration of ancient Greece One thinks of all the prayers that have been offered from old pagan shrines, from Chris tian churches, from Moslem mosques against this insidious foe. But now we have new tools to That American woman sent to work with Athens for a trained nurse from Johns Hopkins, who was there She threw her scientific knowl edge into the problem, would not leave a single pond uninvestigated, became a nuisance to the government until it joined forces with her She cleaned up the entire countryside until not a single case of malaria was left Now there need never be any malaria in Corinth again Conflict between science and religion? As one thinks of these new tools in the hands of the spirit of sen ice, such vistas open as never hitherto have opened before the hopes of man"

THE OBSTETRICAL EXAMINATION

The January issue of The Comnd of Medicine and Surgery ublished in San Francisco) conns an editorial on obstetrical actice in which the author enuerates the following six items of amination which every physiin should be prepared to make

- 1 The use of the pelvimeter d thereby a certainty that the lvis is of normal size. The easurements are easily memored, interspinous, 25 cm; interistal, 28, intertrochanteric, 31, 3ht oblique, 22, left oblique, 22, ternal conjugate, 19, and transrise at the outlet, 11. Note that arting with 25, it is subtracting ree each time. Buy this instruent before you invest money in pair of forceps, it is more seded.
- 2 The presentation of the child presentation in the sense of its planty—is it head or breech? his is not hard to determine ven in the very fat the head can a palpated in the lower crease to determined any time during the list few months it will not change efore labor starts and rarely then
- 3 The position of the head—thether LOA or not This requires a little more skill which is asily gained. The head at the elvis can always be felt and the osition of the hard occiput determined. Palpation of the back will all to which side the occiput lies. The placenta always lies to the entral side of the baby.
- A Locate the placenta by sound thich is very much easier than locating the fetal heart. It is synthronous with the maternal pulse thile that of the heart is more apid, about one hundred and lifty. If it is low there is a possibility of hemorrhage from the terus failing to contract and one is thereby prepared for trouble
- 5 The fetal heart is heard prough the back and upper shouler. If it is low, the head is ownward, if high, one may suspect a breech presentation. It iso tells one that the baby is alive.

Poland Water

is not merely a pure table or bottled water, but it is a valuable adjuvant in the treatment of many forms of kidney trouble on account of its bland diuretic properties

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POLAND SPRING COMPANY

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of The relative size of the head with reference to the pelvis. There has never been devised any satisfactory way of measuring this. The experienced and skilful hand will become a good guide. One can also learn to estimate the flexion; degree of hardness, and ability to pass the superior straight."

AN OCCUPATION FOR THE RETIRED PHYSICIAN

Be prepared to turn your hobby into a productive enterprise. This is the gist of the following editorial advice given in the Atlantic Medical Journal for January.

"We doubt if there is a physician in practice for any considerable number of years who never to himself has said 'If only I could retire!' But what to do if he does retire—that is the question The report, recently issued, of the Bureau of Plant Industry, U S Department of Agriculture, drops a hint to all who have agricultural inclinations Wide newspaper publicity has been given to certain spectacular searches after rubberproducing plants which can be grown in the United States The Department, however, has not been confining its efforts to rubber One of its successful ventures has been the establishment of Japanese mint as a crop in the United States in order to provide a domestic supply of menthol Another has indicated the feasibility of growing santonın ın California and Oregon, and perhaps other states This effort to make our country selfsustaining in an agricultural and botanical sense is one of the most fascinating hobbies which any physician could take up In addition, it will provide him with healthful exercise, and a possible vocation when he is ready to retire from practice. Some one has said that your hobbies should always be possible of development into productive enterprises in case of need. This is one worth looking into"



Tropico Sun Lamps generate CONSTANT energy—giving any desired amount at any time. The carbons DO NOT DETERIORATE. When they are used up, simply replace them with new ones. This output of CONSTANT energy enables the physician to prescribe accessful dosage—the energy is the same whether the lamp is one hour old or 1,000 hours old. This is a pronounced advantage over the use of the mercury are type of lamp where one has to contend with a constant deteriors tion of the burner and consequent variation of the ultraviolet output.

Another tremendous advantage of the Tropico Sun Lamp is the ability to vary the spectrum at will. The carbons used in the lamp are impregnated with different minerals. By varying the character of the mineral impregnated, the emission can be varied. Thus we supply you as standard equipment with "A" carbons for general treatment and also "B" carbons which are rich in short ultraviolet rays for use where deep crythema is indecated.

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LOCALIZER APPLICATORS—FREE TREATMENT BOOK

Each lamp is furnished with a protective screen, localizing attachment, and applicators. For general treatments the lamp is used with the reflector open to its full circumference. For local or orifical treatment, three different sized applicators are furnished. Also we send you FREE our Handbook of Technic with each lamp which enables you to start using the lamp at ONCE.

EASY TERMS - FREE TRIAL

We will send you this handsome lamp complete with built in resistance unit, localizing attachment, screen, applicators 50 "A" and 50 "B" carbons goggles, and FREE Treatment Book for 15 days FREE TRIAL in your own office upon a down payment of \$20

Convince yourself by a trial in your own office. If not absolutely satisfied, return the lamp to us and we will refund your money If you keep the lamp, send only \$18 per month for ten months. To those who wish to pay cash we offer a saving of 10% (\$20) if check is sent with order

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They employ TWIN ARCS giving you double efficiency

They are absolutely AUTOMATIC-to start, you simply press the button

They are UNIVERSAL—will operate on 110-volt current either A C. or D C. They furnish you with a CONSTANT SOURCE

of ultraviolet energy They are PORTABLE—weigh only 35 lbs and

can be carried to patient's bedside
They use PRESCRIPTION CARBONS that

enable you to vary the spectrum at will.

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NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 28, No 7

New York, N Y

April 1, 1928

CANCER DEATH-RATE VARIATIONS IN RELATION TO COMBUSTION PRODUCTS OF FUEL, TOPOGRAPHY AND POPULATION*

By JEROME MEYERS, M.D., NEW YORK, N. Y.
From the New York City Department of Health

ANCER death rates vary greatly in different countries and in different parts of the United States That for Switzerland for the period 1900-1909 was 1277 per 100,000, for England and Wales, 90, for the United States, 72, for Italy, 57, for Servia, 105, for Ceylon, 51. Considering a single country, the United States, the rates for the registration states according to the 1920 Census are almost as startling Table 1 shows the adjusted cancer death-rates for the registration states according to the 1920 Census, the Southern states, New York and Pennsylvania being for white population only

	Death-raie		Death rate
State	per 100,000	State	per 100,000
Mass	97 9	Wash.	768
Conn.	929	Del	.75 1
NY	92 5	Neb	74 3
Minn.	92 1	Ind.	72.7
R. I	88 5	CoL	71 1
III	87 5	Mo	<i>6</i> 7 5
Cal.	87 1	Kansas	63 4
NI	86 9	La.	623
Md.	867	Va.	619
Vt.	85 7	Mont	61 9
Me.	85 1	Ky	57 7
Pa.	824	Fla	57 0
Oregon	79 3	Tenn	51 6
N H	78 9	N C.	49 7
Wis	78 1	Miss	480
Mich.	78 1	s c	458
Ohio	77 7		

Considering now different cities in the United States, the 1920 census reveals widely divergent crude rates

Cambridge, Mass	164 6
San Francisco, Cal	151 2
Albany, N Y	144 0
Hartford, Conn	141 4
Los Angeles, Cal	135 3
Houston, Texas	65 6
Detroit, Mich	628

^{*} Read at the Annual Meeting of the Medical Society of the State of New York at Niagara Falls, May 11, 1927

This paper as published is a condensation of the original. The various omitted tables are available from the author

Youngstown, Ohio	609
Birmingham, Ala	590
Akron, Ohio	409

Within a single state, cities show marked variations Within New York State the 1920 crude figures show

Albany	144 0
Rochester	114 4
Buffalo	. 97 3
Syracuse	. 944
N Y City	. 943
Yonkers	869

The average crude cancer death-rates for the city of New York and for the boroughs are as below

Persod	Manh	Brone	Brooklyn Quee	ns Rich	N Y City
1911-1920	94 4	87.2	82.2 77.		88 0
1920-1924	1104	946	916 99.	3 101 3	100 4

C E Green, as a result of investigations in Scotland and England, showed some marked differences in the death-rate from cancer even in comparatively small areas In Scotland he found rates running from 176 per 100,000 in Kinsing Park, a suburb of Glasgow, to 973 in the rural districts of Nairnshire In London he states the rate is 1-7 for all deaths in the Strand district, while, in Stepney, it is only 1-54 He also found that, in the County of Nairn where there was the highest death-rate, there was one area of 100 square miles with 1,000 inhabitants where he could obtain the record of only one case of cancer, a rodent ulcer He further points out that the rate in the Orkney Islands was generally low, but that three islands showed a high rate. In these three, peat approaching the composition of coal was used He also calls attention to the known facts that epithelioma is very prevalent among chimney sweeps who show the highest rate for any occupation, also among gardeners or farmers who use soot, and that cancer is known to be frequent among workers in aniline dyes, paraffine,



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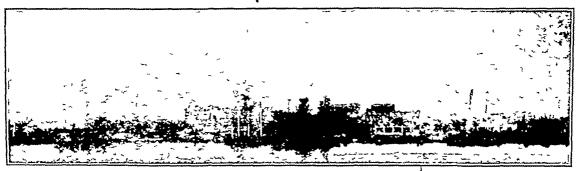
will constitute an important part of our study of the incidence of cancer on the whole island

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Thus with these cancer death-rate variations, the experimental, clinical and chemical findings as regards tar, and the possible relation of combustion products to cancer in mind, it seemed that it might be of value to make a cancer survey of some part of Greater New York After consultation with Mr Frederick Hoffman, statistician of the Prudential Life Ins Co, a survey of the Borough of Richmond or Staten Island was This survey begun on November 20, 1920 covered the seven years of cancer deaths in the These years were especially period 1914-1920 chosen as they were recent and included those of the war and directly after when immigration was practically at a standstill and labor and social conditions were such as to make for a highly stable population The borough chosen is ideal for an investigation along the lines indicated It presents, firstly, a varied topography, and secondly, much of its northern shore has suffered for many years from smoke, fumes and vapors from the great oil refineries, and chemical, metal and other works situated on Constable Hook, Bayonne and adjacent territory, which stretch opposite for miles along the Kill van Kull

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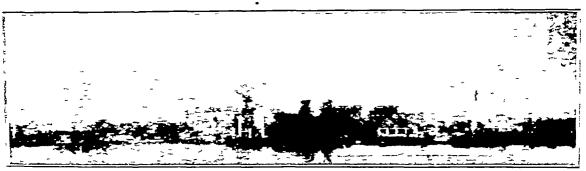
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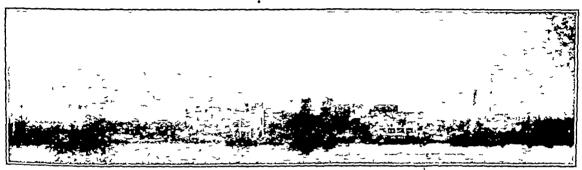
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east for 1-12 hours, and of these 1593 days there were 500, or 30%, when wind and barometer were such as to cause smoke, gases and fumes to descend over part of the island and Kill van Kill And while conditions might vary with activities in the various industries and although betterments have occurred or some plants abandoned, these fumes, gases and smoke have unquestionably descended on the island from this part of New Jersey over a long period of years to the present time. Fumes and smoke from local Richmond plants are in no wise in such concentration, and are considered separately as is necessary.

In making the survey the complete records of all deaths during this period were examined at the Richmond Department of Health, and all deaths from carcinoma, sarcoma, or other malignant growths (collectively designated as cancer in this paper) were individually noted by name, street and number, age, sex, nativity, birth-place of mother and father, and length of residence on the island All cases that seemed of doubtful diagnosis, all that had died in institutions, all cases that could not show a residence on Staten Island for a period of at least three years before the time of death, were excluded. The latter condition, the three year period of residence before death, is of great importance, for, if a study of of local conditions is to be made, it is highly necessary to exclude conditions that might affect a cancer patient before coming to the final place of residence As the usual duration of cancer from the time of diagnosis to death is usually not greater than 1 to 2 years, it seemed safe and conservative to use this three year limit It should also be borne in mind that cancer cases dying in other boroughs of Greater New York, but residents of Richmond, were investigated, and when proper, were added to this study It should be especially noted here that the total in our list of cancer-deaths for this period bears no mathematical relation to official death reports, but is based on the writer's special restrictions In this way an attempt was made to group and to exclude cases on a scientific basis, for it must be evident that, if a cancer survey is to be made and anything of value deduced or proved, it must exclude nonresidents and include residents dying away from home, and must also exclude those who have not lived a length of time in the locality sufficient to expose them to the conditions there inherent Until this is generally done cancer statistics for any country, state, county, city or town must be intrinsically fallacious and confuse our whole view and aspect of cancer incidence. In the study, therefore, with the restrictions as made, there were in all 515 deaths at all ages from malignant diseases in the period 1914-1920 inclusive

Inasmuch as we wished to study the influence of topography on cancer incidence it became necessary next to divide the island into topographical districts or units. From a consideration of the

election districts of 1910 and 1915 and a study of the island topography and smoke conditions by Mr Schattschneider, then Topographical Engineer of the Prudential Life Insurance Co, the late Dr Joseph Shears, Sanitary Expert of the Health Department and the writer, Staten Island was divided into 13 topographical districts (see fig 1).

fig 1).
These 13 districts may be briefly described as follows

- 1 The north eastern tip of the island, embracing St George and part of New Brighton, fairly hilly, sloping down 75-100 feet to the shore fairly well populated, houses detached or semi detached, not particularly exposed to smoke and fumes.
- On north shore, sloping from height of 200 feet from Brighton Heights to Kill van Kull, embracing New Brighton and Sailor's Snug Harbor, well populated houses detached or sami detached, directly exposed to fumes and smoke.



Staten Island divided into thirteen topographical districts with the average annual corrected cancer death-rates per 100,000, 1914-1920, inclusive. The black spots show sources of smoke. Those of Staten Island are small industrial or power plants with usually one chimney Those of Bayonne are extensive industrial plants with multiple chimneys or numerous batteries of stacks

- 3 On north shore, sloping 200 150 feet to Kill van Kull, embracing West New Brighton conditions similar to district 2, exposed to smoke and fumes
- 4 Partly on north-shore and for a distance back of it, sloping from Richmond Turnpike 250 feet towards Jewett Avenue and Kill van Kull, conditions similar to 2 and 3, exposed to smoke and fumes.
- 5 On north shore, embracing Fort Richmond, sloping from Morning Star Road towards the east, a shallow basin sur rounded towards the south by low bills, quite densely populated, houses detached and semi detached exposed to smoke and fumes.
- 6 On north shore, comparatively level, especially towards the north with a ridge of 40 feet elevation along line of Linden Avenue sloping to shore, fairly populated houses detached and semi-detached, exposed at times to smoke and fumes.
- 7 A great stretch of more or less level territory with beginning of the central elevation of the island in its extreme south eastern part, sparsely settled, not particularly exposed to smoke and fumes, except at Lindeumville.
- 8 High, undulating country in the middle of the island with a height of 409 feet at Todt Hill and Ocean Terrace, not densely settled not directly exposed to smoke and fumes Embraces Grymes Hill.
- 9 A compact level territory backed by the abrupt rise of Grymes Hill, 90 180 feet high. Densely settled, not directly exposed to smoke and fumes

- 10 Has high territory of 8 toward the northwest with slopes and intermediate high land 130-150 feet elevation at its centre. Quite densely populated, houses detached and semi-detached not directly exposed to smoke and fumes.
- 11 A long and wide stretch of level land sloping from a height of 150 160 feet at the eastern half and 75 80 feet at the western half towards sea level, sparsely settled generally but quite densely in parts where there is a succession of towns with clevated land at their backs. Not directly exposed to smoke and fumes
- 12. A great stretch of territory similar to 7 towards Staten Island Sound but with some high land at Woodrow and aloping south towards Pleasant Plains Princes Bay and sea level Sparsely settled, occasionally exposed to smoke and fumes.
- 13 The extreme southwestern tip of the island embracing Totten ville, quite densely settled, houses detached and semi-detached, occasionally exposed to fumes of local copper works in its northern part.

With this topographical division into 13 districts which embraced 45 election districts established, the original sheets of the 1915 New York State census for Staten Island were procured, and with Mr Schattschneider and his force the entire population of some 100,000 was listed by age and sex for each election district, so that at the end there was obtained the population of each one of the topographical districts. The population by sex and by age groups of under 35, 35-44, 45-54, 55-64, 65 and over for each of these individual districts was obtained from original sheets of the 1915 State Census A corrected weighted deathrate, using the 1910 population distribution of New York City for a standard was then calculated and obtained Table III shows the corrected death-rates together with the probable error as follows, the probable error having been calculated by Mr Arne Fisher

•		
	Corrected weighted cancer death rate per	- 100 000 perio
District	1914-1920 inclusive,	nd probable erro
1	47.2	±48
2	60 5	±70
3	61 7	±57
4	706	±73
4 5	78 <i>9</i>	±50
6	61 7	±73
7	43 5	±60
8	429	±49
9	69 6	±44
10	55 9	±50
11	763	±75
12	42 1	±45
13	48 <i>7</i>	±71

A study of this table and the districts as shown in figure 1, which also gives the industrial plants on the island and the Jersey shore shows in these 13 districts distinct variations, ranging from low death-rates of 42 1 and 42.9 in Districts 12 and 8 to a high of 78.9 and 76 3 in 5 and 11. If the location of these districts is noted and compared with the rates, it will be found that at the northeastern point of the island or Dist 1 there is a death-rate of 47.2, but passing along the north shore the rate rises to 60 5 in Dist 2, 61 7 in Dist 3, 70 6 in Dist 4, 78 9 in Dist. 5, the highest on the island, and 61 7 in Dist 6. In Dist. 8, in the elevated central part of the island, the death-rate is only 42 9, while in Dist. 9 level ground

backed by elevated Dist 8, the rate is 69 6 In Dist 7, mostly level, the rate is 43 5, while in Dist. 12 contiguous to 7 and level, the rate is 42 1 Dist 11 shows a high rate of 76 3 The southwest tip of the island, Dist. 13, shows a rate of 48 7, almost the same as that at the northeastern tip, 47.2

At this point, an analysis of the per capita consumption in each of the registration states of bitumingus coals for 1917 and of anthracites for April, 1916-March, 1917, was made, together with studies of the density of population in each, the percentage of urban population and native whites of native population, whites of foreign descent, native-born whites and foreign-born from the 1920 census These would seem to indicate that anthracite coal used for domestic purposes shows a more steady relation to the adjusted cancer rates of these states than total coal for all domestic and industrial uses. Industrial coal does not follow the cancer rates closely The percentage of urban population rises with the increase of cancer, and where the rates are lowest, we have a preponderance of native whites of native parentage and of native born whites

These findings were applied to topographical districts 5, 6, 7, 8, 9, 11 and 12, as they showed the largest variations in rates and differences in topography and location. Various studies of the population composition in the districts for 45 years and over were made including different nativities. For comparison, a study of Manhattan for 1915, 45 years and over, both sexes combined, gave the Germans a cancer death-rate of 480 per 100,000, the Irish 511, the English 520, the Russians 411, the Austro-Hungarians 407, and the Italians 262

On Staten Island anthracite coal is generally used for domestic purposes except for a slight use of drift wood along the shore lines. There is then no basis of comparison between the individual areas as far as household coal itself in each area is concerned.

No important deductions could be drawn from our study of native born whites and foreign born whites, and it would seem that native born or foreign born whites, as a whole, have no great influence on our rates corrected in the various districts. This is not in accordance with the findings of Lyon in the Buffalo study where he reported the cancer death-rate among the foreign born at 4.59 times greater than among those born in the United States. But it must be borne in mind that he has used all ages and did not base his figures on 45 years and over

It would seem fair to say that it is only in three districts, namely, 5, 9 and 11 that any changes are necessary. Taking these three districts into consideration and the probable unavoidable errors in dealing with a series of 515 deaths divided into smaller groups as had to be done to make our study possible for topography, nativity and other

external factors, there could easily be allowed a possible error of 5 or even 10 per cent to be added or subtracted from the corrected rates and there would still remain distinct differences as before in the individual districts. It would seem that, if in any locality where there were a great preponderance of Germans, Irish or English alone among the foreign population, there could be expected a marked influence through such special excess, but where there are, as in the cosmopolitan city of New York, mixtures of Germans, Irish, English, Italians, Russians and Hungarians and other foreigners, there is much less influence of this foreign factor, as the high tendency of one group of foreigners would be counterbalanced by the low tendency of another group

As regards the possible relation of diet to the district cancer death-rate, there can hardly be a great diversity of diet on Staten Island. It is possible that in the case of the Italians this may be a factor and also possibly to some extent among the Germans and Irish, but as is seen above the entire factor of nativity does not seem to alter materially the rates. It is notable that District 8 with a wealthy class of residents shows the lowest rates on the whole island.

After a study by such writers as Hoffman, 11 Wilcox, 12 H Green, 18 and H G Wells, 14 it would seem that even with due allowance for better diagnosis, better vital statistics, concentration of physicians, and increased longevity, there remain other factors to be considered. Even if one-half of the increase of cancer deaths is explainable by the above factors, still in this half the question of environmental conditions as topography and smoke may be of importance. The other half of the increase concerning which Wilcox after exhaustive analysis is not certain would also be affected by such factors And even if the entire increase were thus explained, it would not mean that environmental and racial factors did not It is also cause cancer death-rate variations questionable if the factors advanced can adequately explain the reported variations in cities of N Y State for 1920, Albany 1440, Rochester 1144, Buffalo 973, Syracuse 944, New York City 943, Yonkers 869 It would seem that the number of doctors, diagnosis, vital statistics, longevity should not be so diverse in these cities within one state In fact, H Green13 states that the unsatisfactory correlation of a number of physicians to the cancer death-rates of the cities he studied can be explained by the fact that there are sufficient physicians in each of the cities available for correctly determining the cause of death It would be only after a study of these cities along the lines of Staten Island taking in account age groups, the elimination of non-resident deaths, topography, and housing and industrial conditions, that any final conclusions would be warranted It would seem that a closer and truer view of cancer factors can be obtained from a

study of a small compact area divisible into districts than from a consideration of states or countries. In a borough such as Staten Island, $13\frac{1}{2} \times 7\frac{3}{4}$ miles, divided into contiguous districts in which we can study comparative cancer death-rates, there cannot be great differences in medical and surgical diagnosis, or in reporting cancer deaths. Moreover, in such an area the physicians and surgeons see and diagnose patients from various districts

The question of the methods of house heating and of house ventilation are also of importance The following can be stated from information and estimates on these subjects as given by Mr Walter Walsh, Chief Sanitary Inspector of the Borough of Richmond, whose experience extends over a period of twenty years. The methods of heating on the island are by steam and hot water, which may be considered as one, by hot-air furnaces, and by stoves using either coal or wood It should be noted that the escape of combustion products into homes is more likely with hot-air furnaces and stoves It should also be observed that with hot-air furnaces the surrounding atmosphere is utilized in heating. Our individual districts show differences in heating methods and these differences have not altered to any material degree in the last 10 or 15 years except where new construction has occurred. It is interesting to examine the differences in the various districts District 1, corrected cancer death-rate, 472, has mostly steam and hot water, and not many hot District 2, rate 605, has 70% of air plants stoves, in which coal is mostly used, but wood to some extent District 3, rate 617, has 30% stoves with use of coal, the rest mostly hot-air District 4, rate 706, the lowest sections toward the Kill van Kull, stoves with coal, other parts, mostly steam and hot water District 5, rate 789, stoves with coal, 33%, steam, 33%, hot-air, 33% District 6, rate 617, stoves 70%, with some use of wood along shore District 7, rate 43 5, stoves 85%, but very much wood employed District 8, 429, mostly steam or hot water, possibly 5% hot-air furnaces District 9, 695, stoves with coal, 50%, hot-air, 20%, steam, 30% District 10, rate 559, stoves with coal, 50%, hot air, 25%, steam, 25% District 11, rate 763, coal stoves, 50%, steam, 35%, hot-air 15% District 12, rate 421, coal stoves 60%, some use District 13, rate 487, steam, 70%, of wood hot-air, 10%, coal stoves, 20% Mr Walsh 15 very emphatic in his statement that most complaints of back drafts and of defective hot-air furnaces in the last 10 or 15 years have come from District 5, which he says is low-lying He knows of no great complaint from Districts 9 It is noteworthy that again District 5, the or 11 highest cancer rate district, has many hot-air furnaces and coal stoves and has been the greatest source of complaint concerning house ventilation It is also noticeable that Districts 1 and 13, low

rate areas, show use mostly of steam heating District 7, a low rate area, shows great use of wood, while District 8, the lowest rate area, is almost entirely steam or hot-water heated tricts 9 and 11, both high rate areas show great use of coal stoves and hot-air furnaces District 10 shows high coal stove and hot-air use, but has not an especially high cancer rate The writer feels that this matter of house heating and its relation to combustion products and their spread to rooms is very important, possibly of as great importance as atmospheric distribution of smoke, gases and fumes from industrial plants surely not a negligible factor in the relation of burned fuel to the cancer problem Here in our districts are findings that would seem to have direct, even if rough, relation to the cancer deathrates in the light of our earlier discussions of the relative weight of coal and wood and their combustion products as one of the possible chemical causes of the stimulation of cells to cancer development

It would seem probable then, if we can reasonably exclude any great influence through the factors of native whites of native parentage, whites of foreign descent, whites of native birth and whites of foreign birth and the various nationalities as Irish, German, Italian, etc., among those of foreign origin, diet, differences in number of physicians and in diagnostic skill, and even make a liberal allowance in view of the comparatively small number in our cancer series, that the 13 districts show a distinct variation If then the above factors in cancer death-rates do not materially influence the death-rates or their comparative relation to any degree, the question arises as to what factors in the light of our present knowledge of cancer may be responsible for the high or low rates found in the districts

If the district rates are now examined, it will be found that Districts 1 and 13 have low rates and are not particularly exposed to smoke Districts 2, 3, 4, 5 and 6 are exposed to smoke and all show high rates, 5 being the highest Districts 7 and 8 are the lowest on the island and are not exposed District 12 has a low rate and is District 9, on the south only slightly exposed shore, is high rate and is not especially exposed District 10 is moderately high rate and not exposed District 11 is the second highest rate and not particularly exposed Districts 2, 3, 4, 5, 6 are then all exposed to smoke and show high Districts 1, 7, 8 and 13 are not exposed Districts 9 and 11 show and show low rates high rates and are not particularly exposed to industrial smoke or fumes

From the standpoint of house heating and ventilation and their relation to the cancer death rates, it is seen that Districts 1 and 13, low rate areas, show little chance for household contamination by fuel combustion products. Districts 2, 3, 4, 5 and 6, all high rate areas, show

distinctly greater chance for contamination, 5 being a special source of complaint. Districts 7 and 8, with low cancer rates, show use of wood and steam respectively. Districts 9 and 11, high rate areas, show more use of stoves with coal, while 10 and 12 moderately employ coal. The cancer death-rates as found then in our districts would seem in some districts partly explainable by exposure to smoke, fumes and gases, either from industrial plants or house-heating. This is especially significant in Districts 2, 3, 4, 5 and 6

Furthermore we have discussed fully the question of the possible influence of topography on cancer death-rates, showing that high level or low level open country seems to give low rates, while territory with many hills or valleys or in a cup or depression surrounded by higher land gives higher rates. Let us then see how this applies to the topographical districts on the island and their

corrected cancer death-rates

As described in the earlier part of this paper the north shore slopes toward Kill van Kull from a height of about 200 feet. This is particularly true of Districts 2, 3 and 4 District 5 showing the highest rate on the island really lies in a distinct cup or depression surrounded toward the south and southeast by low-lying hills therefore not only exposed to smoke, but presents a topographical condition making for increased cancer death-rates Districts 7 and 8 are level and high rolling territories respectively and show the lowest rates District 9 lies under the abrupt rise of Grymes Hill and thus presents an area distinctly dominated by an extensive high hill District 11, with the second highest rate on the island, contains its densest population in a series of towns such as Dongan Hills, Grant City, New Dorp and Great Kills, which are backed by land of comparatively considerable height, and here also in District II is a topography such as would bear out the theory of high cancer death-rate in such a terrain District 12 is an extensive, generally level stretch of territory The question of topography also is accordingly found important and conformable in our districts to the findings of Green This factor is especially notable in Districts 7, 8, 9, 11 and 12

Conclusions

- 1 There is a marked and interesting variation in cancer death-rates in different countries, within countries and states, and probably even in different sections of cities
- 2 On Staten Island, individual or parent nativity does not alter our corrected death-rates. In mixed populations, differences in cancer death-rates among Irish, German, English and Italian and natives tend to neutralize each other. Diet also was found of no great moment.
- 3 There may be an etiological relation between the incidence of cancer and topography, open level districts, of high or low altitude, show-

ing lower cancer rates than land in hollows or depressions or intersected by gullies, valleys, or lying against adjacent hills Albany and San

Francisco should make interesting studies

4 There may be an etiological relation between the combustion products of coal and oil Those sections of Staten Island exand cancer posed to smoke fumes and gases show a higher cancer death rate than those not so exposed House-heating and chimney ventilation are also important, as gases and fumes from these sources may bear a relation to cancer incidence as found in our districts

The better combustion of fuels in industry and homes, or the absorption of gases, smoke, and fumes to avoid atmospheric or room contamina-

tion, may mean less cancer

6 Whatever may be the possible errors in this study of a comparatively small number of cases (515), it cannot fail to show even on an island 13½ x 7¾ miles, divided into 13 districts, variations in cancer death-rates, and these variations would seem in the light of our findings to bear a relation to etiological factors of fuel and topog-These conditions therefore would seem to be a part of the complex etiology of cancer

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THEORIES OF HYPNOSIS AND ITS USES*

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THE comparative infrequency of finding hypnosis a subject of scientific treatise in American medical literature is perhaps accounted for by the fact that a certain stigma of charlatanism or, to say the least, a sense of irregularity attaches itself to the advocate of its uses And even in the eyes of the more scientific of the profession there exists an imputation of backwardness resulting in intolerance for its use as a means of healing

This prevailing scepticism toward the use of hypnosis is not altogether without reason for it so happens that the subject has been exploited by many people not of the medical profession, by men of the stage and by lay healers of questionable character who have capitalized the phenomena of hypnotism for their own private gain and brought the subject into disrepute The public has in consequence become wary of its use as The remedial medical a therapeutic measure value as well as the scientific development of this

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psychic phenomenon have remained barren of any progress in the hands of American medical men

In the light of the newer thoughts in this field, however, it becomes imperative that American medical men interest themselves in this therapeutic measure and realize its applicability and use-Ever since psychonanalysis has made its inroads into therapeusis, hypnosis has steadily been disregarded as a remedial measure in the treatment of functional ailments. At the same time there is a general admission on the part of psychoanalysts that the use of psychoanalysis is limited and restricted to a comparatively small portion of those suffering from neurotic condi-Freud's prerequisites for a favorable analysis demands, first of all, that the patients possess a certain degree of intelligence and edu-This requirement, therefore, lessens the sphere of application of psychoanalysis to the minimum few of the total number of neurotics seen in routine practice. Its applicability is further reduced because of the length of time reguired in order to cure the patient, and for that

large number of patients who visit the nerve clinics this factor precludes its use. Hypnosis, on the contrary, has its advantages over psychoanalysis in the ready facility with which it can be used and the frequently rapid cures which are obtained in a minimum length of time. This economic factor in its favor cannot be easily disregarded

In retrospect of the development of hypnotism it will be recalled that it was first known as magnetism when Anton Mesmer, an Austrian physician, came to Paris in 1778 under the patronage of Mary Antoinette and practiced the art of healing with magnets. From the period when it was first used in the treatment of nervous affections until its revival again by famous men in medicine and surgery, the phenomena of hypnotism ran across a rather dark vista of understanding and remained unproductive of advancement. Charcot, Richet, Libolt, Bernheim in France, Elliotson, Esdale, Braid in England, Heidenheim, Kraft-Ebing, Eulinberg, Forel and Moll in Germany, were the great exponents of this new art.

In this country, with the exception of Morton Prince and Professor Quackenbush, we have really never had any very great champion of hypnotism. The real progress in this scientific field was attained in Europe during the last 10 years as the result of the accumulated knowledge derived from investigations along psychoanalytic lines as well as from facts gathered during the various epidemics of encephalitis. Newly discovered strata of neurological material has led to further investigations, conceptions, and theories in the domain of neuro-psychology.

The use of hypnotism as a therapeutic measure for the many cases of war neurosis has also contributed much to the better understanding of the

phenomena of hypnosis

Men like Heyer, Aschner, Kauders, and Heilig, and the compilations of O Schartz in his book, "Psychogenesis and Psychotherapeusis of Bodily Symptoms," have made notable contributions to the subject of hypnosis

The elaboration on the function of the midbrain, inter-brain, and hind-brain by Lesche, Muller, Lewy, and Dresel, and the late investigations of the function and localization of the sleep center by Economo, Kauders, and Hoff, gave further impetus to the Vienna School of Psychiatrists, led by Schilder and his associates, resulting in the correlation of all this wealth of material, with their own theories and experiences of hypnotism into a textbook on hypnosis, just translated and published in English

The primary aim of Schilder and Kauders in writing this book was to embody in it a revival of interest in hypnotism and to attempt to harmonize the mass of biological phenomena with that of the newly gained knowledge of the psychological processes of mental life. To Schilder, more than to anyone else, must be given the credit for the effort in re-exploring this strange mental

phenomenon of hypnosis in order to illuminate the relationship of physiological function to psychological processes This Herculean task has been performed with singularly scientific percision and ingenious imaginative faculty part of the tremendous compilation of biological and psychological data can be given within the limits of this paper, nor can the variety of therapeutic application of hypnotism to disease processes as given in his book be here described stupendous work of Freud and his followers for the understanding of the phenomena of hypnotism and Schilder's own elaborations will here be only hinted at in so far as will be necessary to explain the psychology of hypnotism. In a measure this paper is an attempt at abstracting the contents of the book on Hypnosis by Schilder & Kauders

Even though much of what has been found to be the present explanation of the phenomena of hypnosis may be controverted by later investigations and theories, nevertheless the present understanding of this subject has been decidedly enhanced over the past by this psycho-biological presentation of hypnosis

The influence of hypnotism on the perceptive and conceptive faculties of the mind and its variation on different individuals has been pretty well established Some individuals can be easily hypnotized and will readily accept suggestions of varied character, thus facilitating a rapid re-Others resist being hypnotized, but will at the same time assume an attitude as though they were asleep and when awakened will describe a feeling of drowsiness and fatigue and even show surprise at the lapse of conscious at-The former type of hypnosis requires tention deep sleep and is called profound hypnosis; while the latter is called light or superficial hypnosis In some patients marked motor phenomena, such as extreme laxness of all muscles or on the contrary a stiffening of the whole body, or a catalepsy occurs, although no actual suggestion has been given to this effect. Twitches and tremors or hysterical attacks may manifest themselves and can be recognized as a keen sense of fear patient of mine who suffered from hiccoughing of a very loud and annoying character first broke out into a fearful crying spell before yielding to a hypnotic sleep that stopped her ailment I interpreted this psychoanalytically as showing a resistance towards giving up this act which was a substitute for an expression of some unconscious, ungratified desire. In the deeper forms of hypnosis, patients will exhibit a readiness to carry out a variety of commands or suggestions even for some time after the hypnotic state. This is the so-called post-hypnotic state which forms the basis of the psychotherapeutic method of A great deal of new material has treatment been gathered along these lines pointing to a clearer understanding of the reasons for the acceptance or rejection of suggestion and has to do with

the fundamental character of the individual experimented upon This, of course, points toward a psychic construction of hypnosis, the character of which must correspond to the psychic mechanism of the normal mind In other words, the phenomena of hypnotism can only be interpreted in the light of psychic processes already present in the individual, thus stripping hypnotism of its deep mystery A large number of possibilities of hypnotic reaction and phenomenon can take place, depending upon the character of the total personality of an individual and his susceptibility to the influence of suggestion Accordingly, three different stages of hypnosis have been described First, the mild somnolence, second, the light slumber or superficial hypnosis, and third, deep sleep or somnambulism

Aside from the effect obtained from direct suggestion of the operator upon will and feelings, there are other phenomena which must be considered as having been derived from direct influence upon the vaso-vegetative mechanism injection of adrenalin into the blood stream has been shown to have no effect in raising the blood pressure in hypnotic as well as in normal sleep Heilig and Hoff interpret this as meaning that the system automatically provides the adrenalin reaction for the vegetative mechanism and thus demonstrates the physiological similarity of sleep The variety of muscular rigidities to hypnosis and catalepsies, and the many conditions obtained through suggestion, such as tensions of extended limbs, the tetanic streams of innervation for muscular expression, and the peculiar movements of psychotics, all show the existence of a specific cerebro-physiological apparatus to carry them out to completion, either as a result of normal behavior or from the influence of hypnosis influence on the heart and blood vessels by the emotions, such as acceleration and retardation of the pulse and sometimes even fibrillation and death have been known to occur as a result of emotional disturbances of those suffering from previous heart trouble (Hoff) A patient of mine was asked to observe another patient being treated with a hypodermic injection given in the region of the neck Suddenly she swooned, convulsed, and vomited at the sight of this act This reaction can also be explained in terms of a psychophysiological apparatus which may be visualized as a mechanism subject to the influence of psychic processes Thus hypnotism and its influence on the sleep mechanism and similar phenomena can be made understandable These effects upon the organic mechanisms of the mind may be obtained through the emotions and intellect without concentrating directly on organs, but by suggesting the content of such behavior Suggestion of warmth, of cold, of color changes, or blisters on the skin, have been brought about through the action of the emotions on the vaso-vegetative mechanism of circulatory and trophic activity

Hypnotism applies itself readily to the functions in the level of the more primitive impulses of motility acting also through the vaso-vegetative functions, located in the nuclei of the striopallidal system and subthalmic area, and controlling the lachrymal and salivary secretion, and the glycosuric and perspiratory functions regulation of temperature, bladder, respiration. sexuality, metabolism, and the glands of internal secretion are believed to be localized within this small area of the above region, and are thought to be closely associated in function as well greater number of akinetic position and posture reflexes may be reduced by hypnosis, whereby a great deal of light is thrown on the physiology of motility, making it possible to understand the variety of motor stimulus phenomena in hypnotism, such as convulsive twitchings and hysterical attacks We need only think of removing the inhibitions over these primitive motility tracts and the phenomenon will exhibit itself

The influence upon the sexual organs through psychic means, conscious or suggestive, may result in a variety of reactions. The influence on the organism or menstrual function by suggestive therapy has been reported by Forel and O Heilig and Hoff have experimented Schwartz with hypnotic suggestion of pleasure-pain ideas on the secretion of urine and the retention of sodium chloride They showed that anxiety and shock increased the volume of urine and lowered the amount of sodium chloride These are surely very interesting and instructive revelations recent years there has been an advance of interest in the function of the endocrine glands and their influence upon the total make-up of the body as well as upon the personality The effect of the emotions on the secretion of the adrenals and the thyroid are too well known to be spoken of here Basedow's disease and glycosuria are classical examples of the influence of the emotions upon these conditions The effect of hypnotic influence on these glands has not yet been ascertained Eichelberg succeeded in producing fever, and Grafe was able to demonstrate the influence on the calcium metabolism in hypnotism Bauer and Schilder have succeeded in suggesting vertigo by telling the patient that everything was going around him in the room and were able to demonstrate on awakening the presence of past-pointing similar to that of cerebellar past-pointing phenomenon has been considered as being due to a direct influence on the vestibulo-cerebellar func-Lowy, however, thinks that it is due to the change in the conception of direction It is possible to understand such influence when we recall the power of suggestion for the hallucinatory mechanisms in other conditions

A still clearer view comes to us of the relationship of function to organs when we think of the influence of hypnosis on normal sleep Surely this relationship is undisputed In fact, hypnotic

sleep and normal sleep are so identical that it is hardly possible, from outward appearances, to distinguish them apart. In both states the pupils are often contracted and there is no change in respiration Very new and convincing experiments by Schilder and Kauders and studies by Economo have resulted in the discovery of a sleep center in the vicinity of the third ventricle at the junction of the Aqueduct of Sylvius Economo's investigations of the pathology of epidemic encephalitis showed marked changes in the ganglion cells of this region, and in the region of the infundibulum This localization of the sleep center corresponds entirely with the findings of Kau-In encephalitis ders in his experiments on dogs of the agitated, hyperkinetic types, where it is often impossible to differentiate these symptoms from those of hysteria, I tried the use of hypnotism, believing that if the symptoms subsided, it would determine the diagnosis in favor of hys-My contact with Dr Kauders in Vienna resulted in learning of my error in regarding this as a point of differential diagnosis, for I found that Dr Kauders used hypnosis in this type of encephalitis with good results, to subdue these symptoms

Normal sleep as well as hypnotic sleep is conditioned by this center in the nucleus of the brain as far as the physiological processes of these phenomena are concerned But with the discovery of this brain center for sleep, the explanation of the phenomena of sleep or of hypnotic sleep is not A person wishing to fall asleep must have a psychic wish to do so Even then resistances from either the emotions or neurotic disturbances may prevent its fulfillment and, vice versa, one may fall asleep in spite of not wanting The conclusion from the foregoing is that not one but two kinds of sleep wishes must exist a psychic one and an instinctive one latter is in direct relation to the bodily energies or deep centers upon which the psychic wish plays and operates by way of the vaso-vegetative mech-This interchange in the play of the psychic wish and the sleep mechanism can be well demonstrated by recalling various conditions during sleep, when for instance, the mother wakes only at the cry of her child, or the doctor only at the ring of the telephone There are adjustments of the psychic wish to the special character of a stimulus and there are those in which the time perception of sleep, such as a definite waking time, takes place Even in this wakeability there are variations as to the time of night in which one is either more or less, asleep This again speaks for a psychic organic adjustment and requires the explanation which has been given that there are several sleep egos which guard the sleeping function In hypnosis, too, a time perception mechanism exists which is even more accurate It is well known that through suggestion subjects may perceive time relationships almost to an exactitude This has been explained as being due to the uninterruption of the contents of consciousness and affects which are, so to speak, cut off by the hypnosis from the rest of experience. Further study of the sleep mechanism is afforded in the study of dreams which have been so wonderfully amplified by the epoch-making contributions of Freud This again indicates a further specialization of the sleep mechanism into still another ego, the so-called "dream ego" Hence we have a waking ego, a sleeping ego, and a dream ego

Akin to this mass of variable phenomena of normal sleep is that of hypnotic sleep, whose modus operandi is now more easily understandable because of its similarity to the phenomenon of normal sleep. The same kind of adjustments to the sleeping egos must here take place even though the phenomenon may exhibit itself differently because other and more complex psychic processes are involved. One must bear in mind the authenticated statement that the sleeper is not entirely asleep but that he retains part of his consciousness in some corner of his psyche which makes him aware of his sleeping, dreaming, and It is possible to make contacts with the sleeper if the vigil ego does not easily waken This fact is the basis of the technique of hypnosis To place him in a favorable mood for sleeping and to impress upon him that hypnosis is nothing other than a sleep controlled by the hypnotizer. is the whole secret of the technique of hypnosis Some patients can so concentrate upon this act that they can exclude all other sensory or subjective mentation and accept the suggested ideas without resistance. Even in ordinary sleep an amnesia takes place for this contact. I need only remind you of the experience that sometimes occurs when one speakes to a sleeper and obtains answers from him of which he later has no recollection In hypnosis these same transformations take place and the same psychic influence can be had through suggestion. Even dreams can be influenced in hypnosis Schilder suggested to a subject the hallucination of a tree and then induced a vestibular stimulation The subject subsequently told of dreaming that the tree had been cut down, showing, thereby, a fusion of the psychic and the sensory stimulation into dream condensation

The phenomena of wakefulness in hypnosis becomes more understandable when we know the various graduations of sleep in which consciousness and the ego relationship exhibit themselves in dream states such as somnambulistic behavior or, as in the foreconscious acts, before awakening This interaction of psychic mechanism and sleep enhances then our conception of hypnosis as a suggested form of sleep. It is now possible to understand also the readiness with which some people may be hypnotized and others not, depending entirely upon reactions to the instinctive sleep

wish rather than to the psychic wish ego Just as in normal sleep the wish to sleep is often counteracted by the instinctive wish, as, for instance, in insomnia, so also in hypnosis there may be a refusal to accept the suggestion

The study in susceptibility to hypnotic influence has been made through psycho-analysis and differences are attributed to the variation in content of the subject's unconscious rather than his conscious mind Perfect sleep has been considered to be, in terms of Freudism, complete Narcissism, an affective state in which the individual is, so to speak, at one with himself In other words, his self-love of infantile existence flows in complete harmony with the environmental stimu-Or, putting it still in another way, sleep is a complete withdrawal from the world of reality and represents a hallucinatory state of again living an intra-uterine existence. Likewise the state of hypnosis and suggestibility rests upon such a reversion or return of the unconscious to an infantile erotic level in which an adjustment again takes place to the so-called cedipus or father complex This means that the hypnotizer represents one's early ideas of his father or mother and his or her dominating influence against whom certain resistances and repressions must have existed in childhood and to whom he now again unconsciously subjects himself

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desire on the part of the hypnotized to subordinate himself to authority. This is shown in the readiness with which good subjects surrender themselves to the hypnotizer. Such adjustment is an unconscious subjection and really exists even before the hypnosis actually takes place. On the other hand, it was well known during the war that officers were harder to hypnotize than privates because of their unwillingness to submit to authority, and for the same obvious reason children and adolescents are better subjects than adults. From all this knowledge we may assume, therefore, that hypnosis is in a large measure a self-subjection and this is of very great importance for the technique of hypnosis.

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tion is in reality an acceptance of thought and action which is contrary to the subject's normal personality. It is not conviction or persuasion. The social significance of all suggestion of this character was studied by Freud and recorded in his masterly book, "Group Psychology and the Analysis of the Ego". He pointed out that the psychology of the mob and that of the individual has a similar mechanism in so far as it corresponds to a subjection of the mob to a leader and of the individual under hypnosis to the suggestor. The possibilities for the future of such investigations must surely be of great importance for social phenomena.

Let us now turn to the question of the uses of hypnosis and suggestion, and we shall learn, first of all, that some of the difference exists in the effect of profound and superficial hypnosis on the various layers of personality It is to be imagined that the approach to the vaso-vegetative mechanism is more readily facilitated through the suggestive rapport of deep sleep rather than through superficial hypnosis Likewise with regard to the influence on defects of memory, socalled amnesia, and on the function of menstruation and secretion which are controlled by the centers lying in the mid-brain, inter-brain, and hind-brain Light or superficial hypnosis, however, also effects the psychic processes but, more so, those of the perceptive and conceptive faculties which may transform and influence the patient's personality Hypnosis must be considered, however, only as an auxiliary device for the treatment of conditions which are under control of the In recent years hypnotism has been psyche. used for experiments to enlarge our knowledge of the causes of amnesia. It has been found that no essential difference in the mechanism of forgetting exists in hypnosis and in lapses of memory due to defects resulting from trauma or from epilepsy Schilder was even able to restore retrograde amnesia in a person resuscitated from hanging, in which condition organic injury of brain tissue had most likely taken place chronic alcholism and in Korsakoff's syndromes, where the power of notation is lost, hypnosis has helped to restore the memory and capacity to relearn Lapses of memory have been re-associated in those cases of loss of identity through hypnosis

Thus the use of hypnosis should be entirely restricted to therapeutic purposes. It is in reality hardly justifiable to use it for experimental or other purposes. In a general way it may be said that there are no dangers connected with its use except perhaps in creating a subordination of the patient to the hypnotizer. This danger is imminent, however, in all forms of psychotherapy. It can also be said in a general way that hypnotism is exceedingly valuable in all forms of neurosis which are not amenable to persuasion and educative means, as in the case of patients who, by reason of either low grade intelligence or

economic disability, cannot be treated by psychoanalysis or by rest cures It is so frequently a short cut out of a situation which often challenges the most capable physicians in knowing what to do for them I have in mind, for instance, the frequent cases of neurotic vomiting of young adults They are always a great problem to handle and resist all forms of treatment and yet sometimes will yield favorably to hypnotic influence and suggestion These cases must be kept under the influence of a prolonged period of hypnotic sleep, aided by the administration of small doses of hypnotic drugs A case of this kind was recently under my care at the hospital which resisted all forms of other treatment during the irregular course of her ailment of three years' duration Stubborn ties that will not be helped by analysis and re-educational methods can usually be cured with the aid of hypnosis

It has been known for a long time, on well founded grounds, that in the treatment of insomnia hypnosis is the best therapeutic method Suggestion for sleep must be given so that it will very much resemble the processes of normal sleep and not by merely commanding the patient to For hysterical conditions, wherever possible, psychoanalysis is the treatment per se in order to uncover the repressed mechanism of the condition If hypnotic suggestion must be used a psychoanalytic insight should be attempted so that the suggestion will correspond to the psychogenesis of the condition This is likewise true for the treatment of the neuroses A woman of 46 had suddenly developed an mability to raise either eyelid and could not see out of an eye which was apparently normal This occurred immediately upon emerging from an anesthetic given for an enucleation of the other eye because of glaucoma. The blindness in the remaining eye had existed for 4 months previous to her coming to me, and she seemed completely resigned to her fate She had even gone to an institution for the blind to learn basket-weaving and knitting Under hypnotic suggestion she recovered the ability to open her eyes and to see perfectly The analysis of the mechanism rerealed the psychology of her hysterical blindness As she was losing consciousness under the influence of the anesthetic, she thought that she would probably be blind after the operation, just as her mother who had died 20 years previously had Further analysis disclosed her wish to be blind as her mother had been because of a sense of guilt that had always pervaded her mind She had felt that the mother's blindness was the result of the shock she experienced when she learned of the daughter's (the patient's) elopement against the mother's wishes Evidently we had here an unconscious wish to be blind before her demise in order to reconcile herself with her mother, whom she expected to meet soon in the great beyond

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hours after a meal A fasting blood sugar gives a normal reading and the question arises whether we are justified in dismissing the patient with the diagnosis of a transient and harmless glycosuria

The inclusion of alimentary glycosuria within the group of diabetics has cleared the field a good deal for the diagnosis of this disease Difficulty is encountered in those patients who show an intermittent glycosuria, and where the urine passed 6-7 hours after the last meal or even 3-4 hours after a sparing meal, shows no sugar A twenty-four hours specimen of such patients in case the amount of urine passed is 2500-3000 cc, may not give much of a reduction if 2-3 gms sugar have been passed in small portions soon after the meals, while no sugar was passed during the rest of the 24 hours The fasting blood sugar in these cases as mentioned above, will frequently give a normal value

In 1913, Jacobson published a series of cases showing the influence of carbohydrate and glucose feeding on the blood sugar. At about the same time functional tests for kidney and liver disturbances have been perfected so that pathological changes in these organs could be elicited long before the routine clinical history would demonstrate a diseased condition of the organs in question. Profiting by these experi-

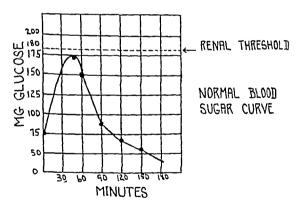


FIGURE I

ences some men began applying this principle to testing the ability of the organism to store and metabolize glucose after its oral administration. It was assumed that a mild diabetic who gives a normal blood sugar value on a fasting stomach, would show a different blood sugar curve after a rapid absorption of glucose into the portal system, than would a normal individual. In practice this has proved itself to be a fact and thus became of considerable value in the diagnosis of diabetes. The method employed by some of feeding the patient carbohydrates and glucose for a certain length of time in order to observe its effect on the urine

and blood, is not without its dangers. If the case is a mild diabetic with a high tolerance, such overfeeding may do definite harm by lowering the tolerance

The effect of ingested glucose on the circulating blood may be plotted as a curve showing a, an ascent, b, a peak or plateau, c, a descent having more or less the same angle of inclination as the ascent.

If a patient is given 100 gms of glucose on an empty stomach, the blood sugar content begins to rise five minutes after the ingestion and rises rapidly so that in a half to one hour the maximum is reached. This maximum does not exceed 180 mg per 100 cc blood in a normal person, and if this level is reached small traces of sugar may appear in the urine. From this point the fall sets in, and by the end of the second hour the blood sugar has reached its original level or more frequently a somewhat lower level.

In diabetics the glucose blood sugar curve varies from that of the normal in the following respects

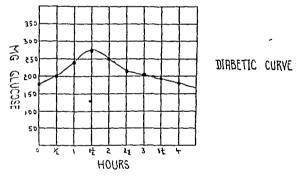


FIGURE II

- (a) The fasting blood sugar before the administration of glucose is above 120 mg or may be normal in mild or beginning diabetes
- (b) The ascent of the curve is prolonged and fails to reach the peak within one hour, but instead is extended to the second or third hour
- (c) The acme of the curve is far above the normal usually going up to 200-300, and in some extreme cases to 500-600 mg
- (d) The decline of the curve is prolonged beyond the end of the second hour, and may not reach the initial figure for 6-7 hours. The reason why a well developed diabetic always excretes sugar in the urine is due to the fact that the blood sugar never drops below the renal threshold of the particular patient between meals. When the next meal is taken the blood sugar curve has not recovered as yet the fasting level, and of course rises again with the new meal.

In organic diseases such as cardiac diseases multiple sclerosis, and tabes, where anxiety over their condition exists and the patients are only too ready to relinquish the fight against the disease or symptom, proper suggestion of a mild

hypnotic nature may be of use

The use of hypnosis to relieve and prevent pain is a subject of great interest and has been largely the basis of the mystery of hypnosis Many apparently painless operations were performed under its influence and have had many advocates for its use, though in this day of anesthetic surgery it would hardly be wise to use hypnosis instead For the treatment of various addictions, such as morphinism and alcholism, hypnosis is said to be very effective in their cure, though very highly technical specialization is required. A few words must be said of the treatment of sexual perversions with hypnosis Most authorities who have used it claim no great results for it and the same is true for all influence in which the character qualities of the individual are in question Only in so far as the patient's contact with the personality and authority of the doctor may count, this influence may help to change his habits and character In the light of what we have learned from the psychoanalysis of sleep, it is important to bear in mind for therapeutic purposes in general that through hypnosis and suggestion we are attempting to rebuild and reform the individual at the time when he is, so to speak, a formless being, because the hypnotic state means, in psychological terms, returning to the primitive state, and he is therefore made susceptible to reconstruction at the hands of the physician's personality

The numerous instances of rapid cures with mild hypnosis in conditions of compulsive and

anxiety neuroses and the temporary habit formations such as facial gesticulations, transient emotional disturbances, in all of which analysis cannot be resorted to because of the time element or the intellectual factor, makes the hypnotic method of treatment most invaluable. It is the belief of the writer of this paper that a wider knowledge and a more general use of hypnosis would rehabilitate this indispensable agency in psychotherapeusis.

In summarizing the conclusions with respect to the use of hypnotism in medicine, I have called attention, first of all, to the situation which exists in this country, especially to its discard as a remedial measure and a revival of its use in other countries Further, the theoretical significance of this phenomena for the newer study of psychical processes involved in the complex of neuro-biological function, has exhibited a renewed Thirdly, the function of sleep has been shown to be definitely localized in the wall of the third ventricle at the junction of the Aqueduct of Sylvius, a discovery that has thrown much light upon the lethargic symptoms of encephalitis Fourthly, by the application of the Freudian theories, the psychology of hypnosis, sleep, and its concomitants have gained a clearer vision for the understanding of this complex phenomena Fifthly, the relationship of the hypnotic influence to the vaso-vegetative centers of the inter-brain, mid-brain, and hind-brain, points to the importance of this knowledge for an enhanced understanding of the mechanism of hypnosis as a therapeut c agent Lastly, its various uses in medicine constitute an auxiliary method in the treatment of certain symptoms and ailments which makes it invaluable for its rapidity and effective-

ON THE VALUE OF THE FUNCTIONAL TEST IN THE DIAGNOSIS OF DIABETES*

By JULIUS FERBER, M D, ISAAC APPERMAN, M D, and SOPHIE RABINOW NEW YORK, N Y

THE modern methods of treating diabetes particularly the fast days popularized by Allen and his followers, have shown that even severe diabetics can have their blood sugar brought down to normal. In view of this fact it is not surprising to find that cases of beginning or mild diabetes should have a normal fasting blood sugar

We know now, that the so-called alimentary glycosuria is in fact the beginning of a diabetic condition. At first sugar appears in the urine only with the sharp rise in blood sugar above the renal threshold, which takes place after a meal, but in the fasting period 12-14 hours

* From the metabolism clinic University and Bellevue Hospital Medical College

after the meal the carbohydrate metabolism has readjusted itself with a sharp drop below the renal threshold and the urine tested at this time will not show any sugar. It is our thesis that a normal fasting blood sugar does not exclude the existence of a diabetic potentiality In the cases to be reported we attempt to show that a defect in carbohydrate storage mechanism can be demonstrated in patients who show a normal fasting blood sugar This is of practical importance in cases who do not show the well-known signs and symptoms of diabetes, but were told that their urine contained sugar Such patients usually restrict their diet immediately, and when they come for a diagnosis the urine may be sugar free even if passed 3-4

was definitely icteric, temp 1012 F, and there was tenderness in the epigastrium. Urine was free of sugar, but contained 4 plus acetone. The diet was reduced but the child was losing weight and there was sugar and acetone in the urine so that insulin had to be restored to again before the urine became negative.

Case II — H S, male 17 years One brother age 7, and one sister age 3 have diabetes and

are receiving insulin

Childhood diseases, Measles and diphtheria Previous history Chronic osteomyelitis for the last 10 years

Physical examination Osteomyelitis of right arm and leg, large diseased tonsils, otherwise negative Casual urine was negative, and so was the urine after a twenty cracker test

Blood sugar curve

Patient has developed subsequently an attack of acute articular rheumatism, and as a result sugar and ketone bodies appeared in the urine. At present the patient is an outspoken diabetic and must be given insulin for the control of his condition

Case III—R K, female 43 years, family history of no importance, does not remember ever being sick with the exception of two miscarriages, one at four months, and one at six weeks. Before admission to our clinic patient went to her family physician complaining of pain in the muscles and joints, vulvar itching, thirst, polyuria, and loss of weight. At that time sugar was found in the urine, but subsequently repeated examinations were negative and patient came to us for a diagnosis.

On admission a casual urine showed no sugar, 20 cracker test was negative, and the

Wassermann was negative

Blood sugar curve

FASTING 1 HOUR 2 HOURS
Blood 90 mg 150 mg 200 mg
Urine 0 12% (90c c) 2.2% (75c c.)

Patient was put on a diet and she kept sugar free until she relaxed and indulged her desires in starchy food and fruits when her urine showed 2 per cent sugar

Case IV —M S, female 50 years old, family

history of no importance

Previous history Womb operation 6 years ago, mastoidectomy 9 months ago, and an attack of what patient calls kidney trouble 6 months ago

Present history Duration eleven months and chief complaints were loss of weight (32 lbs), swelling of feet, and pyrosis

Physical examination showed an under-

nourished, pale individual, a loud diffuse systolic murmur, no evident enlargement of the heart, pulse rate 60, blood pressure 130/65, lungs negative but some tenderness over the gall bladder region. When patient came to us a casual urine was sugar free, the twenty cracker test was negative, and the fasting blood sugar was 100 mg.

Blood sugar curve

FASTING 1 HOUR 2 HOURS
Blood 128 mg 200 mg 160 mg
Urine 0 Faint trace 08% (85c.c)

Case V—S C, female 38 years old, has never been sick before

Present history began one and a half years ago when patient began complaining of sacral backache, pain in the left groin, and loss of weight

Physical examination was negative Casual urine was sugar free, twenty cracker test was negative, and the blood sugar was 120 mg

Blood sugar curve

	Fasting	1 Hour	2 Hours
Blood	116 mg	240 mg	192 mg
Urıne	0	0	0

Case VI —J A, male 68 years old, with negative family history, and no previous illness

Present history began one year ago when patient began complaining of thirst, polyuria, and general pruritis. Patient went to Bellevue O. P. D. where sugar was found in the urine

Physical examination was negative except for a skin condition (scabies) Urine was negaitve, and the twenty cracker test was negative Blood sugar curve

Case VII —P H, male 78 years old Previous history Had gonorrhea twice, otherwise negative

Present history Five months ago developed an acute bronchitis, the urine was examined and was found to contain sugar

Physical examination disclosed an obese individual of waxy appearance with edema of the eye lids. Heart and aorta were enlarged, mitral systolic was audible, and there were occasional extra-systoles. Blood pressure was 140/80. There were evidences of hypertrophic arthritis of the fingers. Casual urine was sugar free, but the twenty cracker test showed 0.2 per cent sugar in the urine. A fasting blood sugar had 125 mg sugar per 100 c c blood.

Occasionally one finds a peculiar blood sugar curve which has the following characteristics

There is a sudden rise in the blood sugar which goes above 180 mg within a short period of time. The maximum of 200 or more may be reached at the end of half an hour. If this maximum goes above the renal threshold, sugar appears in the urine. From its highest

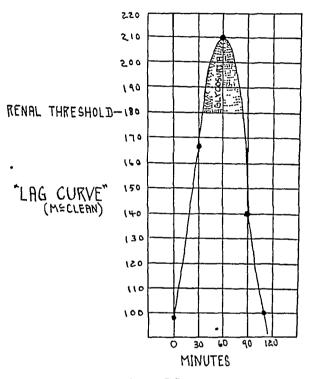


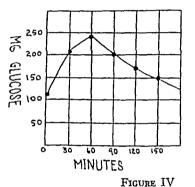
FIGURE III

point the blood sugar drops just as suddenly, and at the end of one and a half hours reaches the original level McLean has first described this curve and designated it as "lag curve" According to McLean this curve does not indicate diabetes because patients presenting this curve do not develop diabetes when observed for a number of years Of the same opinion is Calvert who observed seven such He also claims that patients for two years individuals showing this curve are usually According to other indecidedly neurotic vestigators, however, people giving a "lag curve" may become outspoken diabetics

McLean gives the following explanation of this curve, normally the absorption of glucose into the portal system calls forth the regulatory mechanism which prevents the blood sugar from rising above the renal threshold, but in these cases this mechanism is delayed and tardy in its action. Once this regulating mechanism begins functioning it works in a normal manner

METHOD OF PROCEDURE

In all the cases to be reported the fasting blood sugar was determined in the morning 12-14 hours after the last meal Then 100 gms of glucose in the form of karo-syrup was given dissolved in 8 ounces of water We are aware of the fact that many investigators use only 50 gms glucose for the tolerance curve, but as our patients unsually had a high glucose tolcrance as determined previously by the twenty cracker test, we felt that in order to tax the glucose tolerance for the purpose of a functional test, 100 gms glucose would be ad-The Folin method of blood sugar determination was used in all cases patients were made to void before the glucose was given and subsequently before each blood withdrawal so that glycosuria as well as hyperglycemia curves were obtained



GRAVES DISEASE

REPORT OF CASES

Case I — C A, 8 years, male, normal birth at full term. No history of diabetes in the family Childhood diseases. Measles and bronchitis.

March, 1926, child began complaining of a tired feeling, thirst, polyuria, and a loss of weight of seven pounds. Child was admitted to Bellevue hospital where he was treated for five weeks with diet and insulin, and then he was discharged sugar free. Patient was taken to a private physician who claimed that the child does not suffer from diabetes.

June, 1926, patient came to our clinic Wt. 501/4 lbs, Ht 441/4 in, urine neg, blood sugar 0.08 per cent. On a twenty cracker test the child showed no sugar in the urine

Blood sugar curve.

	FASTING	1 Hour	2 Hours
Blood	80 mg	220 mg	185 mg
Urine	0	1% (65c c)	2.2% (75c c)

Patient was put on a diet C 135, P 45, F 120 and on this diet the urine remained sugar free while the child gained one and a half pounds On October, 11-26, the patient came to us complaining of diarrhea and great debility Skin

being excluded What then, one may ask is the value of the functional test in the diagnosis of Before one ventures an answer to this question, the following considerations must be kept clearly in mind

The absence of diabetic symptoms do not argue against a diabetic potentiality. One would not expect any of the symptoms characteristic of diabetes so long as the carbohydrate metabolism can vindicate itself even under some handicap, and the minimum requirements of the body are met Only under special conditions such as shock or infection, when the organism is taxed to its limit would such a potentiality change into evident diabetes This is the more reason why these patients should be protected as well as we know how, in order to spare their tolerance for emergencies that may arise in the future

A defective carbohydrate metabolism as demonstrated by the glucose blood sugar curve may be brought about in one of two ways 1, the defect may be the direct result of a hypofunction of the islands of Langerhans regardless of its cause, or 2, it may be due to a hyperfunction of the secretion of the ductless glands which are known to be antagonistic to the islands of Langer-The experimental evidence for this last assumption is furnished by the well known facts that thyroidectomy in animal leads to a diminished concentration of the blood sugar, and reduces the hyperglycemia which follows carbohydrate In partially departreatized animals suffering from hyperglycemia and glycosuria, the ablation of the thyroid diminishes the glycosuria It is also known that thyroid feeding in animals leads to glycosuria Clinically the incidence of glycosuria in exophthalmic goitre, is put by some authorities as high as 60% The fasting blood sugar is normal, but after the ingestion of glucose the curve is abnormal and in all respects looks like a curve of a mild or beginning diabetes Similar antagonistic action has been shown in regard to the adrenals, and the pituitary of acromegaly give a high fasting blood sugar, and the curve may look exactly like the curve of a well established diabetic, although as a rule

the curve falls more rapidly than in diabetic

These are the limitations of the functional test. and taken by itself the functional test will not always establish a diagnosis The test informs us as to the condition of the carbohydrate storage and assimilation which is a complicated mechanism, and therefore can be disturbed in more than Once a defect has been demonstrated, the patient and the clinical history must be carefully studied

Summary

Cases have been presented to show that a defect in the carbohydrate metabolism can be demonstrated in patients who show no sugar in the urine, and have a normal fasting blood Three of the patients reported have subsequently been shown to be definitely diabetic and therefore prove the value of the functional The limitations of this test have been discussed It is obvious that all cases showing a defective carbohydrate metabolism should have prophylactic treatment so as to be safeguarded against future emergencies

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Vorlesungen Über Die Zuckerkrankheit, A. A. Hilmans Van Den Bergh, in Deutsch Ubertragen von Dr A. Haener

Insulin, H Staub Berlin, Zweite Auflage



Blood sugar curve (Patient had breakfast)

FASTING 1 Hour 2 Hours

Blood 158 mg 340 mg 282 mg

Urine 0 08% (65c c) 12% (80c c)

Case VIII—M I, female, 60 years old, with

negative family history

Previous history Patient was subject to attacks of gall stone colics, and she had a cholecystectomy in 1918 She also had a perine-orophy several years previous to the last mentioned operation

Present history dates back to 1918 when sugar was in a routine of preoperative urine

examination

Physical examination Blood pressure 164/84, heart negative Lungs-Dullness, inconstant fine moist rales, and increased vocal fremitus in right interscapular region X-ray of chest negative Urine on admission was negative Twenty cracker test was negative

Blood sugar curve

	Fasting	1 Hour	2 Hours
Blood	126 mg	360 mg	260 mg
Urine	0	1% (65c c)	24% (75c c)

3540	STA	RT	152 4	lour	24≥ HOUR		
NO#	Brood	URINE	BLOOD	URINE	Brood	URINE	
l	80	0	220	100	185	2 کمه	
م	132	0	340	+	350	1.190	
3	90	0	150	1.20%	200	2.2%	
4	128	0	500	+	160	o 840	
5	116	0	240	0	192	0	
6	126	0	310	0	220	+	
-7	158	0	340	0.8go	282	1500	
8	126	0	360	10/0	260	2.40%	

TABLE-I- SUMMARY OF CASES

DISCUSSION

The twenty cracker test that we employ in the clinic is carried out in the following manner The patient is instructed to have a light supper not containing more than 50 gms carbo-

hydrates, 20 gms protein, and 35 gms, fat The next morning the patient gets up at 7 A M and voids urine which is discarded. From this time on all urine passed for 24 hours including 7 A M next morning, is collected, measured, and a specimen brought to the clinic In the course of the twenty-four hours the patient is not to eat or drink anything except as follows: 20 crackers divided in three meals, 7 crackers 8 A M, 7 crackers 12 M, and 6 crackers 5 P M No food is to be taken after 5 P M. The patient may drink during the day, water, tea or coffee without sugar, milk, or cream, and clear broth. The crackers we use are the "Uneeda Biscuits" which according to Joslin contain (4 crackers) C 20, P 3, F 2 This is a simple device for testing the effect on the sugar output of the It serves several purposes First it shows whether the patient has a glycosuria following the ingestion of carbohydrates, which is the first important step in the diagnosis of diabetes. It may be definitely stated that a normal individual will not show any sugar in the urine in the course of twenty-four hours, during which time no food is taken except twenty crackers, as these contain only C 100, P 15, F 10 Glycosuria ē Amylo 1 e, glycosuria even after a rich starchy meal, is considered by all authorities for practical pur-Secondly, it helps us poses, a case of diabetes determine the carbohydrate tolerance of the patient at the time, and thus guide us in the makeup of the diet Finally it gives us a basis for comparing the effect of our treatment on the carbohydrate tolerance in the course of time, by giving another twenty cracker test

In studying the blood sugar curves of the cases reported, it becomes evident that the peak of the glycosuria curve does not coincide with As a matter that of the blood sugar in all cases of fact the reverse seems to be the case in most of the cases, i e, the percentage of sugar in the urine would appear to rise while that of the The reason for this is the blood is declining fact that the urine collected the first hour after the ingestion of glucose represents the urine secreted into the bladder from the time the blood sugar began to rise from its normal level to its peak, and therefore contains urine secreted before the renal threshold was exceeded which is sugar free The threshold may not be reached until shortly before the first hour, so that sugar is excreted only for a short while During the second hour however, the blood sugar level is mostly or entirely above the threshold, and sugar is being constantly excreted

The first three cases reported have a special interest due to the fact that the patients proved subsequently to be definitely diabetic. The others are still under observation, and all of them are sugar free, keep their weight, and maintain their strength, on a full carbohydrate diet, only sugar

THE NEW ENGLAND JOURNAL OF MEDICINE

The journals of the state medical societies are undergoing an evolution of which the most recent evidence is the change in name of the Boston Medical and Surgical Journal to the New England Journal of Medicine This change went into effect on February 23d after the Journal had been published an even century An announcement of the proposed change was made in an editorial in this Journal of August 15, 1927, which discussed the broader plans of the Journal and expressed the expectation that the Journal would become the official organ of all the New England states, through a formal conference of the representatives of the six state societies New Hampshire and Vermont have already joined with Massa-chusetts in the publication of the Journal Maine and Rhode Island each has its own Journal, and Connecticut is the only state not represented on a state medical journal

The first issue of the Journal under its new name appeared on February 23, 1928, and preserves all the features which have made the older Journal well known throughout the country. The first part of its scientific section is given over to a history of the Journal from its beginning—a story which illustrates the sturdy character and persistence of the typical New Englander. The article is illustrated with reproductions of the title pages of the Journal at various times, and the story is told largely by means of quotations from the Journal

An age of exactly a century has been ascribed to the Boston Medical and Surgical Journal, but strictly speaking it was 116 years old on January 1, 1928. It was born of the union of two parents—the New England Journal of Medicine and Surgery and the Medical Intelligencer. The Journal in 1923 said. "It represents a worthy survival of the fittest from the best of medical journals in New England. It derives its form from the Medical Intelligencer, its substance from the New England Journal of Medicine and Surgery, its spirit from both."

The New England Journal of Medicine and Surgery was first published on January 1, 1812. The leader in its founding was Dr. John Collins Warren, who was Professor of Anatomy at the Massachusetts Medical College, which became the Medical School of Harvard University. With him were associated seven other physicians, and the eight formed a club which met each month and discussed the contents of the Journal. Much of the success of the Journal is due to the firm foundation which was laid by its first editors and to the standards which they then adopted. The Journal has not missed an issue since its first establishment.

The Medical Intelligencer was established as a medical weekly journal on January 1, 1823, and was published regularly and successfully for five

years, at the end of which time it was bought by the editors of the New England Journal of Medicine and Surgery and the two were united under the name of the Boston Medical and Surgical Journal The first issue of the new journal appeared on February 19, 1828, and now a century later it has reverted to the original name of one of its parents, with the omission, however, of the word "Surgery" at the end

Among the title pages which were reproduced in the first issue of the new Journal, there is one which appeared on February 13, 1833. An elaborate cut at the top shows Hippocrates in the Temple of Æsculapius transcribing votive tablets which correspond to the clinical records of a modern hospital. A page of explanation of the cut ends with an invitation to "the medical reader to hang up his tablets in this our temple, that the result of his experience, like that of the men of ancient days, may be the means of enlightening the minds and relieving the sufferings of others"

Another first page which is reproduced is that of Wednesday, November 18, 1846, in which a severely plain heading is followed by an article entitled "Insensibility During Surgical Operations Produced by Inhalations," by "Henry Jacob Bigelow, M D, one of the Surgeons of the Massachusetts General Hospital" A note states that the paper had been read before the Boston Society of Medical Improvement, November 9th, 1846, an abstract having been previously read before the American Academy of Arts and Sciences, November 3rd, 1846

The article begins "It has long been an important problem in medical science to devise some method of mitigating the pain of surgical operations. An efficient agent for this purpose has at length been discovered. A patient has been rendered completely insensible during an amputation of the thigh, regaining consciousness after a short interval. Other severe operations have been performed without the knowledge of the patients. So remarkable an occurrence will, it is believed, render the following details relating to the history and character of the process, not uninteresting."

Then follows a description of the extraction of teeth by Dr Morton on October 16, 1846, and on the following day the removal of a fatty tumor from the arm of a woman by Dr Hayward Curiously enough the name of the substance which was inhaled is not given on the first page of the Journal

The Journal was published as a private venture under various auspices until July, 1914, when it became the official organ of the Massachusetts Medical Society On April 15, 1921, the ownership and control of the Journal was finally transferred to the Medical Society of the State of Massachusetts



EDITORIAL



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For list of officers of County Medical Societies, see issue of March 15, advertising page xxvii

Secretary-M

THE EVENING SESSIONS OF THE ANNUAL MEETING

Special attention is directed to the program of the evening sessions of the annual meeting printed on page 400 The old standard features of a banquet and the annual meeting of the Society will be combined on Tuesday evening, while a new feature—that of a joint meeting of all the sections-will be held on Wednesday evening to

consider those phases of medical practice which are common to all physicians The meeting on Wednesday evening will be unique in the history of the Medical Society of the State of New York and should enlist the interest of every member of the Society,-surgeon, internist, specialist, and public health worker



MEDICAL PROGRESS



The Cure of Gastric and Duodenal Ulcer by Intensive Alkaline Treatment.—Hugh Mac-Lean, Isaac Jones, and Geoffrey Fildes, writing in the Lancet, January 7, 1928, cexiv, 5445, describe an intensive alkaline treatment designed to control the hyperacidity which is always present in gastric and duodenal ulcer They recommend a powder composed of 1 part of sodium bicarbonate and 2 parts each of powdered magnesium carbonate and bismuth ovycarbonate The proportionate amounts of magnesia and bismuth may be adjusted to suit the bowels of the individual patient. If for hospital use the large amount of bismuth is found to be too expensive the following formula may be substituted Bismuth oxycarbonate 1 part, sodium bicarbonate, magnesium carbonate, and creta preparata, of each, 3 parts During the first week the patient is kept on 3 pints of milk daily, taken in 8 ounce portions, to each of which 10 grains of sodium citrate has been added A teaspoonful of the powder is taken every two hours after the milk Since it is essential that the gastric secretion be kept alkaline at all times, a double dose of the powder is taken immediately before retiring, and the patient is instructed to take an extra powder if he awakens during the night During the second week, if there are no symptoms, the powder is reduced to four or five doses a The quantity of milk is also reduced, and two or three eggs are beaten in the milk. A certain amount of toast, butter, custard, and cream is also allowed During the third week the powder is further reduced to three or four doses a day, with always a dose at bedtime During the fourth, fifth and sixth weeks, the powder is taken three times a day and at bedtime, and a little pounded chicken may be added to the diet Cooked fruit and vegetables may be added gradually Salads, meat extracts, pastry, nuts, and any food that could leave a large residue in the stomach, should A tendency to secrete excessive be avoided acid can to some extent be controlled by giving olive oil or cream between meals, on an empty stomach In the authors' hands belladonna has proved to be the most useful drug By the intelligent use of this method practically all uncomplicated ulcers can be cured in a comparatively short time with little or no discomfort or inconvenience to the patient The results have been confirmed by x-ray examinations

Pancreatic Lithiasis - Stanley J Seeger reports in Radiology for February, 1928, x, 2, a case of pancreatic lithiasis and reviews the 26 cases recorded in the literature in which pancreatic calculi were removed at operation only two of these cases was the diagnosis made before operation The operative mortality was 7 per cent The most important symptom was pain, variable in character, usually epigastric, dull and continued or intermittent and similar to that of gall-stones Radiation to the lumbar region, especially to the left, is said to be characteristic Opie has shown that obstruction of the pancreatic duct is accompanied by atrophy of the pancreas, but the islands of Langerhans remain intact even when the acini disappear completely, and as a result glycosuria does not develop unless an interstitial pancreatitis is superimposed. Jaundice is not uncommon The interpretation of shadows in the upper abdomen is often difficult when the abdomen is opened the location and consistency of the pancreas make palpation of uncertain value It is thus seen that the condition may be easily overlooked. In Seeger's case there was a history of stomach trouble of seven years' duration, characterized by belching, pyrosis, nausea, occasional vomiting, burning, and pain (not severe) in the epigastrium, radiating to the right scapular region pain seemed to bear no relation to food, except that meats aggravated it somewhat no time was sugar found in the urine roentgenological examination was negative. A previous operation, the nature of which was unknown, had afforded no relief There was tenderness on pressure between the umbilicus and sternum and marked tenderness over the gall-bladder The preoperative diagnosis was cholecystitis without stone At operation the gall-bladder was found to be normal. ploration revealed a mass back of the lesser curvature of the stomach, which, on opening through the gastrohepatic omentum, was found to be in the pancreas Incision revealed a stone, measuring 16 by 07 by 05 cm, which was removed The patient has since remained entirely free from symptoms

Coincidence of Appendicitis and Gall-Bladder Disease—C P Caplesco of Bucharest reports eight cases of this disease association. In all of the patients the appendicitis was latent and overlooked in the diagnosis. The author has specialized on the association and has written papers to show that latent appendicitis may be re-

The original New England Journal of Medicine and Surgery was the sixth medical journal to be established in the United States

The Medical Repository appeared in New York in 1797, but went out of existence in twenty

years

The Medical Museum was founded in Philadelphia in 1804 but was discontinued from 1813 to 1820 and then revived In 1827 it was changed to the American Journal of Medical Sciences which still is in existence

The Medical and Physical Journal was founded in Philadelphia in 1806, but soon went out of ex-

istence.

The Medical and Philosophical Register was

founded in New York in 1810 and the Ecleche Repository in Philadelphia in 1811

The New England Journal alone has survived and has had an uninterrupted existence. If one did not notice the name of the Journal on its title page, he would scarcely be aware of the recent change in the form and policy of the Journal. The new Journal continues one of the most valuable features of any Journal, that of the case records of the Massachusetts General Hospital Anyone wishing to study clinical medicine should read these reports, for they are models of clearness and practicality. The new Journal continues Dr. Walter P. Bowers as Managing Editor and will appear weekly as usual

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Colds

This JOURNAL of April, 1903, contains two articles on "colds" which reflect what would now be regarded as popular, rather than medical opinions regarding them Dr A Alex-

ander Smith says

"I do not know exactly what is meant by the familiar term 'a cold' It would be necessary for me, in order to keep within my limit of time, to put also a limit upon what I feel will be the limited application of the term 'cold' One can hardly accept the interpretation of the laity, who are inclined to attribute everything to 'a cold' I, therefore, restrict my remarks on the treatment of cold to that which is ordinarily recognized by the symptoms which accompany a stuffing up of the mucous membrane of the nose and the adjacent mucous membrane of the throat, and shall not go below the upper air passages"

Dr Smith inclines to the modern view of the

contagiousness of colds, for he says

"I am a believer in the view that many socalled colds in the head are communicable. I need not advance any arguments to prove this, clinical observation would seem to emphasize the fact. Consequently, isolation may be a prevention. I do not believe that all cases of cold in the head are due to an infectious organism, the results of whose cativity can be communicated."

Dr Smith is also on the right track regarding the accessory causes of colds, for he says

"Among those who are prone to the so-called contraction of colds, I am sure both adults and children are protected against them by the pretty constant use of cod liver oil. I

refer particularly, of course, to those who have a low power of resistance. I have found, also, that in those who are subject to disturbance of digestion, particularly if this depends upon some diathesis, such as lithemia, for example, the timely treatment of such diathesis will often prevent what seems to be a marked susceptibility to the development of colds. I am quite confident that in many instances fatigue and anxiety diminish the resistance, or, at least, increase the susceptibility to colds."

Dr W Freudenthal of New York said

"That he had listened with great interest to the papers just presented, but had been disappointed because he had come to learn what cold really is, and this question had not been answered Was it due to the influence of cold upon the system or was it an infection? Dr Walsh had taken the stand that all colds were infections This was not in accordance with his own experience Formerly everything was called a cold, now the tendency was to call everything an infection There was no doubt that infections of the air tract were quite frequently observed, but the common cold was nothing else than the effect of a lower temperature upon the human system were not so, he would ask how it was that, of a large number of persons attending a place of amusement, one would get rheumatism, another bronchitis, and another a cold in the Were there different bacteria here to give rise to these different effects? It was nothing more than the effect of the cold air upon the point of least resistance"

Research workers have not yet in this year 1928 answered Dr Freudenthal's question, "What

is a common cold?"

Liver Extract Treatment of Pernicious Anemia—R Seyderhelm and G Opitz discuss the subject of substituting a liver extract for the dietetic use of liver substance, which is necessary for some individuals who turn against a steady dict of the latter Minot and Murphy who originated the treatment have of course tested various fractions of liver extract in their search for the nature of the active medicinal principle step in the right direction and the authors have profited by the isolation of the water-soluble fraction which is believed to contain the said prin-This contains neither lecithin nor lipoids and only traces of albumin and sulphur In place of ingesting 400 to 500 gms of liver substance it is necessary to ingest only 7.5 gms of dry extract or 80 cc watery extract every 24 hours therapeutic results agree fully with those obtained from liver substance and by the eighth day the blood picture shows evidences of regenera-Almost invariably the red cells increase The urme no longer along with the leucocytes contains urobilin, urobilinogen, and indican In certain cases studied especially, the coli bacilli disappeared from the stomach contents (recently the presence of this organism in the gastric juice has obtained great diagnostic significance in per-This find which is also present nicious anemia) in cancer of the stomach is due largely to low acidity or anacidity and the disappearance of the B cols from the stomach contents was associated in one case with the reappearance of the normal acid content of the gastric juice However, this fact can hardly be raised to a generalization The fact that the new extract is also of value in secondary anemias is of great significance although not true for all types, apparently the forms which yield to iron and arsenic are most likely to be benefited -Klimsche Wochenschrift, January 29,

Biological Importance of Fibrin as a Protective and Curative Substance -S Bergel is astounded at the indifference of the profession to this great subject. Fibrin was once looked on as something disturbing in the economy of Nature and in general a mere symptom was at that period regarded as the disease itself While it may be true that fibrin is one of the products of disease, at times a symptom of disease, there is no reason to infer that its significance is not conser-The number of conservative processes in which fibrin formation plays a role is large, comprising wound healing by first and second intention, hemostasis, callus formation, leucocytosis, antibody formation, immunization, adhesion formation, etc., etc. The question comes up, to what extent may fibrin be employed artificially in medicine? This substance is naturally stable, sterile, and ready for use in its pure state without The whitish-yellow powder whenever tested will be found to be germ free, and it may

1928

be used dry or in solution for injection purposes best in ampoules Its use in hemorrhages is well known, where it hastens coagulation and throm-It may be used in wound healing of all kinds and is a good dressing for burns, ulcers, and granulating surfaces in general. In defective callus formation and pseudoarthrosis it may be injected with benefit, for fibrin is the natural stimulant of callus formation There are contraindications to its use such as acute inflammation and strongly suppurating surfaces In delayed callus formation it is contraindicated if there are soft parts between the fragments of bone or if The action of fibrin ilsuppuration is present lustrates an old maxim of Pflüger's that "injury is the cause of the removal of injury" Fibrin, although the result of a pathological process, is also a cause of recovery from the same-Deutsche medizinische Wochenschrift, February 3, 1928

An Antitoxin for Puerperal Septic Infections—Eugene Gaessler contributes a further report on this subject the first having been made about a year ago by his chief, Professor K Wahrnekros, of the Gynecological Clinic of Dresden The older attempts at preparing a streptococcus serum, which mostly failed, have now been reinforced through the technique of Dick, Dochez, and others in the preparation of a streptococcus antitoxin for scarlet fever. The total number of patients of all kinds with puerperal infection who have been submitted to the new antitoxin has now reached 400, of which 59 had to do with abortions An attempt to group cases by severity of infection yields three types, of which one, C, is very small, comprising only three who reached the clinic moribund, while of type B, the severely infected, there were 98 cases, leaving 299 who were examples of mild or moderate infection The total number of deaths was 20 which included the three admitted in a dying condition Of the remaining 17 no less than 9 occurred in Group A, embracing those who were not reckoned as severely infected on admission, the other 8 cases belonging to Group B In 34 cases the antitoxin appeared to be quite mert, so far as influencing the course of the disease was concerned In 190 others the action of the antitoxin was problematical, which leaves 156 only in which the remedy appeared to have acted specifically and In this last series no other treatment was given, so that the action of the antitoxin was decisive Hence in nearly 40 per cent the latter did all that could have been expected of it and 50 of the cases thus influenced belonged to Group The tabulations appear to show that the remedy was at its best in the severe group, for here the percentage of favorable results was nearly 50 In regard to untoward effects there was nothing serious observed, although in 10 per cent or so

sponsible for gall-bladder disease. In any case it appears to antedate the latter, and extirpation of the appendix is sufficient to cure certain cases of the other malady However, as a rule the gall-bladder must be operated on. It should not be understood that the author did not make the diagnosis of appendicitis in his patients before operating, but the disease had been overlooked by others, the symptoms either being lacking or set down to the gall-bladder mischief the patients had ever had a crisis of acute appendicitis, the evolution had been cold throughout, and neither the patient nor the attending physician had ever thought of the possibility of appen-The appendix in all cases was diseased to the naked eye The gall-bladder was the seat of cholecystitis or cholelithiasis In two cases no operation on the gall-bladder was necessary, in four others the appendix was first removed, and this was followed by cholecystostomy, finally in the remaining two a single incision was made and the appendix and gall-bladder both were excised, The author's long study of the former first latent appendicitis has led him to recognize the existence of three groups of affections secondary to it, viz, affections of the liver (gall-bladder), stomach, and nervous system — Bulletin de l'Acadénne de Médecine, Jan 3, 1928

Innervation and Tumor Growth -In a preliminary report Horst Oertel, writing in the Canadian Medical Association Journal, February, 1928, xviii, 2, describes in detail the technique by which he has been able to demonstrate a nerve supply in several types of human carcinoma and sarcoma. In all of these, nerves were found, not only in connection with the blood vessels or stroma, but intimately connected with the cellular parenchyma, even with the individual cells of the tumor his technique improved, so also has increased the frequency with which—in their abundant distribution and finer ramifications - nerves have been demonstrated in tumors fibers and fibrils thus discovered are nerves is based, in addition to their selective staining, upon their distribution, method of branching, characteristic manner of approach and intimate relation of the terminal fibrils to the parenchymatous cells and nuclei In a brief discussion of the significance and bearing of the nervous system in tumors Oertel refers to the observations of Lenthal Cheatle, about twenty-five years ago, who pointed out the curious relation which certain squamous cell cancers and rodent ulcers of the skin have to the distribution of cutaneous nerves, more particularly the fifth cranial nerve, and that their occurrence is often incident at the socalled "maximum point" of Head, which Head assumed to be the point of greatest nerve radiation These findings, together with those

of more recent investigators, indicate the importance of innervation in the development and transplantation of artificial cancers in animals, and also that the absence of nerves not only does not predispose to, but rather tends to interfere with the prompt development and extension of experimental cancers. To the fact that the tumor possesses its own blood supply, and that the vascular construction precedes the actual growth of a tumor must be added the evidence that the actual tumor is an innervated tissue, and stands, therefore, in some relation to the nervous system indicates that the tumor problem extends beyond the tumor cell to the whole functional and structural complexity of tumor organization and growth. If these observations are further substantiated, the conception of "in dependence" and "autonomy" in tumor cells will have to be modified or interpreted ac cordingly

The Etiology of Pernicious Anemia Is It Secondary to Hepatic Infection?-After reviewing various hypotheses advanced to explain the etiology of pernicious anemia, Seale Harris concludes that it seems probable that the liver secretes an endocrine (antihemolysin) which controls the hemolytic action of the reticulo-endothelial Kupffer cells in the liver and perhaps in the spleen and bone marrow (Southern Medical Journal, February, 1928, xxi, 2) The pathological changes in the liver found in pernicious anemia and the association of gall-bladder infections with the disease suggest that a chronic hepatitis may inhibit the action of, or destroy the liver cells that secrete antihemolysin resulting in uncontrolled red While it is unlikely that there blood destruction is a specific infection responsible for the production of pernicious anemia it is probable that many pathogenic bacteria, by producing hepatitis involving the endocrine secreting cells of the liver, may be factors in the etiology of the dis-Achlorhydria may be either a concomitant condition or it may be a contributing factor through its influence in producing hepatitis fact that the blood picture returns to normal and the pernicious anemia patient's general condition improves following the ingestion of liver, while the symptoms referable to the spinal cord remain unchanged, indicates that the latter are probably due to infection of the cord by the same pathogenic agent that produces the changes in the liver Since the anemia is relieved by and stomach liver diet, while other pathological conditions remain unchanged, it may be deduced that the liver changes and the consequent severe anemia are only a part of a rather widespread toxic or infectious process In this sense pernicious anemia is not a primary anemia, but a secondary one



LEGAL



By LLOYD PAUL STRYKER, Esq Counsel, Medical Society of the State of New York

THE ANNUAL REPORT OF THE COUNSEL

The following report covers the activities conducted by the Legal Department of the Medical Society of the State of New York during the twelve months from March 1, 1927, to February 29, 1928

Your counsel has had a year filled with responsibility and hard work. The various tables hereto appended give a statistical statement of the results achieved, but no mere tabulation of figures can present a complete picture of the nature and weight of the responsibilities which your counsel has en deavored to shoulder

As heretofore the warmest acknowledgement is made of the kindly, effective and intelligent assistance and cooperation which has been uniformly accorded to your counsel by the various committees, representatives, officers and individuals of your society. With this added year's opportunity for study and reflection, your counsel trusts that he has acquired an even firmer grasp of some of the problems of the medical profession, and has attained to an even higher appreciation of the ideals and standards which guide and control practitioners of the healing art

A convenient category heretofore adopted for a consideration of the year's work would divide the activities into three divisions, (a) the actual handling of malpractice actions before courts and juries and in the appellate tribunals, (b) counsel's work with officers, committees and individual members of the society and (c) legislative activities

LITIGATION

Table I hereto appended gives a comparison of the number of suits instituted and disposed of in the years 1926-1927 and 1927-1928 From this it will appear that during the past year 177 new suits were instituted as compared with 166 the year before During the present year 126 cases were disposed of as compared with 146 in the previous year. It will be noted further that through verdicts obtained for the defendant after trial or through dismissal, discontinuance or abatement, 92 cases were disposed of and 31 cases were settled. Throughout the entire year there has been but one verdict for the plaintiff.

Perhaps only those of your members who

TABLE I
Comparison of the Number of Suits Instituted and Dis-

~	posed of in 1926-1927 and		-1928	und	D13
		nstituted 926 1927	tituted 7 1928	acd of 6 1927	sed of 7 1928
		Ins 192	Ins 192	71870 192	Diepo 192
1	Fractures, etc.	15	12	12	1 3
2	Obstetrics, etc.	22	11	26	21
3	Amputations	1	2	1	2
4	Burns, X-ray, etc.	15	18	14	14
5	Operations-abdominal, eye, tonsi	l,			
_	ear, etc.	33	47	33	28
6	Needles breaking	3	1	2	2
	Infections	10	19	7	10
	Eye infections	4	1	5	2
9	Diagnosis	14	22	2 7 5 8 2	2
10	Lunacy commitments	3	2	2	0
11	Unclassified—medical	24	4	15	1
12	Loss of services, wife, child	22	38	21	30
	Totals	166	177	146	126

Further Comparisons

Actions for death Infants' actions		9 16		
	26	25	19	14

How Disposed of

	•			
Settled Dismissed, discontinued, abated	OF		25	31
tried (verdict for defendant) Judgment for plaintiff	OI.		112 6	92 1
Appeals Judgment for plaintiff Judgment for defendant			3	1
Totals Pending on February 28, 1927 Pending on February 29, 1928	166 375	177	146	126
Pending on February 29, 1928	0.0	406		

have had the actual experience as defendants in malpractice actions can have a complete understanding of the nature and extent of this defense work, and even those who have heard their rights and good name championed in court have only in part learned of the character and extent of the task devolving upon your counsel in each case. Sometimes a physician believes that when a summons and complaint has been served upon him and this has been forwarded to us, nothing further is done or is necessary to be done until such time as two or more years thereafter he is informed that the action has been disposed of by motion or he is notified to appear at the trial of the case It would seem, therefore, that it might

there was a rash with temperature rise— Munchener medizinische Wochenschrift, January 27, 1928

Serodiagnosis of Amyloid Disease—Recently an article appeared on the subject of diagnosis of amyloidosis by biopsy carried out by hepatic puncture R Steinert in an article in the Khnische Wochenschrift for February 5, 1928, covers the subject of diagnosis of the same condition by ordinary serological methods for the first step in this advance is awarded to Loeschcke who published a paper on the subject in 1926 and made use of an antigen-extract prepared from leucocytes, by means of which he was able, in various cases of chronic suppuration, to obtain a pronounced precipitation reaction Chronicity is a basic condition and the test remains strictly negative in all acute suppurations However the reaction is also negative or at least but weakly positive in various known cases of amyloidosis The author has ingenious theories to explain the positive results and the failure to obtain them in certain cases, while it is also true that conditions other than amyloidosis may react The author's tabulation of 40 cases positively proves a disappointment, for only 11 cases appear to have given the positive reaction The test is especially disappointing in chronic bone and joint suppurations of tuberculous origin. In six cases of positive results controlled by autopsy the diagnosis made serologically was confirmed far the author concludes that the reaction is not so much characteristic of confirmed amyloidosis as of conditions which lead up to the latter we obtain it in patients with mild chronic suppuration with general condition still good, we should at once proceed to thorough evacuation and drainage of all suppurating surfaces far there has hardly been time to follow up the negative cases, but in one instance a negative reaction was followed 9 months later by a weakly positive one, the patient suffering from fistulous hone tuberculosis

Statistics of Postoperative Pulmonary Embolism -W Scheidegger gives elaborate statistics from the surgical clinics of Basle and Berne running from 1910 to 1923 inclusive, during which period the total number of surgical interventions reached 20,779 The chief operator was Professor de Quervain The total number of cases of pulmonary embolism was 143, a per-The operations most apt to be centage of 0.69 followed by this sequel were directed against cancer of the gastroenteric canal, and singular to relate there is greater danger here from exploratory laparotomy than from radical intervention To state that 143 cases of embolism developed is by no means the same as to state that embolism was the actual cause of death, for this was true in only 0 19 per cent. In other words, in most cases pulmonary embolism was only a complica-

tion which did not conduce to a fatal termination In fatal embolism most cases were examples of post-operative infection—that is the operation was not aseptic throughout. The source of the embolus in these cases was more apt to be in the thrombosed deep veins of the lower extremities (55 per cent) In the majority of cases the symptoms developed on the third post-operative In about two out of five cases both lungs were the seat of emboli, while in unilateral cases the right lung was somewhat more likely to be the side preferred Sex played no rôle and season of year played no role. Age was of course a factor, for increase of years favors the formation of both thrombosis and embolism Patients with lesions of the circulatory and respiratory apparatus are more likely to suffer Hence if we would sum up the leading factors, these comprise cancer (of the stomach especially), advancing years, post-operative wound infection, exploratory laparotomy rather than radical surgery, and previous lesions of the circulatory or respiratory organs -Schweizerische medizinische Wochenschrift, January 28, 1928

Treatment of Intestinal Diseases with Garlic -Dr Erbach, formerly a police surgeon of Altona, encountered many cases of intestinal maladies during his service and always sought for means to shorten the duration of disability Some years ago Professor Roos of Freiburg announced that garlic was of value in this group of maladies, although the mechanism is He has now finished his first not apparent series of fifty cases for which he made use of a certain preparation of garlic which made it possible to administer it in dragées The conditions treated could be summed up as acute and subacute catarrhs although cases of mucous colic are also mentioned. As a rule, the symptoms were favorably influenced after about 48 hours, the stool becoming of normal In exceptional cases it took longer-up to two weeks, such cases being chiefly subacute and of longer duration, but the improvement, however slow, was steady The most remarkable result obtained, however, was in a case of mucous colic which had lasted 30 years in which every act of taking food produced violent pains followed by a copious thin dejection This patient improved at once on the garlic and after several weeks was completely cured, and for the past 18 months there has been no relapse. The sedative action of garlic on the intestine is so marked as to sug-Thus far the author gest narcotic properties has never seen the diarrhea succeeded by any notable constipation He hopes that laboratory men will take up the study of garlic to discover the medicinal principles and the mode of action -Muenchener medizinische Wochenschrift, January 13, 1928

examination of the medical literature. For this purpose your counsel has built up quite a complete medical library of his own. Frequently, however, resort is necessarily made to a research through the various medical journals and other sources of information. After your counsel has made this study of the medicine, further conferences are frequently required with the defendant physician or with other physicians in order that we may be equipped with the most complete knowledge possible of the particular scientific question of medicine with which the trial is bound to concern itself.

In addition to all this, while in general the legal principles which control actions of this character are the same, no two cases in law any more than in medicine are identical, and a separate special brief upon the law of each case is prepared, with particular reference to the special facts involved. In order to facilitate this work, your counsel has on file a complete tabulated and cross-indexed record of malpractice cases of this and other states, which is continuously brought down to date

In a brief way there is thus seen some of the work of your counsel involved in each case—work "behind the lines," of which physicians usually are wholly or only in part aware

In addition to all of the foregoing, it frequently happens, especially in cases outside the metropolitan area, that a large and voluminous correspondence is carried on In some cases the correspondence file will in each case involve fifty or more letters. It is only through a preparation of this kind that the work is successfully carried on, that the number of verdicts for the plaintiff (last year only one) are so few, and that plaintiffs' attorneys in many instances become convinced that the likelihood of their success is so remote as to finally cause them to consent to a discontinuance, or to be unable to prevent a discontinuance upon our motion

Some cases are more serious than others, some require greater research and greater preparation, but there is no case in which preparation in accordance with the foregoing principles is not made

Owing to the volume and extent of the work, your counsel believes that a successful handling of the same would be impossible, but for the intelligent, systematic and prompt cooperation and assistance which he uniformly receives from the various branch offices of the insurance carrier. These offices are located in the various cities throughout the state and their representatives interview witnesses and assist in the preparation under our direction from this office, usually by mail, often by telegraph not infrequently by long distance telegraph

phone Also the representatives of these offices take care of the cases on the calendar and keep us thoroughly apprised of the time when each particular case will come on for trial So far as this work is concerned, the various branch offices of the Aetna Life Insurance Company in Albany, Syracuse, Rochester and Buffalo, virtually act, so far as cooperation and assistance are concerned, as branches of your counsel's office

Your society could not have a complete knowledge and report of your counsel's work were it not at least apprised of the assistance which he receives from a highly trained and well organized staff which he has been able to build up All of you are acquainted with Mr Robert Oliver and his able and efficient service Many of you have become acquainted with Mr Lorenz J Brosnan, whose cooperation and assistance have been increasingly valuable and important During the past year he has himself tried several of the cases with a one hundred per cent record of success addition to these two gentlemen, Mr Maxwell C Klatt, another member of the bar, is likewise an assistant upon your counsel's staff, and through his training in this work has become of increasing value and assistance Mention also should be made of the stenographic and other clerical force in your counsel's office His three stenographers are all trained, not only in the nomenclature of the law, but are now as familiar with medical terms as the average well-educated trained nurse stenographer without such training would be of little value in your counsel's office entire staff then, both professional and clerical, has attained to a real understanding of the problems involved and renders an assistance and cooperation which are literally invaluable

Before any case is tried it becomes necessary for your counsel to examine and study every paper in the case, including every letter, motion paper, affidavit, brief, memorandum, research of medicine, etc It becomes his duty to weigh and consider this examination, and from his conferences with the defendant doctor, what are the true merits of the case Perhaps at this point the greatest burden and the heaviest responsibility is thrown upon your counsel's shoulders For let it be understood that not every action which is brought is without merit, not every case of malpractice is unjustly brought Doctors, despite their scientific knowledge and their experience are only human beings and they share in connection with the rest of mankind, the qualities of fallibility and the capacity to err and make mis-Sometimes these errors and mistakes are vital and are the direct contributing cause

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not be without interest to give something of a detailed statement of what is involved, from our point of view, in the defense of every case

Upon receipt of a summons and complaint, the necessary entry and record of it are made in our office, and where the physician is insured, information is transmitted to the insurance carrier, as required by the policy, so that he may receive the full benefits of his coverage An examination is then made of the complaint to determine whether it states a cause of action or whether any motion or motions should be made thereto, such as to strike out irrelevant or redundant allegations which may be detrimental to the defendant, to compel the plaintiff to separately state and number his causes of action should the complaint contain more than one cause of action, to dismiss the complaint on the ground that the cause of action is barred by the Statute of Limitations if the malpractice complained of antedated the institution of the action by more than two years, and a further consideration whether, in addition to these motions, any others may be necessary If a motion is deemed necessary the preparation of a complete set of motion papers is required, sometimes embracing twenty or more pages, a complete brief upon the law of the motion is prepared, the motion is then orally argued in court and thereafter frequently appeals are taken by the plaintiffs to the appellate courts or, should we be unsuccessful appeals are taken by us, in which case printed records must be prepared, printed briefs gotten ready and another argument in the appellate court

If no motion is made in connection with the complaint, an answer must be prepared and served In the preparation of the answer, a statement from the defendant of his examination, diagnosis and treatment of the plaintiff is procured. For an amplification of the allegations of the complaint it is ofttimes necessary to procure a bill of particulars This is done by demand, but if the demand for a bill of particulars is not complied with, then a motion must be made to compel the service of a bill of particulars After the answer has been served in behalf of the defendant, issue has been joined and either party is at liberty to place the case upon the calendar, where it takes its position and awaits its turn for trial

In order that the most complete and thorough preparation of each case may be made, this preparation is always begun immediately upon the receipt of the case in our office in order that the statements of the various witnesses may be procured while the facts of the treatment or operation are still fresh in the minds of the witnesses. In this connection, not only is the defendant physician interviewed

(not only through our investigator, but usually on one or more occasions personally in this office), but likewise any other physician who may either before or after the treatment complained of have attended and treated the plantiff, likewise the nurses, internes or other assistants who may have knowledge of the facts are interrogated and their statements For the proper accomplishment of this work trained investigators are necessary, who are possessed of medical knowledge and skill in this line of work If the patient has been in a hospital, the hospital record is procured, which should include the history chart, the operating chart showing in detail the nature and extent of the operation, laboratory reports, if X-rays were taken, either the negative X-ray films or reprints of the same, and the roentgenologist's interpretation of the X-All of the facts and records are carefully collected and preserved in the file of the particular case in our office, in convenient and systematically tabulated separate folders, where they are kept for immediate reference and for final use upon the trial In the event a case is brought for the death of the patient it, of course, is necessary to procure a copy of the death certificate and if the medical examiner has been called into the matter, the procurement of the autopsy protocol, all of which are carefully examined, considered and studied

In very many of the cases, in order to equipourselves with a complete knowledge of the nature and extent of the injuries complained of, a physical examination of the plaintiff is secured. Frequently this is obtained by the consent of the plaintiff's attorney, but where this consent is not given, it is necessary to make a motion for this examination to procure an order of the court compelling it

In a great many of our cases plaintiffs' attorneys secured orders for the examination of This order is prothe defendant before trial cured as a result of a motion in court with the usual requirement of affidavits, motion papers, Where, for example (as is argument, etc frequently the case) the notice for the examination does not comply with the statute or is too broad in its demand, or seeks to procure information from the defendant which the plaintiff is not entitled to, a motion is then made by us to vacate or modify the notice for When the examinaexamination before trial tion is finally held it is necessary to attend upon it with the defendant while he is being examined by the plaintiff's attorney to protect the defendant's rights and to prevent the giving of answers to questions which the law does not permit

Many of our cases involve intricate medical questions which require a careful and extended

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lars, it will now award double that sum or more. Juries have become increasingly liberal with the money of defendants in every other field of negligence cases when they find against them."

Through a column and a half of his last report, your counsel dilated upon the reasons for the trend of larger verdicts in negligence cases and he will not here repeat himself, except to refer to what he then said and to assert that all the statements there made still hold good

Of the cases disposed of last year 33 were for operations, either abdominal, eye, tonsil, ear, etc 26 cases involved obstetrics, 14 were the result of X-ray burns, 12 arose out of fractures, the other cases are classified in Table I A great number of the hereto referred to cases which have arisen resulted from alleged This complaint was neglect in after-care made in nearly every tonsillectomy case Some of the physicians specializing in tonsillectomy have made a practice of doing the operation in their offices and sending the patient home the same day Frequently hemorrhages have thereafter occurred and where the physician has not been sufficiently prompt or attentive in the after treatment, resentment (whether just or not) has occurred, resulting in malpractice actions Many of the cases involve the retention of foreign bodies, not only broken needles but surgical packs, drains, etc Too much care cannot be exerted by the operating surgeon to insure that when the patient is discharged, every foreign body which has been inserted has been removed Sometimes this work is left to internes or nurses, with the result that while the doctor was perfectly conscientious in believing that the foreign body had been removed, in fact it was not removed Later a sinus developed and a second or a third doctor performed an operation and removed the foreign body Cases of this kind present clear liability and they nearly always necessitate settlement.

Then, too, too much care cannot be exerted, especially in abdominal operations, in making the necessary sponge count so as to insure that the number of packs which were put in the body of the patient were accounted for and that the number removed tallies with the number which were inserted. This has not always been done. Where it was not done cases of clear liability have arisen

A large number of cases have arisen from the use of X-ray and other mechanical modalities. The use of X-ray in the most skilled and competent hands involves the highest amount of care and knowledge. Sometimes physicians have equipped their offices with X-ray apparatus, but have not been sufficiently trained in its use, with the result that injuries ensued. Oftimes in the use of these various modali-

ties, such as baking machines, etc, while the treatment is going on the physician has left the patient alone or in the care of an inadequately trained assistant, with the result that burns and other injuries have ensued. Such instances have been the occasion of cases involving unquestioned liability. Every detail of X-ray therapy should be conducted by a competent physician, especially trained in this work and he should never leave the patient while the person is undergoing treatment.

No busy practitioner of the healing art is exempt from the malpractice hazards. Some of the cases which your counsel has defended have been brought against physicians of the highest standing and the most unquestioned skill. In every detail of diagnosis, prescription, operative procedure or treatment, the physician or surgeon must bring to bear not only the most thorough scientific training, knowledge and experience, but a sensitive and well organized conscience. The failure to possess any of these is hazardous, not only for the patient but the physician as well

At this great length your counsel has deemed it proper to consider in some detail some of the features of his defense work Although he has lived in an atmosphere of criticism of doctors and the medical profession. he has not overlooked the fact that when the whole number of physicians in the state is considered and the enormous number of treatments and operations which they perform, the number of bad results is gratifyingly small But the fact that bad results have occurred and that many of them are due to a failure properly to diagnose or treat, 1 e, to negligence, should not be overlooked or ignored While some cases brought may justly be characterized as savoring of a blackmail character, it would be blinding our eyes to assert or to believe that every malpractice case is of that kind

It is because of the truth of the foregoing statements that the group insurance plan was originally instituted through the diligence and foresight of your officers in 1921, and has been centinued with such marked success ever since. The appreciation of its merits and its value is revealed through a study of Table II here appended, which is a comparison of the number of members insured in 1925, 1926, 1927 and 1928, as well as the number of members in the county societies and the percentage of insured members From this it appears that in 1925, 5,323 members of the State Society or 51 per cent of the entire number were insured, in 1926, 5,711 or 53 per cent were insured, in 1927, 6,073 or 56 per cent were insured, and in 1928, 6,488 or 58 per cent were In some of the larger counties the figures show a gratifying appreciation of the

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of the injury or the death complained of Where cases of this kind are encountered (and during the past year 31 such cases were encountered), your counsel after careful study and especially after conference with the defendant doctor, has negotiated the best settlement possible to be made Every settlement so made is made with the consent and approval, and usually at the urgent solicitation of the particular physician involved Sometimes the injuries in such cases are slight, sometimes they are grave, the amount of the settlements made necessarily is in proportion to the gravity of the injury

No more difficult or responsible duty devolves upon your counsel's shoulders than this question of settlement. As a general rule it is believed safe to assert that the difficulty and strain of trying a case is far less than that involved in making a settlement, and yet your counsel can think of many cases in which had no settlement been made very heavy verdicts would have been inevitable, thereby injuring the doctor and the profession itself Uniformly in considering questions of this kind, your counsel has found the physicians to be actuated by the highest principles of fairness and right, and when settlements have been made because of the error or mistake of the particular physician, no one is more pleased that the injured patient should thus receive his just recompense than the doctor himself settlements in serious cases not made, the group fund which is built up through the premiums of the various members of the group, would in a short time be so diminished by large verdicts that the insurance plan could not go on at all, and only at such rates as would be prohibitive. In considering the making of a settlement, therefore, your counsel has first to consider the true scientific merits of the case, the rights of the accused doctor, the true principles of justice involved and the proper protection and conservation of the group fund Questions of this kind are always before us

In no case, however, is a settlement made except with the full approbation of the doctor and except upon our conviction that the injury complained of is justly attributable to the error of the physician. If there is merely a bad result (which is always possible to occur, even with the best of care, skill and treatment), the doctor is defended to the limit of our strength in court and with results which we believe speak quite sufficiently for themselves. There is no more fascinating or important kind of case to defend than that of the malpractice action. It involves every element involved in the trial of an ordinary-case and in addition to this, the handling of complex, intricate,

difficult scientific questions and the interpretation of these questions in such a form as will make them intelligible both to the trial judge and to a jury of laymen. In addition to the possible pecuniary loss involved in each case, your counsel is never without the sense of responsibility involved in the protection of the good name and reputation of the accused physician.

Your counsel does not frequently dilate upon the subject heretofore treated, although from time to time in his editorials in your Journal some suggestion of the nature and extent of the problem is touched upon. At the end of each month, however, a careful, complete and accurate statement is made to the Secretary of your society, which embraces all of the work accomplished during the preceding month. It contains a statement of the number of new cases instituted, disposition of cases made and the particular nature of such dispositions.

Doctors practice an extra-hazardous profes-Even with the greatest skill, fidelity and conscience bad results are bound occasionally to ensue, and where they ensue they may become the basis of malpractice suits Where, for instance, a patient has died as a result of an operation, or has lost a limb or the function of a limb, or has received an X-ray burn, or has otherwise been injured, there is always danger for the doctor whether he was negligent or not, as it is always difficult to bring a lay jury to an understanding of the difference between injury and negligence The hazards of the practice of medicine have been dwelt upon by your counsel and his predecessor in private conferences and in addresses before the County Societies, in editorial columns of the Journal and in annual reports

The readers of the lay press are familiar with the enormous verdicts which juries have been wont to render in other departments of the negligence field Forty or fifty thousand dollars for the loss of a hand or a foot is nowadays not an unusual verdict Your counsel can recall verdicts of even greater amount Fortunately, no verdict of this kind, under your counsel's administration or that of his predecessor, has been rendered The danger is al-In his last annual report your wavs there counsel quoted an excerpt from the report Although made by him in the previous year this will be the third time this statement has been made, we deem it advisable to quote that statement here again

"Perhaps it might not be out of place here to notice how fortunate the doctors have been thus far in avoiding large verdicts. The trend of the times in every other field of negligence law is unquestionably toward larger damages where juries find in favor of the plaintiff. The present value of the dollar is always taken into consideration, so that it is safe to say where a jury ten years ago might have rendered a verdict for ten thousand dol-

In Kings County, for benefits of the plan example, the number insured in 1925 was 48 per cent, in 1926, 52 per cent, in 1927, 57 per cent, in 1928, 62 per cent. In New York County, in 1925, 52 per cent, in 1926, 57 per cent, in 1927, 59 per cent, in 1928, 60 per cent In Queens County, in 1925, 50 per cent, in 1926, 54 per cent, in 1927, 58 per cent, in 1928, 67 per cent

What your counsel has so many times asserted, he here repeats—that the group plan is working well. Not only is it working well, but the assistance and cooperation which, through the various agencies of the insurance carrier are afforded, it is believed are indispensable to a proper conduct of the defense It is distinctly a Society activity has received the increasing support and confidence of your members and it is deserving of even greater confidence and support

COUNSEL WORK

During the period of this report, your counsel has prepared for publication in the Society's journal articles in the nature of editorial comment The editorials have included the following

The Hazards of Malpractice Suits

Dr Casper Pendola, Martyr

Preventive Methods as Applied to Litigation. The Power of the Federal Government to Regulate the Practice of Medicine

An Erroneous Decision (holding a chiropractor not guilty of practicing medicine without a license)

The Annual Meeting

The Address of the President of the United States The House of Delegates of the A.M.A. Takes Its Stand Against the Enactment of Restrictive Laws Regulating the Doctor's Right to Prescribe Such Therapeutic Agents as He May Deem Necessary

The Supreme Court of the United States Upholds the Virginia Statute Providing for the Sterilization of Men-

tal Defectives

The Summer Vacation

The Practice of Medicine an Extra-hazardous Under-

With Saber and Scalpel

The Prevention of Ophthalmia Neonatorum

A Brief Excursion into the Early Medical Legislation. Early History of the New York State Medical Society Our Society and Its Division and Reunion

The Endorsement of Commercial Products by Physi-

The Medico-legal Aspects of Drunkenness Recent Application of Statute of Limitations to Mal-practice Actions and Counterclaims.

The New Year

The Function and Purpose of This Page The Governor's Message

Law, Its Origin, Growth and Function.

As in the past, counsel has digested and there have been published in the Journal reports upon malpractice actions which have been disposed of by your counsel The case reports published during the previous year are as follows

Pregnancy-Injection of Piturin Followed by Abscess Plastic Operation with Resultant Saddle-nose.

Burn in Administration of Electrical Therapy Diphtheria Causing Acute Myocarditis and Death. Failure to Diagnose Appendicatis Resulting in Death. Fracture of Clavicle and Condyle of Humerus-Impairment of Flexion.

Claimed Burn in Baking of Pott's Fracture.

Claimed Negligence in Operation, Resulting in Blood Poisoning and Pleurisy

Physicians' Hazard in a Lunacy Commitment Multiple Breast Abscesses—Puerperal Sepsis—Death Broken Needle in Hypodermic Injection. Retained Placenta—Vaginal Fistula.

Claim Arsenic Poisoning

Removal of the Middle Turbinate and Polyps Followed

by Meningitis and Death.

Abrasion of Breast While Applying Bandage.

Spiral Fracture of Humerus—Open Operation Malpractice Counterclaim

Colles' Fracture-Slight Deformity Uterine Bleeding—Claimed Abortion, Still-birth Due to Quinine and Morphine Peritonsillar Abscess

Wrong Diagnosis of Pregnancy Tonsillectomy—Removal of the Uvula

Ringworm - Improper Prescribing of Ammoniated

Foreign Body in Hand.

Non-payment of Bill-Malpractice Counterclaim.

X-ray Films—Partial Alpecia.

Fracture of Radius and Ulna—Permanent Non-union. Fracture of Ankle.

Claimed Negligent Removal of Uvula During Tonsillectomy

Tonsillectomy and Adenectomy-Death. Intestinal Toxemia and Convulsions Post-partem Hemorrhage—Placenta Praevia—Death Congenital Dislocation of Hip—Thrombosis—Gangrene

-Subsequent Amputation of Toes and Foot,

The editorials and case reports thus prepared for publication in the Journal by your counsel covered from two to six pages in each of the issues of the Journal and consisted of about sveenty-six thousand words The preparation of the editorials required a considerable amount of time and necessitated research into the facts and the law of the subjects written upon Likewise the digesting and reporting of the cases previously disposed of required a careful review of the facts in each case and a careful preparation of the digest

The editorial work and the work of preparing case reports have been of great interest to your counsel and he has been gratified by the frequent appreciative references to this work It is difficult and exacting, and the aim of your counsel has been to lay before your Society and its members, from time to time, discussions of a timely character which will be of interest and benefit to the profession as a whole, as well as to its individual members Where suggestions have been made for editorials, wherever possible, your counsel has taken up a consideration of the question suggested and has endeavored, to the best of his ability, to elucidate it Your counsel has at no time written under any delusion of omniscicuce, but merely in the hope, that through his constant contact with the profession and its

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TABLE II

Comparison of the number of members insured in 1925, 1926, 1927 and 1928 and the number of members in the

	count	y societi	es and	the p	ercentage	of 1	nsured	members	e num	ider c	и тетье	rs in the
		1925			1926			1927			192	3
	_ }	, _	Percentage Insured		÷:	•	<u> </u>	ð.	-	Ď.	۸.	red
	No of Members in County Society	No of Members Insured	130	No of Members	No of Members		rereentage insured No of Members	in County Societ No of M-mbers Insured	<u> </u>		No of Members in County Society No of Members	Insured Percentage Insured
	ES	Ē	i i	Ęv			in di	S E	<u> </u>	Ξ v	es de	ě
	r M		ntag	×	T Z		N. E	ig ig	3	f	žį ž	D 및
	ర్డ్	Sur	100	ج ۾	of		of G	Con on its		<u>.</u>	g 65	Mr.
Counties		ž.	ผู้	ž s	: %.5				Ď	j T	ž. Š	
Albany	225	126	56	218		57			54		220 120	5 57
Allegany Bronx	33 631	8 275	24 44	33 648		24 48			29 50		28 22 755 36	
Broome	99	51	52	102		51			48		17 49	42
Cattaraugus	45	27	60	49	28	57	50	5 26	46	,	56 29	52
Cayuga Chautaugua	52 82	32 31	62 38	55 93		58 35	58 93		55 35	<u> </u>	61 33 93 38	
Chemung .	49	33	67	49		77		37	69)	57 38	67
Chenango	35	16	46	36	15	42	35	17	48		34 18	53
Clinton Columbia	32 36	16 19	50 33	33 37	15 20	45 54			51 51		26 15 37 19	58 51
Cortland	25	11	44	23	8	35	23		34		20 8	40
Delaware	20	1	5	19	1	5	22	3	13		23 4	16
Dutchess-Putnam	115	51	44	116	61	52			54		18 61 71 439	
Erie Essex	653 23	443 11	68 48	672 26	424 11	63 42	672 24		63 50		71 439 24 13	54
Franklın	51	17	33	48	15	31	49	16	32	5	6 16	29 68
Fulton	37	23	62	37	24	65	40		60 28		11 28 25 10	68 40
Genesee Greene	23 22	9 12	39 55	27 23	9 10	33 43	28 23	8 10	43		24 12	50
Herkimer	55	30	55	23 55	32	58	51	31	60	4	9 35	71 43
Jefferson	69	38	55	77	37	38	82	35	42 57	1,63	30 34 9 1,017	62
Kings Lewis	1,570 14	757 5	48 36	1,590 13	831 5	52 38	1,613 11	933 5	45	1,03	7 7	41
Livingston	29	10	34	31	11	35	28	7	25	2		31 52
Madison	32 434	15 235	47 54	35 436	17 231	49 53	32 435	13 240	40 55	3 43		58
Monroe Montgomery	52	233 24	46	52	23	44	50	13	26	5	0 13	26
Nassau	105	51	49	112	23 57	50	134	82	61	15		60 60
New York	3,338 85	1,735 48	52 56	3,415 86	1,961 51	57 59	3,500 94	2,069 60	59 63	3,623 98		57
Niagara Oneida	189	77	41	191	77	40	187	7 6	40	184	4 91	49 59
Onondaga	312	164	51	321	166	51 47	324 75	176 38	54 50	333 72		53
Ontario	71 104	39 65	55 63	74 105	35 65	62	101	66	65	107	64	53 60
Orange Orleans	17	3	18	18	5	27	18	6	33	19		47 48
Oswego	53 42	33 24	62 47	53 43	30 27	57 63	54 43	24 28	44 65	48 44	. 22	48 50 67
Otsego	244	122	50	272	146	54	329	194	58	376	253	67
Qu c ens Rensselaer	106	56	53	107	56	52	115	55	47	108		55 56 54
Richmond	74 39	39 22	53 56	72 41	38 20	53 49	77 42	40 23	51 54	80 46	25	54
Rockland St Lawrence	58	19	33	62	21	34	65	22	33	68	23	34 52
Saratoga	44 109	27	62	47	22	47	43	25	58 75	46 114	24 94	82 33
Schenectady	109	91 7	83 39	117 18	86 6	74 33	123 16	93 6	37	18	6	33
Schoharie Schuyler	11	5	45	11	5	45	10	4	40	11	4 7	36 30
Seneca	21 75	4 37	19 49	23 79	5 39	22 48	21 72	5 43	23 59	23 73	43	59 50
Steuben	108	40	37	112	39 46	41	110	43	39	118	59	50 57
Suffolk	29 27	18	62	30	18	60	29	19	65	28	16 9	57 38 46
Sullivan Tioga	27 59	9 22	33 37	27 61	10 27	37 44	25 59	9 28	36 47	24 57	26	46
Tompkins	64	25	39	63	29	46	67	29	43	66	28 28	42 70
Ulster Warren	38 40	25 17	66	40	26	65	40	28	70 44	40 38	28 16	42
Washington	36	16	43 44	39 38	16 18	41 47	38 37	17 20	54	38	22	58
Wayne	308	135	44	324	153	44 -	326	165	50	353	192 9	56 31
Westchester	26 17	9 13	35 76	26 17	9 15	35 88	26 21	9 14	34 66	29 20	13	60
Wyoming Yates												58
	10,410	5,323	51 10	,677 5	5,711	53 10),829 (5,073	56 11	,259	6,488	~

ficers of your Society, among other questions, upon the following

The contract between the Society and Barnett-Maynard, which provided for the erection of booths for the

annual meeting

Inquiry and investigation of complaint by Schenectady County Society that the General Electric Company was conducting a hospital, unlawfully practicing medicine and unjustifiably competing with the physicians of Schenectady

Advice with respect to the decision of the Commissioner of Motor Vehicles in regard to the appointment of optometrists, but no oculists to examine applicants

for chauffeurs' licenses

Interview and communication in connection with person organizing a corporation for prevention of disease. Advice with respect to the practice and agreements by the Society in the procural of its advertising for its publications

Your counsel attended the meeting of the Society of Medical Jurisprudence, and discussed a paper on the Legislative Control of Cosmetics

Your counsel attended and delivered the main address at the Tri-State Conference, a paper on the Consideration of the Need of Legislation Bearing upon the Question of Ex-

pert Medical Testimony

Your counsel received communications from the Executive Committee with reference to the amendment of the by-laws of Otsego County Society, and examined the proposed amendments thereto and gave an opinion with reference to such amendments

With respect to the controversy between the Cattaraugus Medical Society and the Milbank Health Demonstration, at various times your counsel has received communications from the office of the county society and from your Society, and advised with respect to various phases of the controversy

LEGISLATION

In connection with the legislative matters, your counsel has at various times examined bills pending before the Legislature, conferred with the members of the Legislative Committee, and advised with respect to such bills, and prepared memoranda and briefs in support of or in opposition to various legislative measures

From an intimate contact with your various committees, your officers, both of the society and of the various component societies, the sincere belief is entertained that never before have your affairs been in a more promising condition. Your society is working with a vim and a will for the solution of the various problems that fall within its jurisdiction and with a sympathy and understanding of the wishes and the needs of the component societies and of the various individual members. The ranks of the profession are constantly recruited with new blood, and this is reflected in a gratifying increase in our membership. In

1925 there were 10,410 members, in 1926, 10,677, in 1927, 10,829 and in 1928, 11,259

The gratifying results obtained through your counsel's office could not have been secured but for the cordial, friendly and cooperative assistance rendered him at all times by your members 'Very frequently in the preparation or the trial of cases, your counsel has had to resort to your various members for medical advice and assistance and at all times in the assertion of just defenses (and no other defenses have been asserted), doctors have come forward voluntarily to render their expert testimony in support of their unjustly accused brethren Opinions of the highest scientific value have been rendered in this way gratuitously and for no other reason than the assistance in the protection of doctors' rights and in furtherance of justice

Throughout the year as heretofore, your counsel has been thrown in contact with the officers and representatives of your insurance carrier and at all times has secured their loyal and sympathetic cooperation. Doubtful questions of coverage or other disputed matters have uniformly been resolved in favor of the

doctor

Your counsel believes that the thanks of the profession are due to your authorized insurance representative, Mr Harry F Wanvig, to whom in no small degree is due the credit for the increased and continued support of the His courteous, intelligent, able group plan and sympathetic assistance in all matters involving this important activity of your society entitle him to your complete confidence and support Mr Wanvig's entire time is devoted to his work as your authorized indemnity representative In attendance at the various meetings of the County Societies, and in personal conference with the physicians and otherwise, he has at all times evinced a willingness to be of service to your members and has generously given of his advice and assistance in the furtherance of the group plan

Your counsel wishes that the general public might attain to his present knowledge and understanding of the medical profession. As a group he has never encountered a body of men of finer ideals and it is indeed a privilege for him to record that in the ranks of your profession there are numbered many of his warm-

est and most valued friends

Your society, with a history almost as long as that of the United States, has every reason to look forward to the future with confidence and optimism, and actuated by a just pride in its manifold achievements to believe that the vista of the coming years presents even wider opportunities for service

LLOYD PAUL STRYKER, Counsel LEGAL

various members, with their problems and with their hopes and fears, that he might by helpful and timely suggestion assist in the solution of the various problems at hand, or of the questions in which the profession at the time is generally interested

Inquiries from various sources for advice and opinions upon various subjects are being constantly received by your counsel inquiries come from county societies, officers or committees of such societies, members of the society in various parts of the State, associations allied to or interested in medical subjects and from lay persons seeking information upon medical or medico-legal matters inquiries are made by personal calls, telephone calls and correspondence Some of the inquiries which have been a matter of advice and opinion are as follows

Does the taking by lay representatives of laboratories of a specimen of blood from the veins of patients for diagnostic purposes constitute the practice of medicine?

Inquiry as to the advisability of advising the father of a patient as to the breaking of a needle during the course of an operation

Communication with respect to the diagnostic symptoms of fractures and the determination of the presence

of a fracture

Communication and advice as to the obligation of a physician with reference to the disclosure of confidential communications existing between the patient and physician, and whether a physician can disclose such information to the Workmen's Compensation Bureau

Advice as to the contract relation existing between the physician and the patient, the duty of the physician to attend and treat the patient, and when the relationship may be terminated, and the giving of notice to the

patient of the termination of such relation.

Advice as to the ownership of X-ray films, whether such ownership is in the patient or in the Roentgenologist, and whether the patient has the right to demand from the Roentgenologist the possession of the X-ray films

Inquiry and advice as to the responsibility and liability of a hospital and physicians in the employing of a nurse who had been dismissed from another hospital for giving medicine without authority

Communication with respect to the performance of duties by unlicensed practitioners in psychoanalysis, and whether the work they were doing constituted the practice of medicine in violation of the law

Advice to a physician as to the defense of a malpractice

action defended by another attorney

Advice to a physician with reference to the disposition and settlement of a claim made against him, and the preparation of the necessary releases

Further communication and advice with respect to the ownership of X-Ray films, whether in the Roentgenologist

or in the patient.

Conference with an anaesthetist as to the adminstration of anaesthesia by nurses, comumnication and advice as to a hospital's right to employ nurse anaesthetists, and the liability of a surgeon where a nurse anaesthetist is used

Communication with respect to the rights, privileges and coverage of physicians under the State Society's

Group Plan of insurance.

Communication with respect to the Statute of Limita-

tions applicable to malpractice actions

Advice to a physician with respect to notification to patient and attempt to remove needle which had broken off in the course of an operation

Communication and advice with respect to the procural of consents of patient and of husband, wife and next of kin to the performance of an autopsy and the procural of the temporal bones of deceased persons

Advice to an officer of the society as to whether a complaint made against a member of the society warranted proceedings before its Board of Censors

Communication and advice as to who is permitted to practice physio-therapy, that such practice can be carried on only by a duly licensed physician, and the physictherapist is not permitted to administer drugs, and the liability of a hospital or physician in the appointment and employment of a physio-therapist upon its staff

Comunication, conference and advice to a physician with respect to writing and publication of medical arti-

cles by him

Communication and advice with reference to the Medical Practice Act, and violations of the same.

Advice to a physician as to whether or not expenses incurred in attending medical meetings are deductible from income tax.

Inury and advice as to whether a county society can accept bequests for the purpose of raising a building

fund for said society

Communication and advice where a female having no symptoms other than those pertaining to appendicitis, upon entry to a hospital requests removal of the Fallo pian Tubes at the time of the performance of the appendectomy, as to whether it would be legal to comply with such request.

Conference, communication and advice to a physician as to the rights and powers of such physician engaged as a medical supervisor of an institution or sanitarium, to have complete jurisdiction over sickness occurring in such institution, and hygiene and sanitation of the same.

Examination of court opinion and advice to a physi-

cian as to the holding and effect of such opinion. Communication with respect to the reprinting of editorial articles appearing in the Journal

Inquiry as to whether a physician was at liberty to disclose to an insurance company the nature of the injuries and treatment that he has rendered to a patient, where such patient has made a claim for damages to recover for such injuries

Communication and advice to a physician as to whether or not an Osteopath has the right to demand admission of his patients to a hospital maintained by the city, and also whether the Osteopath has the right to demand to continue to treat such patient after admission

to the hospital

Inquiry, communication and advice as to the actions of a physician and the investigation of the conduct of such physician by the state body

Communication and advice to a physician as to his obligation and duty with respect to the information to

be supplied on a birth certificate. Advice to a physician with respect to the institution of an action to collect for services rendered, and the probability of a malpractice counterclaim

All the preceding inquiries and communications required considerable investigation and frequently involved the giving of legal opinions and careful analysis and interpretation of legal questions

Your counsel and attorney both personally attended the last annual meeting of your Society, and either your counsel or attorney attended at each of the meetings of the Council and Executive Committee during the year

From time to time, the Executive Committee and the officers of your Society have sought the advice of counsel upon various subjects and matters pertaining to the Society's busi-Your counsel has had occasion to advise the Council, Executive Committee and the ofApril 6th, "Diabetes Mellitus," Dr. Henry Rawle Geyelin, 103 East 78th Street, New York City April 13th, "Asthma," Dr. Robert A. Cooke, 361 Park

Avenue, New York City

Avenue, New York City
April 20th, "Scarlet Fever," Dr Francis Blake, New
Haven Hospital, New Haven, Conn.
April 27th, "Syphilis," Dr J G Hopkins, 40 East 83rd
Street, New York City
May 4th, "Pernicious Anemia," Dr K. R. McAlpin,

Presbyterian Hospital, Madison Avenue, New York City May 11th, "Pneumonia," Dr Russell Cecil, 33 East 61st Street, New York City

A course arranged by Dr Palmer will be given under the auspices of the Chemung County Medical Society in Elmira as follows

Thursday, March 22nd, "Pneumonia," Dr Russell
Cecil, 33 East 61st Street, New York City
Wednesday, March 28th, "Asthma," Dr Robert A
Cooke, 361 Park Avenue, New York City
Wednesday, April 4th, "Nephritis," Dr Dana W
Atchley, Presbyterian Hospital, New York City
Wednesday, April 11th, "Diabetes Mellitus," Dr Wm.
S. Ladd, 30 East 40th Street, New York City

S Ladd, 30 East 40th Street, New York City Wednesday, April 18th, "Permeious Anemia," Dr Kenneth R. McAlpin, Presbyterian Hospital, New York

Thursday, May 3rd, "Syphilis," Dr J G Hopkins, 40 East 83rd Street, New York City

A course for Columbia County to be given in Hudson has been arranged by Dr R. Kovacs of New York City as follows

April 5th, "Modern Methods of Electrotherapy, Especially Diathermy," Dr Richard Kovacs, 223 East 68th Street, New York City
April 12th, "Phototherapy Radiant Light and Heat, Ultraviolet Rays, Heliotherapy," Dr Richard Kovacs, 223 East 68th Street, New York City
April 19th, "Hydrotherapy, Physical Therapy in Medical Conditions," Dr Richard Kovacs, 223 East 68th

Street, New York City
April 26th, "Massage and Medical Gymnastics, Physical Therapy in Surgical Conditions," Dr Richard Kovacs, 223 East 68th Street, New York City

A course on Neurology for the Montgomery County Medical Society to be given in Amsterdam has been arranged by Dr E Livingston Hunt as follows

March 14th, "Glandular Conditions," Dr Irving H Pardee.

March 21st, "Combined Sclerosis," Dr Angus McD Frantz.

March 28th, "Encephalitis," Dr E. Livingston Hunt April 4th "Brain Tumors," Dr Byron Stookey April 11th, "Neuro-Syphilis" (Symptoms and Diag-nosis), Dr John McD McKinney April 18th, "Neuro-Syphilis" (Pathology and Treat-

ment), Dr Leon Cornwall
April 25th, "Tumors of the Cord," Dr Edward A Sharp, (Buffalo)

A course in heart diseases, arranged by Dr John Wyckoff, of New York City, for the

County of Saratoga, will be given in Saratoga Springs, on Thursdays at 3 30 o'clock course is as follows

March 15th, "Cardiac Pathology" (including a demonstration of gross specimens of various etiological types of disease of the heart and aorta), Dr Clarence E. deLa

Chapelle, 59th Street and 5th Avenue, New York City March 22nd, "Cardiac Physiology" (a brief review of cardiac function with particular consideration of cardiac irregularities and their treatment), Dr A. C. DeGraff,

338 East 26th Street, New York City March 29th, "Bacterial and Rheumatic Heart Disease" (a consideration of the course and treatment), Dr Wm. C Goldring, 150 East 52nd Street, New York City April 5th, "Syphilitic and Arteriosclerotic Heart Dis-

ease" (a consideration of the course and treatment), Dr John Wyckoff, 75 East 55th Street, New York City

The Saratoga course will be repeated in Greene County beginning on Thursday, April twenty-fifth

A course for Tompkins County has been arranged by Dr R Plato Schwartz of Rochester, N Y, as follows

March 14th, "Relationship of Sunlight to Health," Dr R. Plato Schwartz, Strong Memorial Hospital,

Rochester, New York.

March 21st, "Therapeutic Value of Light from Artificial Sources," Dr R. Plato Schwartz, Strong Memorial

Hospital, Rochester, New York.
March 28th, "The Use of Diathermy and Other Measures in the Treatment of Joint and Muscle Injuries," Dr R. Plato Schwartz, Strong Memorial Hospital,

Rochester, New York.

April 4th, "The Treatment of Infantile Paralysis After the Acute Stage," Dr R. Plato Schwartz, Strong Memorial Hospital, Rochester, New York.

April 11th "Backache and Sacro-Iliac Lesions," Dr

R. Plato Schwartz, Strong Memorial Hospital, Rochester, New York.

April 18th, "Painful Feet," Dr R. Plato Schwartz, Strong Memorial Hospital, Rochester, New York.

A course on diseases of the heart and blood will be given in Ogdensburg, St Lawrence County, in the afternoon, and in Watertown, Tefferson County in the evening as follows

April 12th, "Clinical Pathology of the Heart," Dr C. E deLa Chapelle, 59th Street and 5th Avenue, New York

April 19th, "Clinical Physiology of the Heart Including Irregularities," Dr Clayton W Greene, 135 Linwood Avenue, Buffalo New York
April 26th, "Heart Disease from an Euological Stand-

Man Ethological Stand-point and Bacterial and Rheumatic Lesions" Dr John Wyckoff, 75 East 55th Street, New York City May 3rd, "Heart Disease from an Ethological Stand-point, Lesions Due to Syphilis and Arteriosclerosis," Dr I Harris Levy, 717 East Genesee Street, Syracuse, New York.

May 10th, "Pernicious Anemia."
May 17th, "Secondary Anemia," Dr W A. Groat,
608 East Genesce Street, Syracusc, New York

CANCER CONTROL IN PHILADELPHIA

This Journal has received the following information regarding a course of instruction on the subject of cancer to be given under the auspices of the Medical Society of the County of Philadelphia, Pennsylvania

"At the request of the Pennsylvania State Commission on Cancer, The Philadelphia County Medical Society, through its Committee on Cancer Control is arranging a special intensive course for the study of Cancer, on May 22d, 23d, and



NEWS NOTES



ATTRACTIVE PROGRAM FOR ANNUAL MEETING

The activities of the Committee on Scientific Work have resulted in an unusually attractive program for the Annual Meeting of the Medical Society of the State of New York, which will be held in Albany beginning May The final protwenty-second of this year gram is almost complete and covers a wide

range of interesting subjects

In addition to the physicians from New York State who will participate in the program, a number of other states will be represented Papers will be presented and discussed by Dr Frederic C Irving, Dr Frances M Rackerman, Dr Chester M Jones, Dr Howard Root and Dr Charles L Scudder, of Boston, Massachusetts, by Dr Harold Cushing, of McGill University, Montreal, Canada, by 'Dr Fred D Weidman, Dr T Grier Miller and Dr Gabriel Tucker, of Philadelphia, Pennsylvania, by Dr E Cowles Andrus, of Baltimore, Maryland, by Dr Harold N Cole, of Cleveland, Ohio, by Dr Joseph C Beck, of Chicago, Illinois, by Dr Emory Hill, of Richmond, Virginia, and by Dr William L Benedict, of the Mayo Clinic, Rochester, Minnesota

The last day of the meeting will be devoted almost exclusively to a Cardiac Exhibit, which has been planned to illustrate both the public health factors and the scientific features in the study of heart disease. It is particularly appropriate that the Exhibit has been arranged for this meeting, when the final report of the Special Committee for the Study of Heart Disease in New York State will be presented to It should be especially attractive the Society to the members of the organization for the reason that it will serve in some measure to emphasize the unexpected findings of this Committee in an investigation which has cov-

ered every county of the State

Charts will be on exhibition displaying statistical data and other features in mortality.

morbidity, etiology, diagnosis, organized care and therapy The effect of disease on the heart will be demonstrated by X-ray photographs, electrocardiograms, drawings and paintings Not the least important part of the wall panorama will be the charts which will illustrate the problems of heart disease within our own state The pathological demonstration has been arranged on an etiological basis and will consist of about 140 gross specimens and some 40 microscopic specimens The latter will be shown by means of photomicrographs It is planned to have a lantern slide demonstration of the coronary circulation and of the microscopic lesions of the heart and blood vessels in rheumatic fever. The moving picture program will show studies of heart block, the heart valves in action and various tissues actually growing in culture media outside the human body

Two other noteworthy features will be the meeting of the Society on Tuesday evening, May twenty-second, which will be presided over by the President and at which several eminent speakers in addition to the President will address the membership, and a Joint Meeting of all the Sections, which will be held on Wednesday evening, May twenty-third, for the consideration of extra-scientific problems affecting the medical profession feature has never been attempted before and the Committee on Scientific Work believes that it will be a great attraction. This meeting will be presided over by the President, and the following topics will be presented Cost of Medical Care or Hospitalization of Middle Class Economic Group, Medical Aspects of Workmen's Compensation, Morals of Medicine, Present Status of the Practice of Medicine, Future of the Practice of Medicine

SAMUEL J KOPETZKY, Chairman, Comunttee on Šcientific Work

COMMITTEE ON PUBLIC HEALTH AND MEDICAL EDUCATION

Arrangements for the following courses have been announced by Dr Thomas P Farmer, Chairman of the Committee on Public Health and Medical Education of the Medical Society of the State of New York

A course will be given in Albany and Schenectady on six Fridays beginning April sixth,

under the auspices of the Medical Societies of the two counties The lectures will be given in Albany at 4 30 o'clock and repeated in Schenectady at 8 o'clock The lectures have been arranged by Dr Walter W Palmer, of the College of Physicians and Surgeons, New York City, and are as follows

dents or whose faculty may enjoy the privilege of practice or even of observation in any worthy hospital

10 There is not one of these schools that does not proceed on the basis of unproved theory, ignoring the lack of endorsement by all worthy educational institutions

11 There is not one of these schools that does not ignore or even avowedly oppose the scientific point of view and the facts of medical science accepted by the authorities of the entire civilized world

12 There is not one of these schools that does not owe its existence to the fact that it offers a short-cut to the practice of medicine.

The following is a list of the schools of chiropractic and naturopathy in the United States

California

Borkeley

Berkeley Chiropractic College, 2168 Shattuck Ave.

Los Angeles

Gale College of Chiropractic, 1406 W 7th Street.

Los Angeles College of Chiropractic, 918-20 W

Venice Blvd

Ratledge System of Chiropractic Colleges 2415 S Western Avenue.

Oakland

West Coast Chiropractic College, Inc, 14th St. and 7th Avenue.

Pasadena

Pasadena College of Chiropractic, 1608 N Fair Oaks Ave.

San Diego

Clewell Chiropractic College, 1574 Fourth Street.

San Francisco

San Francisco College of Chiropractic, 1067 Market Street.

Colorado

Denver

Colorado Chiropractic University, 14th Street and Cleveland Place.

District of Columbia

Washington

Chiropractic Research University, 1349 L. Street, N.W.

Georgia

Atlanta

Atlanta Chiropractic College, 286 W Peachtree Street.

Illmois

Chicago

American University 34 W Lake Street. National College of Chiropractic, 20 N Ashland Boulevard

Indiana

Exansalle

Evansville Chiropractic College, Inc., 501 Main Street.

Fort Wayne

Ross College of Chiropractic, Inc., 1311 Webster Street Indianapolis

Central States College of Chiropractic, 412-13 Kresge Bldg, 41 E Washington Street.

Lincoln Chiropractic College, Inc., 518 N Delaware Street.

i owa

Davenport

Palmer School of Chiropractic, 800-1100 Brady Street.

Kansas

Wichita

Colvin Chiropractic College, 237 S Main Street.

Maryland

Baltımore

Maryland College of Chiropractic, 520 N Charles Street

Munnesota

Municapolis

Minnesota Chiropractic College, Inc., 70 Willow St.

Missouri

Kansas City

Chiropractic University, 10th and Campbell Sts Cleveland Chiropractic College, 1417 Linwood Bivd Western College of Chiropractic, 2021 Independence Ave.

St Louis

Missouri Chiropractic College, 706 N Grand Blvd

Nebraska

Lincoln

Nebraska Chiropractic College, Orpheum Bldg, 1134 P Street

New York

New York

Carver Chiropractic Institute, 71 West 23rd Street Columbia Institute of Chiropractic, 111 W 83rd St. New York Eastern Institute of Chiropractic, 124 W 74th St.

Standard School of Chiropractic, 44 Fifth Avenue.

Oluo

Akron

Akron College of Chiropractic, 985 E. Market Street.

Cleveland

Blodgett Chiropractic College, 565 Rose Bldg, 2062 E. 9th Street,

Metropolitan Chiropractic College, Inc., 4501 Prospect Avenue.

Oklahoma

Oklahoma City

Carver Chiropractic College, 521 W 9th Street.

Oregon

Portland

Pacific Chiropractic College, Inc., 125 N Grand Avenue.

Pennsylvania

Philadelphia

Doughty-Marsh College of Chiropractic, 4201 Walnut Street.

National Chiropractic College, 2324 Columbia Avenue.

Pittsburgh

Universal Chiropractic College, 1940 Fifth Avenue.

24th, for all physicians who are interested Sessions are to be held morning, afternoon and evening

The mornings are to be devoted to special clinical demonstrations upon Diagnosis, Treatment and Results, in the centrally located teaching hospitals of Philadelphia

A special free buffet luncheon is to be served to the physicians who register for this course, so as to conserve time and prevent scattering Details of the program will be published in the near future

The registration fee will be \$500

Please register at once with Franklin M Crispin, Executive Secretary, The Philadelphia County Medical Society, S E Corner 21st and Spruce Streets, Philadelphia, so that satisfactory arrangements may be made"

HENRY G MUNSON, MD, Secretary

SCHOOLS OF CHIROPRACTIC AND NATUROPATHY

The American Medical Association, through Dr N P Colwell, Secretary of the Council on Medical Education and Hospitals, has sent out a letter of information regarding its inspection of schools that teach chiropractic, naturopathy, and other cults The following extracts of the letter will be of interest to physicians of New York State—Editorial note

Chiropractic has had, during its brief career of thirty-two years, about one hundred and fifty schools. Forty of these are still active, many of them offering courses at night only and having a mere handful of students, more than half of the forty are so poorly housed and so inadequately financed that their future is problematic. B. J. Palmer, the "developer" of the cult, recently said "According to our records, forty-eight chiropractic schools have closed their doors during the past two years"

While a venerable old age is claimed for naturopathy, its development has really been more recent than that of chiropractic, its chief exponent, Benedict Lust of New York, claims that he organized the "parent school" in 1896, but even so ancient an origin as that is improbable

The cult seems to have no basic idea, but to be rather a nature-cure hodge-podge with a decided antipathy to drugs. In fact, naturopathy has developed in part as an effort to broaden the scope of chiropractic. There are about five schools of naturopathy and all of them teach chiropractic. Several of the chiropractic schools teach naturopathy. Probably fifty or even seventy-five per cent of the practicing naturopaths have been recruited from the ranks of chiropractic, and the two cults have always been on the friendliest terms. The chiropractor may easily become a naturopath by taking a three-month "post-graduate" course in one of the naturopathic schools.

The subjects taught in naturopathy schools include sysmotherapy, glucokinesis, zone therapy, physicultopathy, astrological diagnosis, practical sphincterology, phrenological physiology, spectrochrome therapy, iridiagnosis, chiropractic, diet, hydrotherapy, osteopathy, physiotherapy, electrotherapy, mechanotherapy, heliotherapy, tension-therapy, naprapathy, neuropathy, physical culture, and many others.

The equipment in these schools differ little (if at all) from that found in schools of chiropractic, except that a small amount of electrical apparatus is usually found, and adjusting tables are not quite so much in evidence. A small chemistry laboratory is usual, that of the "parent school" in New York has room for two or possibly three students, but has not sufficient equipment for so large a number to perform the same experiments at the same time. There are no laboratories for physics, physiology, physiological chemistry, anatomy, bacteriology, histology, embryology, or pathology.

To one who is familiar with the elaborate equipment and curriculum found necessary to proper training in the science and art of healing today, the most impressive thing about these naturopathic and chiropractic schools is not what they are, but what they are not.

1 Of the fifty active schools listed, a few are mere "branches" rather than separately existing institutions, and these fifty constitute less than one-third of the number formerly existing

2 All but a mere handful of these fifty existing schools are so poorly housed and so madequately financed that their continuation is problematic.

3 Very few of these schools have even one adequately trained teacher on the faculty, and there are probably less than five expert all-time teachers in the entire lot of fifty institutions

4 Not one of these schools actually enforces a matriculation requirement of even five minutes of high school study

5 Not one of the fifty schools give so much as one worthy laboratory course or has one worthily equipped laboratory

6 Not one of these schools conducts a clime in which a wide variety of the common diseases may be studied

7 There is not one clinic equipped with the trained personnel or the scientific apparatus for the clinical diagnosis of a variety of the common diseases, nor having a laboratory equipped for checking such clinical diagnoses

8 There is not one clinic equipped for the proper treatment of patients suffering from such diseases

9 There is not one of these schools whose stu-

four calendar months, pay \$500 and get a diploma "recognized in all states except New Jersey"

Posted on the bulletin board of this one-room school, the inspector saw a list of last year's sixty-seven students, with a record of their absences by months. The highest number of absences recorded against any one student in any one month was 20 (four weeks of five school Nine of these 20's were counted There were several 16's and 14's, a large number of 15's and 12's, and the 10's were so numerous that it is surprising that even a chiropractic school would tolerate them for so modest a tuition fee Smaller numbers filled most of the remaining squares in this chart of absences short, about half of the school of sixty-seven miss half or more of the class sessions during from one to several months of the year Only eight of the sixty-seven failed to indulge in such

The American College of Chiropractors (Waldorf-Astoria, New York) has recently listed this school as "class A" and awarded it a "diploma of honor" more than two feet square. Indeed it has honored three of the four New York schools, and has done so without inspections and without a check-up of representations made by the schools

5 American School of Naturopathy This school, known also as the American School of Chiropractic, offers a night course in an old apartment house at 236 East 35th Street It is "the parent school of naturopathy," run by Benedict Lust There were twenty students in November, and there were fifteen graduates last year Catalogues are said to be too expensive, but an undated leaflet was published sometime ago offering a thirty-six month course (evenings) in "chiropractic, diet, hydrotherapy, osteopathy, physio-

therapy, electrotherapy, mechanotherapy, heliotherapy, etc"

There are five on the faculty The school has a chemistry laboratory large enough for two or three students but not equipped for so many There are no other laboratories unless it be one for dissection which is seldom ever used. There is no hospital. Instruction is didactic and to a very meagre extent clinical. Students without high school training finish this night course and go out to practice in the almost unlimited field of drugless therapy.

General Discussion In these five schools there is no educational standard and no adequate instruction There is no worthy equipment and no money with which to buy-no intention to buy and no faculty qualified to use it One school "Fully equipped, clinical, chemical, X-ray, pathological and research laboratories" There is not a chiropractic or naturopathic school in New York, nor anywhere else, of which even half of such a statement is true. The equipment of these schools consists of a few adjusting tables. some students' chairs, and a desk or two, with occasionally a small and almost entirely un-There are no equipped' chemical laboratory laboratories for physics, physiology, physiological chemistry, anatomy, histology, bacteriology, or pathology

The schools usually live but a short time and move often, taking advantage of cheap rent. They claim as much and give as little as possible Their faculties are uneducated, their clinics are small and made up of patients suffering from sublications rather than diseases, and their therapeutic procedures are based on a ridiculous theory bolstered by a money-lust and the zeal that usually accompanies ignorance. To state that such schools are unworthy is to state a truth too obvi-

DUTCHESS-PUTNAM MEDICAL SOCIETY

ous to be interesting

A happy event in the history of the Dutchess-Putnam Medical Society was the dinner given by the society to Dr John Henry Cotter of Poughkeepsie, in commemoration of his half century of the practice of medicine Dr Cotter graduated from the Albany Medical College in 1878 and has been prominent in medical circles of Poughkeepsie nearly all his life

The program stated that the object of the dinner was to felicitate Dr Cotter, and the after-dinner speaking consisted of expressing the sociability and good fellowship of the man, rather than the more serious aspects of his impersonal medical practice. After all the highest gratification which a half century of medical practice can bring to a doctor is the pursonal goodwill and esteem of his fellow practitioners. The speakers carried out the spirit as well as the letter of the following program.

Toasimaster
H ST JOHN WILLIAMS, MD,
President of the Dutchess-Putnam Medical Society
'Kindly refrain from any personal remarks"

Paper—"The Surgeon's Idea of a Family Doctor,"

JAMES E SADLIER, M.D.
"Limited to Five Minutes"

Address—"Side Lights on the Family Physician," EDGAR A VANDER VEER, MD, Albany "Talk as long as you wish."

Oration-"The Family Doctor from the Standpoint of the Patient,"

MR PHILIP A. MYLOD "Remember there are others to be heard

Sermon—'Birth Control from the Standpoint of an Evesight Specialist'

WILLIAM A KRIEGER MD
"All you know can be told in a few moments"

Discussion opened by John A Card MD

'And that settles it'

Texas

San Antonio

Texas Chiropractic College, 602-606 W Myrtle

Washington

Scattle

Seattle College of Chiropractic, 401-4 Lowman Bldg. 1st Avenue and Cherry Street

SCHOOLS OF NATUROPATHY

Of the ten schools listed three are branches Note only and two others were not active at the time of the inspection

California

San Francisco

International School of Professional Arts and Sciences, 860 Geary Street

Florida

Mıamı

Blumer College of Naturopathy, First Avenue and Third Street

Mame

Portland

American School of Naturopathy, 28-31 Hammond Bldg, 12 Monument Square.

Minnesota

Municapolis.

Great Northern University, Room 203, 2624 E Lake

New Jersey

Newark

First National University of Naturopathy, 143 Roseville Avenue

New York

New York

American School of Naturopathy, 236 E 35th Street

Pennsylvama

Aetna

Naturopathic College, 27 Freeport Street

Philadelphia

Franklin Research University (School of Naturo-

pathy) 718 Spruce Street Naturopathic College and Hospital, 1333 N Broad Street.

Wilkes-Barre

Naturopathic College, 252 N Main Street

The A M A letter included detailed reports on the five schools located in New York State, as follows

There are four schools of chiropractic and one school of naturopathy (in which chiropractic is included) in the State of New York All of these are located in New York City

This school 1 Carver Chiropractic Institute is in the Masonic Building at 71 W Twenty-third Street, and it had fifteen students in November There were five graduates last year, but lack of funds forbade the holding of graduation exer-For the same reason there is no recent catalogue, and it is highly probable that the school will soon close

The faculty consists of five members, and they

ofter a twenty-four-month course, stressing "the Carver System" High school graduation is not required of matriculants No laboratory work is offered. No hospital experience is arranged The students listen to lectures, "adjust" a few clinic patients, receive a doctor's degree and go out to establish a practice.

2 Columbia Institute of Chiropractic school occupies an old apartment house at 111 West 83d Street It represents all that survives of the Advanced School of Chiropractic and the International College of Chiropractic—a total of "fifteen or eighteen" students in November Last

year there were twenty-three graduates

There are seven on the faculty and they teach "only straight chiropractic" The dean is "Major Dent Atkinson, AB, PhB, DD, LLB, DC, Ph C" The professor of chemistry claims a B S degree Other faculty members claim only chiro No new catalogue practic educational honors was published this year, but the curriculum has been recently revised to cover twenty-eight months and 3528 class-hours (forty-five minute periods) "to meet the requirements of all chiropractic state boards"

A high school education is not required of matriculants There is probably a small chemis try laboratory, but no others There are no hos-Students are lectured to and pital facilities given a few patients to adjust, after which they receive a doctor's degree and are ready for a

practice

3 New York Eastern Institute of Chiropractic This school is (as its name indicates), a recent combination of the Eastern Chiropractic Institute and the New York School of Chiropractic, and it occupies an old apartment house at 124 West 74th Street The enrollment was said in November to be about 100 students, and the two schools claimed about 60 graduates last year

The combined faculty is said to have 14 members, but there is no catalogue, and no faculty list nor description of courses offered is available. High School study is not required of matricu-There is only one laboratory, this is for chemistry, but is equipped for only the very simplest tests, and is too small and too dark to be used more than for an occasional test on some clinic patient's specimens A physiotherapy department is said to exist but to be entirely separate from the school of chiropractic Students are lectured to, no hospital facilities are taught how to "adjust" patients, are given a doctor's degree and sent out to establish practices

4 Standard School of Chiropractic school is in an old stone house at 44 Fifth Ave-The light is poor and the atmosphere de-There were thirty-five students in Nopressing vember, and there were twenty-three graduates There is a faculty of six, but there is last year no recent list of faculty members or of courses A student without a high school education may enter any time, "do time" for twenty-



THE DAILY PRESS



VIVISECTION AND DOGS

Dog fanciers would not seem to be among those who treat dogs with such cruelty that legislation on the subject has been found necessary even in England Anti-vivisectionists would do well to read the following editorial from the New York Herald-Tribune of February 27

"It is difficult to understand how any friend of dogs can oppose the bill now in the Legislature which forbids the exhibition of dogs whose ears have been cropped Yet the bill was fought savagely while it was on its way through the Assembly and every possible obstacle is being placed in its way in the Senate, where it is now on third reading. Efforts are being made to persuade the Governor, himself an owner and admirer of dogs, to veto it, should it pass. The operation by which the ears of show animals are "shaped' must be done early in puppyhood and is brutally cruel The results are satisfactory only to people who believe that in some way this mutilation renders their pets smarter looking, or to dealers who find that there is more market for cropeared dogs than for those that are left as nature intended them to be

"In England ear cropping has been forbidden by law for more than fifty years, yet dog shows are as common and as popular as they are on this side of the water Repeated efforts on the part of the real friends of dogs have been put forth to persuade kennel clubs to dispense with the practice, but they have failed It was for this reason that the Legislature was appealed to The bill deserves and will receive the support of all real friends of ani-In its present form, it applies only to exhibition dogs. But its supporters are very much in earnest and have received so much support in the Legislature thus far that they believe if the bill fails of final passage, or is vetoed, it will be possible next year to have a more drastic bill passed, which will forbid,

on the grounds of needless cruelty, the mutilation of puppies, whether they are intended for exhibition or not

The Sun Dial column of the New York Sun of February 20 has this description of a human

show conducted by dogs

"St Bernard Line 'em up! Get that stringy-looking man moving! Make it snappy! I've got over one hundred of you human beings to judge before 5 o'clock. You boys look at their legs and bodies and I'll take care of their heads. They're a scrubby looking bunch of people. I don't see a real ribbon winner in the crowd.

"Great Dane (taking a squat, short-legged man, about 40, by the neck and setting him on a table) A fine looking mutt Teeth very bad! I don't think he's got any right in this class

"St Bernard (pulling at the man's ears and sticking a paw in his eyes) Got one of the worst heads I ever saw! Ears should be cut! They're too big No class to 'em

"Peke And his eyes are all watery Distemper, maybe He looks to me like he was nearly blind

"Boston Bull (pulling back the lids of the man's eves and peering intently) He can see I guess but you'd never think it

"Great Dane Look at the way he holds his head! No pep, no class

"St Bernard Give his neck a yank

'Great Dane (taking hold of man under the chin and giving a sharp tug) No matter what I do to this one he looks awful. Throw him out!

"Great Dane A fine kind of human being he is to be entered in a big show like this!

"Boston Bull Throw him back into the kennel He's a disgrace to the human race

"Great Dane (disgustedly) What's the matter with this year's human beings anyhow? I ain't seen a good one today!"

A SIMPLIFIED CALENDAR

There is probably no subject which does not have some direct interest to physicians. The calendar would seem to be of no concern to the busy doctor whose patients have no regard for his time and seasons, yet Mr. George Eastman of Rochester has sent out a news release on the simplified calendar as related to vital

statistics—a subject in which all physicians are interested. The article says

"From a collection of 185 calendar suggestions, from 38 nations, investigated by the League of Nations' Committee of Inquiry, there emerged two proposals. One would modify the present calendar but still keep the



MEDICAL WARES



TABLET TRITURATES

When the preceptorial system of medical teaching was in vogue, an important duty of the apprentice was to make the pills which his master prescribed. Every physician had his own "doctor shop," or, drug store, over which his assistant presided. Pills were made by crude methods by rules of thumb, and a stock rainy day joke was to have the green assistant make a supply of pills of reduced iron. But at the end, when the assistant came to look at his pills laid neatly in a row to dry, he found little heaps of powder instead of firm pills.

The modern drug manufacturers avoid pills on account of their uncertain hardness, solubility, and keeping qualities. Tablet triturates have taken the place of the ancient pills. The manufacture of a tablet triturate is now a scientific process in which the formulas and the methods are accurately adjusted and controlled in order to secure a product which is not only uniform at the time of making, but remains uniform under conditions of time, climate, and transportation

The first process in the manufacture of tablet triturates is that of weighing and mixing the materials. There is nothing peculiar about these processes except that they are done by expert chemists of proved reliability and accuracy.

The next process is that of granulating the mass. If a fine powder is compressed, its particles will not cohere. A tablet made of ordinary milk sugar, for example, would fall apart, no matter how firmly it was compressed, but one made of granulated milk sugar will be stable, because its coarser particles will interlock under the pressure.

The mixture of which triturates are to be made is moistened with a solution containing mucilaginous constituents, or glyceride of starch, or other suitable binder, and the combination is thoroughly mingled in a machine, forced through a sieve, spread on racks to dry, and if necessary is ground to a coarse powder whose particles will interlock when they are firmly compressed

The last step in making a tablet triturate is the compression of the material into tablets of a uniform size, shape, and consistency. The essential part of a tablet making machine is a flat steel plate one or two feet in diameter, containing a circle of holes each the size of a tablet. A similar plate above bears plungers which are operated downward by a cam wheel, while another plate below carries plungers which move upward.

The powder is fed upon the plate that contains the holes, and as that plate revolves synchronously

with the two bearing the plungers, the material in the holes is compressed with great force. The upper plungers rise first and the lower plungers continue their upward course and so eject the finished tablet. The process is automatic and continuous, and tablets emerge from the machine at the rate of five or ten per second. The proper adjustment of the plungers of the compressors is one of the finer points on which the perfection of the tablet depends. A pressure too great makes the tablet too hard, while a pressure too small makes a soft tablet which will not stand transportation.

The process of making a tablet may end with its compression, but the manufacturer may coat the tablet with sugar or other material by placing a batch in a revolving drum, pouring over it a small amount of the liquid coating. The revolution of the drum spreads the coating evenly while a blast of hot air quickly dries the tablets.

A standard test of a tablet is the rapidity of its disintegration in water. The physician expects a tablet to resist disintegration during a length of time sufficient for the patient to hold it in the mouth until he can take a swallow of water—and this may be a matter of some fifteen seconds with a slow patient. Yet the tablet must quickly go into solution in the stomach.

The physician may test a tablet, aspirin for example, by placing it in a glass of water. It will swell up and fall to pieces in a powder, yet it will not go into solution because aspirin is insoluble in water. The tablet disintegrates because a small amount of starch is incorporated with its material. The starch absorbs water and swells, thereby forcing the mass apart. The standard time of disintegration is from fifteen to sixty seconds.

Starch cannot be used in hypodermic tablets, because it is insoluble. Hypodermic tablets are made with sugar of milk only, and their stability depends on the pressure to which they are subjected during manufacture. Hence machine made tablets are more reliable than hand made tablets

as a general rule

A physician is likely to be disappointed in expecting a tablet to fulfil every possible condition to which he may subject it. He requires a firm tablet for his traveling bag in order that it may withstand the agitation of transportation, and at the same time he expects it to disintegrate quickly when swallowed. If a doctor specifies his needs, he can obtain a reliable tablet which is suited to his peculiar requirements.



BOOK REVIEWS



EVERYWOMAN A NURSE. Health and Nursing Notes for the Use of Nursing Societies, Technical School Classes, Red Cross and Ambulance Associations, etc., and in the Home. By Edith Newsome, S.R.N., 12mo of 204 pages, illustrated London and New York, Oxford University Press, 1927 Cloth, \$1.25

This should prove a useful small book for those untrained persons who wish to acquire some knowledge of matters connected with nursing. It is a revision of the author's book "Home Nursing" with additional chap-There are many people who are forced to nurse members of their families as best they can and these can acquire considerable information from this book.

Practically the whole field of nursing is touched upon and there are notes upon diets, hygiene, simple remedies and first aid W E McC.

GONOCOCCAL INFECTION IN THE MALE. By ABR. L. WOL-BARST, M.D. Octavo of 237 pages, with 89 illustrations St. Louis, The C. V. Mosby Company, 1927 Cloth, \$5 50

This book of two hundred and thirty-seven pages is devoted to the diagnosis and treatment of Gonorrhea and its complications. In the diagnosis of chronic Gonor-rhea the doctor has described the various urine glass tests, including the Wolbarst five glass test, which he uses to determine the source of pus and shreds in the urine. With the exception of the two and three glass tests, the other glass tests are but rarely used among urologists

Dr Wolbarst has used within recent years neoreargon, made in Czechoslovakia, a new silver salt which apparently possesses a marked superiority over its predecessors in penetrating power, germicidal action and harmlessness to living tissue. The reviewer has had no experience with this page calls and perience with this new silver salt

The chapter on the application of diathermy in Gonococcal infection is abstracted in part from "Diathermy" by Corbus and O'Connor This method of treatment is mainly being used in the complications of Gonorrhea and has not acquired widespread favor in the treatment of non-complicated cases because of the technical difficulties involved.

There is a chapter by J. E. R. McDonogh, F.R.C.S, the distinguished English surgeon, in which he gives his unique views on Gonorrhea.

This book will be found of decided advantage to the general practitioner as an aid in the diagnosis and treatment of Gonorrhea in the male.

PHILIP GOLDFADER

THE EAR, NOSE AND THROAT IN GENERAL PRACTICE.
An Informal Guide to the Main Principles By D A.
CROW, M B, Ch B Octavo of 150 pages, illustrated.
London and New York, Oxford University Press,
1927 Cloth \$325 (Oxford Medical Publications)

It can truly be said that this small volume is one of the best guides which is replete with the main principles of this specialty as met by the general practitioner The author spent over ten years in general practice, and the content of this book reflects his experience and mature judgment

A great deal of emphasis is placed on the acute ear A great dear Much stress is laid on the operation of and its sequence as a procedure to be carried out by the paracentesis as a processing to be carried out by the general practitioner who first sees the patient, thus helping to reduce the incidence of deafness.

The exclusion of difficult technical procedures found in the main text of similar treatises is to be commended Their performance should be left to the trained men.

There are many pencil drawings and photographs used to illustrate the text.

The author presents his subject in a style which is simple and impressive, and the salient points are brought home in a unique manner such as is seldom found in medical text.

It would not be possible to recommend a better book for the physician engaged in general practice.

BENJAMIN H ABRAHAMS

THE DIAGNOSIS OF PANCREATIC DISEASE. By ROBERT COOPE, M D 12mo of 112 pages London and New York, Oxford University Press, 1927 Cloth, \$1.50 (Oxford Medical Publications)

Pancreatic disease and function, and tests for pancreatic function are considered in this polished essay. The literature is thoroughly surveyed and the point is made that where so many tests, chemical and otherwise, have been advanced for pancreatic-function, so few are rehable. Among dependable tests are emphasized creatorrhoea (presence of striated muscle fibre in the faeces) and the test for lipase in the duodenal contents - The latter is an ingenious test by Carnot and Mauban involving the reduction of a neutral fat on an agar medium and then tested with CUSO

It is a compact review written with much style. HENRY F KRAMER

REBUILDING THE CHILD A Study in Malnutrition By Frank Howard Richardson, A.B., M.D., 12mo of 319 pages, illustrated New York, G. P. Putnam's Sons, 1927 Cloth, \$2.00

Written in great earnestness, showing in every line the stroke of experience.

Every chapter is replete with practical and helpful suggestions to both parent as well as Doctor

The subject of Malnutrition as well as the Nutrition class is presented in a very desirable and instructive manner. The paper on "What the child should demand of his Doctor"-in the appendix-is most highly recommended to all interested in child welfare,

HARRY APFEL

EDITORIAL SILENCE. The Third Era in Journalism By ROBERT T MORRIS 12mo of 256 pages Boston, Mass, The Stratford Company, 1927 Cloth, \$2 50

Here is a curiously written and not too well proofread book devoted to telling why new spaper editors do not see the news in the thrilling happenings of every-day life. The case illustrations are drawn from the "yellow" telling of murder, banditry and other crimes in great detail and contrasted to the silence with regard to horticulture, scientific advances and the romance of daily life as it occurs all about us

Editors are all wrong in their knowledge of what the public wants and the author is sure he is all right. The point he tries to make is a correct one in the reviewer's position but the 122 pages of prologue and 53 pages of postlogue were hard reading. They gave us nothing new nor, do we believe, convincing to editor or layman—if anyone but a reviewer could read or would read it through.

shifting dates The other establishes 13 months of 28 days each, this is known as the International Fixed Calendar, every month of which is shown thus

EVERY MONTH FOUR WEEKS

Sun	Mon	Tues	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

"The thirteen months of 28 days plan, originated by Moses B Cotsworth, a British scientist, and supported by George Eastman as its leading advocate, provides for a new month, "Sol" to be inserted between June and July, for an extra Sabbath—the 365th day of the year—to be observed as December 29, Leap Day once in four years to be observed as June 29

"The League of Nations, after three years' research, has requested all nations, including our own through the Secretary of State, to form national committees to consider calendar revision. The Department of State has just canvassed our Government departments on

the question with the result that practically all are favorable. The Chamber of Commerce of the United States, on the recommendations of its Board of Directors and National Councilors, has just formed a special committee of eleven men to investigate the subject and report. An International Conference, similar to the one held in this country which established Standard Time, will eventually be called by international agreement to consider the equalization of the months to be universally adopted

"In some places health statistics are recorded in monthly totals and for ten-day periods, the effect is that Saturday's records are for one-half day, and Monday's for a day and one-half With the days of the week shifting and the number of Sundays shifting, the totals are misleading, varying up to 15 per cent from the truth Even though diseases, births, and deaths decreased, this might not be shown in the comparisons published

"Dependable health records are essential alike for current and permanent use From the scientific point of view the adoption of the simplified calendar of thirteen months of 28 days would help to relieve the twilight in which scientific authority now finds itself in the pursuance of its researches

COSMIC RAYS

The daily newspapers have recently carried news items regarding the Millikan rays, so called from their discoverer and investigator These are rays with extremely short vibrations—shorter even than the X-rays They seem to pervade all space even the depths of the sea, and they penetrate matter even more readily than do the X-rays Their presence has been shown by the discharge of electroscopes, and now Professor Millikan has demonstrated their spectroscopic qualities

The rays have a direct relation to the Einstein theory, which deals with the effects of gravitation on masses infinitely large and infinitely small. The theory is called that of relativity, which simply means the relation of the thing measured to the unit of measurement. There is no actual unit for measuring either the infinitely large or the infinitely small, but the branch of higher mathematics called calculus deals with both of these conditions. Calculus is so abstruse that few college students attain to an understanding of its simplest elements, yet the higher calculus into whose infinities Einstein delves is as far above the brain of the college student as the mathe-

matical ability of the student is above that of the first grade child Probably only two or three persons in the world can follow Emstein's mathematical reasoning, and yet he has calculated the energy which would be liberated if hydrogen were transmuted into helium

It is at this point that the Millikan rays are of popular interest. When the transmutation of hydrogen into helium occurs, 08 per cent of the hydrogen mass disappears in the form of the Millikan cosmic rays. The theory is that the transmutation is constantly occurring in the stars which are thus the source of the Millikan rays. Moreover, the observed measurements of the rays agrees closely with the measurements predicted by Einstein by mathematical reasoning.

An editorial on the cosmic rays in the New York Times of March 20, ends as follows

"Thus are the daring conclusions of the mathematical astrophysicist experimentally justified. And that seemingly mad world of Einstein, in which space is curved, light comes by the pound, and matter and energy are convertible into each other, becomes very real."

The Spirella Maternity



A HYGIENIC garment designed along anatomical lines on the principle of the sling support

With the weight borne by the broad, strong muscles of the back and the bony structure, rather than centered at any one point

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THE SPIRELLA COMPANY Inc. OBSTETRICAL DEPARTMENT

Niagara Falls, N Y

Niagara Falls, Canada

Letchworth, England

Malmo, Sweden



OUR NEIGHBORS



DIAGNOSIS OF LUNG TUBERCULOSIS

The campaign of the National Tuberculosis Association for the early diagnosis of tuberculosis has elicited responsive articles in the State Medical Journals The IVisconsin Medical Journal of March contains the following practical article by Dr Oscar Lotz, of Milwaukee—Editor's note

A—HISTORY B—PHYSICAL EXAMINATION C—LABORATORY AIDS

A —HISTORY

A carefully taken, searching history gives one an understanding of the general outline of the case and means diagnosis and prognosis partly made. It must be full and complete, for the beginnings of tuberculosis are involved in all that the patient has ever been or done.

A Family History—Thirty years ago the family history was important because of our belief in heredity, today it is important because of our knowledge concerning contact Associates, housing, home conditions, work, recreation, sleep, wages, and temperament, may act as predisposing causes to the development of tuberculosis

B Previous Medical History—Acute respiratory diseases, grippe, influenza, pleurisy, nervous breakdown, typhoid-pneumonia, are often but the beginning of tuberculosis. In the majority of diseases the time of infection and the onset of symptoms are separated by a brief and fairly constant period, in tuberculosis this interval may be four days, four months, four years or forty years

C Present Illness — No pathognomonic symptoms, practically all symptoms and physical signs of tuberculosis may be present and yet leave us unable to make a positive diagnosis. There are, however, a number of symptoms, any one of which, if present, demands an especially careful examination of the

1 Hemorrhage — May be the end of the beginning or the beginning of the end Blood in the expectoration may be due to spongy gums, bad teeth, heart disease, pneumonia, influenza, syphilis, carcinoma, bronchiectasis or abscess, but the outstanding cause of a freak hemorrhage of a teaspoonful or more of blood, especially in the young, should mean a diagnosis of active pulmonary tuberculosis, until proven otherwise

2 Pleurisy —Yesterday pleurisy with effu-

sion meant suspicious tuberculosis, today it means presumptive tuberculosis, tomorrow recurrent dry pleurisy will perhaps be considered as tuberculous in etiology

3 Cough—Probably the most frequent symptom of pulmonary tuberculosis, yet the least characteristic. The cough in early tuberculosis is not a big cough. The fellow who is coughing his head off probably does not have tuberculosis, but the patient who clears his throat habitually and denies that he has a cough, is more likely a candidate for sanatorium treatment. Every cough that "hangs on" should be given the benefit of a good chest examination. A person may have tuberculosis without cough.

4 Fatigue—Playing out more easily than is usual for the individual, without a satisfac-

tory cause, is suggestive

5 Fistula in Ano—Very frequently forgotten by the patient when giving history Wherever there is a question of tuberculosis, ask about that boil near the rectum

6 Contact—Exposure to infection—one of the most important factors in the history Prolonged and intimate contact, especially during childhood, demands careful study And don't forget grandmother and grandfather, who may have had chronic bronchitis for years

B—Physical Examination Essential Factors

A Always—1 Strip patient to waist 2 Have patient face light 3 Compare corresponding areas of chest

B On inspection look for— 1 Retraction (usually means old lesion) 2 Diminished expansion—indicates extensive lesion or adhesions 3 Lagging—suggestive of active process

C To obtain best results from percussion—
1 Use firm pressure with finger between and parallel with ribs 2 Use light, short stroke 3 Percuss from below upward, especially posteriorly

D Auscultation—1 Is the most important procedure in the detection of abnormal physical signs 2 Characteristic localized rales are second in importance only to tubercle bacilli in the sputum 3 These rales are best elicited by having the patient breathe out completely, cough, and breathe in

(Continued on page 412-adv xvi)

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Co-operation with members of the medical profession desired

CHESTER FORD DURYEA, M.D. DIRECTOR

(Continued from page 410)

E These fine moist rales—1 Occur in showers at the beginning of inspiration 2.

Are localized to one or two areas 3 Are persistent and constant.

F And are most frequently heard in the—1
Supraspinous fossa 2 Supraclavicular
fossa 3 First interspace near sternum

G Remember that—1 Marginal rales heard at the bases in the avillary regions are coarser and can be dissipated by deep breathing 2 Lesions of the apices are usually tuberculous and lesions of the base alone are usually not tuberculous 3 If m doubt, have patient come back for repeated re-examinations. The better the diagnostician the less is he embarrassed by such necessity

C-LABORATORY AIDS

1 Sputum — Failure to find and correctly in terpret abnormal physical signs can be condoned, but failure to ask for and examine the sputum in any patient with chronic cough is inexcusable — Brown

One negative report means very little. In a recent report the fourteenth examination was the first to show tubercle bacilli

One fish caught proves fish in pond, one hundred failures does not prove no fish

2 Tuberculus Test—A positive tuberculus test means tuberculous infection, not tuberculous disease. A carefully done negative test means, with certain exceptions, no tuberculosis

Of especial value in children when the question of broncho-tracheal gland tuberculosis

3 Temperature and Pulse Record—Slight but persistent rise in temperature and increase in pulse rate indicates a toxemia. Early tuberculosis is not the only chronic toxemia, but it is one of the most common. Have your patient take his temperature at four-hour intervals for a week or two

4 X-ray—Should be stereoscopic and read by one with experience The X-ray film does not make a diagnosis of pulmonary tuberculosis but does act as a very valuable aid to history and physical txamination

No films are pathognomonic but some are reasonably characteristic and some suggestive of tuberculosis. The X-ray film does not show activity. Soft, woolly, snowflake-like densities indicate recent inflammatory processes, hard, clear-cut shadows represent older lesions.

THE FIRST OVARIOTOMY PATIENT

The Kentucky Medical Journal for March 1928, contains a Woman's Auxiliary department, in which Mrs A R. McCormack prints

(Continued on page 413-adv xvn)

(Continued from page 412)

the following data regarding the grave of the first ovariotomy patient based on information contained in the *Journal of the A M A*, January 4, 1913

The grave of Jane Crawford is located in the Johnson Cemetery, ten miles northwest of Sullivan, Indiana It is marked by a small marble slab bearing the following inscription

> Jane Crawford Died Mar 30, 1842 Aged 78 years

Blessed are the dead who die in the Lord

Jane Crawford was the heroic woman of Green County, Kentucky, who rode horse back sixty miles to Danville, Kentucky, and there submitted to the first operation known as "Ovariotomy," performed by the unknown backwoods physician and surgeon, Ephraim McDowell, who later became world famous for this and other notable surgery

Mrs Crawford recovered from the operation and rode back to her home in Green County where she continued to live for some years Later, with her family she moved to Indiana Following the death of her husband, Thomas Crawford, she went to live with her son, the Rev James Crawford, a Presbyterian minister, who lived on a farm just across the road from the cemetery where his mother, the remarkable Jane Crawford of pioneer surgery, now sleeps

Perhaps some of the Auxiliary members may find an opportunity to visit this sacred spot during the coming summer while motoring in

Indiana

CARBON MONOXIDE IN GARAGES

The statistics of ambulance services in New York City show that a surprising number are for the resuscitation of persons who start their cars with the doors of the garage closed Commenting on the frequency of these accidents the Journal of the American Medical Association for February 11 says

One might suppose that the menace of carbon monoride had been brought sufficiently to the attention of the public to avert frequent disaster. Apparently this is not yet the case Carbon monoride originates from the incomplete combustion of carbonaceous material. It is a component of illuminating gas which formerly occasioned nearly all the cases of poisoning with the compound. Today the automobile supplies the greatest danger. According to Henderson and Haggard the exhaust gas from internal combustion engines contains carbon monoride in percentages range. (Continued on page 414—adv xmi)

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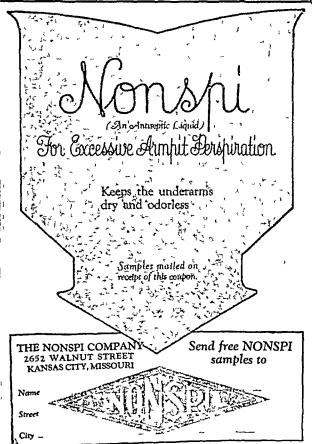
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(Continued from page 413-adv xvii)

ing from a fraction of 1 per cent to 7 per cent or even higher The variation depends on the proportion of air and gasoline in the mixture burned, the carbon monoxide increases with increase in the proportion of gasoline, that is, with a rich mixture A rough estimate of the volume of carbon monoxide that an automobile may produce is 1 cubic foot (28 liters) a minute for each 20 horse power This is sufficient to render the atmosphere of a single car garage deadly within five minutes, if the engine is run while the garage doors are closed A man breathing such an atmosphere often falls helpless before he realizes that he is affected, hence many fatalities In streets where traffic is congested, the content of carbon monoxide rises to about 100 parts per million of air, enough to cause slight headache after long exposure

According to a careful investigation, 400 parts of carbon monoxide per million of air is a maximum that may be endured by persons for one hour without noticeable effects, and 100 parts per million may be taken as a maximum for continuous exposure for about seven hours a day without noticeable effects. The facts on record indicate that the ventilation of garages will still bear careful watching if the atmosphere developed in them, particularly in severe weather, is to be retained above reproach from the point of view of hygiene

POLITICS IN PUBLIC HEALTH

The Wyoming section of Colorado Medicine, the organ of the medical societies of Colorado and Wyoming, in the February Journal says editorially

"Secretary Hassed of the State Board of Health has called a meeting in Cheyenne of all of the county health officers of the state It is understood that the health officers are planning to form a state association move in the right direction, if it does not become a political machine, but it is starting out with a bad handicap in as much as every one of the officers belong to one political partya condition which has never existed before, and if there is any part of the state administration which should be kept out of politics, the Health Department is that one that should The idea of rewarding political acbe free tivity by appointment as a health officer is nauseating in the extreme, and it is doubtful if the plain citizens of Wyoming will stomach

MEDICAL LEGISLATION IN VIRGINIA

The Virginia Medical Monthly for March contains the following editorial summary of the medical bills that were before the State Legislature—Editor's note

At the present session of the Virginia Legislature, the public policy and public health committee of the Medical Society of Virginia, acting jointly with the legislative committee of the State Medical Examining Board, undertook four major objectives and at the present time has apparently accomplished all that could be desired under the circumstances

The unlicensed chiropractors introduced a bill which had for its purpose the creation of a chiropractor board and other conditions pertaining thereto. The committee on general laws of the House of Delegates, on January 27th, by a vote of 12 to 1 refused to report the bill out of the committee, which means its defeat

A bill introduced in the Senate by our committee to repeal the DeCollard poropath bill, enacted during the session of 1918, was favorably considered by the Senate committee, passed by the Senate and has been read for the second time before the House, and passed on for the third reading by a vote of 82 to 6 This infamous poropath act will now be removed from the statutes of Virginia

Another bill introduced by our committee, to prohibit the operating of a "diploma mill," or the practicing of any one who is a graduate from a "diploma mill," is now being held up by the committee's request

Acting upon the authority of the society at the Petersburg meeting, our committee also introduced a bill to re-enact the present medical laws The entire bill was rearranged, though not changed in substance, and is now on the calendar of the House for the second reading, after having been recommended by the committee on general laws with a vote of 12 to 1 This bill puts all persons who practice the "art of healing" on the same basis, before the medical examining board, and is satisfactory to the homeopaths, osteopaths, chiropodists and optometrists, as well as the Christian Science healers The chiropractors, who were legalized by the acts of 1916, are not disturbed in any way, except in the sense of being required to conform to the state health laws and to the standard ethics on advertising Of course no recognition is made of the chiropractors who began practicing after January There are about 72 of these, and 17 legalized chiropractors Both of these groups have combined, have employed an attorney and are exercising every effort to defeat our bill

(Continued on page 416-adv xx)



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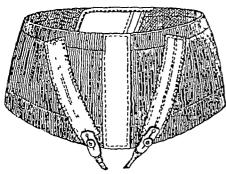
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(Continued from page 415-adv six)

The Society's committee has had a very strenuous existence ever since the General Assembly convened in combating the situations developed by the chiropractors Strange as it may seem, some of our representatives are most energetic in their behalf There has been a general lack of interest on the part of the rank and file of the profession throughout the state, which has thrown the entire responsibility on the shoulders of the committee, and even when called upon by telegram, a number of prominent physicians have not seemed to know what the committee was endeavoring to do

It is almost impossible for the committee, who are strangers to a large number of the representatives, to satisfy any particular member of the General Assembly, when the latter's own physician has not taken the trouble to inform him as to the menace of drugless healers, who have persistently lobbied against all the rules, against the State Board of Health, toxin-antitoxin, vaccination, the conception of germ diseases and everything else that is in opposition to their monetary gain

In the next issue we hope to report that the re-enactment bill will have passed so that in the future when there are any violations of the law the statute as now written will be clear and prosecution can be secured

HALF TRUTHS

The March 8th issue of the New England Journal of Medicine has an editorial on Social Ethics versus Medical Ethics, from which the following abstract is taken. Editor's note.

The Professor of Social Ethics at Harvard has recently been quoted in the press as having stated before a lay audience that only nine out of some 215 known diseases exist for which the medical profession has remedies that are absolutely necessary for the life of the person If one resorts to quibbling over terms, an argument in favor of the exact truth of this statement may be made, and the professor specializes in exact truths. The knife is not absolutely necessary for the life of the patient with acute appendicitis or empyema, the malarial patient may survive without quinine or the victim of diphtheria without antitoxin

The implication to be derived from a casual reading of this report is that the need of a physician is real in only nine diseases, that the remaining 206 will cure themselves as a result of the benefit only of good nursing Feeling that the professor of Social Ethics must have been misquoted by the newspaper, the Journal asked him to correct some of the apparent inaccuracies in the report, but the

(Continued on page 417-adv \$31)

(Continued from page 416-adv xx)

reply seems to indicate that he was not mis-

quoted

The exact truth, even if we admit that these statements were the exact truth, may frequently create distinctly false impressions if it is not properly interpreted and explained for the benefit of those who have not a detailed knowledge of the subject. The professor's undensed statements certainly create the impression that he believes the medical profession to be of little value except in the specific instances of nine diseases He does not qualify his statement by explaining that medical attention in many more diseases may make the difference between health and invalidism, between comfort and pain, between happiness and misery He does not explain that medical attention and guidance may frequently be the means of averting disease and promoting the fullest enjoyment of health, he neglects to state that through the offices of the medical profession the public health is what it is, instead of what it might be, he neglects to state that there are twice nine diseases for which specific remedies exist which may cure, even if death is not always the alternative to cure, he makes no mention of the many conditions in which surgery is actually a life-saving pro-

In his remarks the professor shows that he fails to appreciate or wilfully neglects to analyze for the benefit of the public the true scope of medicine in these modern days knowledge of medicine is gained with travail and employed with difficulty It is designed for the good of the public and can reach the peak of its usefulness only through education of the public to understand and appreciate its manifold blessings The professor beyond others is in a position to aid in that education, for the public holds him as a prophet in the land, but his opportunity has been neglected, instead of teaching his following to avail itself of the opportunities opened to them, he has made statements which tend to create a feeling of distrust, of disillusionment towards the profession of which he is a member and which has in the past so often flocked to his standard

WORKMEN'S EXAMINATIONS

A physician wishing to give convincing reasons why applicants for employment should undergo a physical examination will be interested in the following article by Dr. E C Jackson printed in the March issue of the Journal of the Medical Society of New Jersey—Editor's note.

Preemployment examinations are finding (Continued on page 418—adv xxii)

Second Edition, Revised and Enlarged

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Rectal Surgeon, St Catherine's Hospital Associated Surgeon, Broad Street Hospital, New York.

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Ulcers of the cornea, sympathetic ophthalmia, glaucoma, chronic discharging ears, early or moderate cases of otosclorosis, acute middle ear inflammations; acute or chronic sinusitis, hypertension, simple or nephritic, ulcerative endocarditis, ulcers of the stomach, pyelonephroenteroptosis; deposition of calculi in the various organs, etc. Courses of instruction offered the gen eral practitioner and the various specialists, in the proper technique to be followed in administering The Common Foundation Antisepticizing Treatment thus enabling him to continue the treatment of the case after Common Foundationing has been completed

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(Continued from page 417-adv ssi)

their way into industry more and more every year, which would lead us to conclude that they have a definite place in factory manage ment, bear a definite relationship to personnel welfare, and are significant in the results obtained Industry spends large sums of money yearly for the inspection and maintenance of expensive complicated machinery, because it is considered good business and sound policy not to wait until the machine wears out, but rather to periodically inspect the machine and its operation. It is just as good business to check up and maintain human machines, for they pay a far larger return on investment in upkeep than the most complicated piece of ordinary handmade machinery The mechan cal machine broken down or worn out can be repaired and parts can be replaced, but this is not the case with the human machine Physical health is man's greatest asset, and if this be true individually, it must be more so col-Thus the physical (and mental) lectively health of the employe is reflected in the strength and well-being of the entire working Capitalizing the individual's physical health in industry, therefore, becomes a matter of great economic and social consequence

Examinations tend to minimize discontent, the well man is happiest. They minimize un They save in wages and rest and turnover sickness, thereby cutting down the increase in production cost Waste is eliminated to a marked degree, labor turnover and absenteeism are decreased and labor efficiency is in creased

Examinations decrease potential causes of disease They result in a decrease of the num ber of accidents, reduce the number of in juries and prevent them from becoming more The well man is not serious than they are nearly as likely to become the victim of an accident as is the sick man whose mind is given over to his physical condition time and Examinations decrease the loss of working power and prevent overwork They control contagion in a well regulated health examination plan, reduce the hazards of occpation and the resulting sickness and cost to the employer and employe

Payment to the employee for disability in case of accident during employment is pro vided by the State Compensation Laws The calendars of the Compensation Courts are filled with claims disputed by the insurance com-Examinapanies, employers and employees tions prior to employment will reduce the possibility of unjust sickness and accident claims against the company at the same time aim to give the employee a square deal

PATERNALISM

People generally expect the government or social agencies to regulate unhygienic conditions, especially when they affect the other fellow. Yet there is a widespread resentment when an agency actually attempts the regulation, for American citizens act on the principle of personal liberty, however, much they may believe in paternalism in the absence.

The groups of persons organized for health and social purposes are doing a noble and necessary work in every community, but they meet opposition and criticism. An example of such criticism is the following quotation from the Ohio State: Medical Journal for March— Editor's note

Once upon a time, as all good fairy yarns go, a "man's home

was his castle"

That was before the days of the modern Knights and Ladies of Social Uplift and Welfare, with their heavily laden purses of philanthrophy and government subsidies

Under the broad banners of humanitarianism these phalanxes swarmed over communities, investigating, regulating, charting and photographing the habits, characteristics, personalities, weaknesses and strengths of the individuals

Government itself was drafted into service to aid in accomplishing the objectives sought by these saviors in their rush to revolutionize living conditions and standardize humanity

The Nation's Business, in a current issue, comments upon this trend briefly, but with such clarity that it should appeal to every thoughtful citizen

"How government grows and grows!" this Journal remarks "Here are two paragrphs from in interview with Lieut Mina Van Winkle, head of the woman's bureau of the Washington Police department, urging the development of her department.

'The work of the women's bureau is analogous to the mo-

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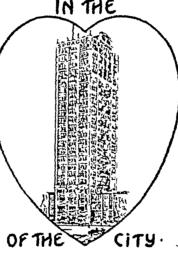
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tion picture constantly passing across the screen without intermission or stoppage. The pictures are of the skeleton closets of a big cross-section of the people and their communities, largely respectable although sometimes there are dips down into the slums and the underworld.

"But what of the ghosts of the They are of skeleton closet? many forms, the cheap, nasty theatre, the unsupervised dance hall, the unmarried mother, the runaway boy, the foolish shoplifter, the child of the street, the distracted mother unable to control her daughter, and a thousand other specters of sordid unhappy problems which, if properly and promptly adjusted, could come from the uneasy closet into the sun of the living room "

All of these conditions are regrettable, all of them need regulation If Mrs Van Winkle can regulate a "distracted mother unable to control her daughter" why not let her regulate my son? At what point in our passion for regulation of individual life shall we stop? We used to feel that a police department was for the protection of life and property from attacks of others But it seems to be coming to a point where it is the purpose of the police to protect the individual from himself, and further relieve parents and school and church of their time-honored responsibilities

LISTER'S OBSERVATION OF INFLAMMATION

The Wisconsin Medical Journal for March quotes the following description of inflammation written by Lord Lister in 1855 —Editor's note

I am now really doing work I have long wished to see the process of inflammation in the frog s foot and, as I think I one told you, felt that the early stages of that process had not been traced as they might be so as to see the transition from a state of healthy increased red-

(Continued on page 421-adv xxv)

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Ulcers of the cornea, sympathetic ophthalmia, glaucoma, chronic discharging ears, early or moderate cases of otosclorosis, acute middle ear inflammations; acute or chronic sinusitis, hypertension, simple or nephritic, ulcerative endocarditis, ulcers of the stomach, pyelonephrosis, enteroptosis; deposition of calculi in the various organs, etc. Courses of instruction offered the gen eral practitioner and the various specialists, in the proper technique to be followed in administering The Common Foundation Antisepticizing Treatment thus enabling him to continue the treatment of the case after Common Foundationing has been completed

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(Continued from page 417-adv xxi) their way into industry more and more every year, which would lead us to conclude that they have a definite place in factory manage ment, bear a definite relationship to personnel welfare, and are significant in the results ob tained Industry spends large sums of money yearly for the inspection and maintenance o expensive complicated machinery, because i is considered good business and sound policy not to wait until the machine wears out, bu rather to periodically inspect the machine and its operation. It is just as good business to check up and maintain human machines, for they pay a far larger return on investment n upkeep than the most complicated piece o ordinary handmade machinery The mechani cal machine broken down or worn out can b repaired and parts can be replaced, but this i not the case with the human machine Physi cal health is man's greatest asset, and if this be true individually, it must be more so col Thus the physical (and mental lectively health of the employé is reflected in the strength and well-being of the entire working Capitalizing the individual's physica health in industry, therefore, becomes a matte of great economic and social consequence

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31 Union Square New York City (Continued from page 419—adv xxii) ness to inflammation Accordingly, having for some weeks past been getting together the necessary apparatus and having gotten a frog from Duddington Loch I proceeded last evening to the investigation

I had the frog so placed that I could inject anything into the web under the microscope with a syringe By using a two-thirds object glass I had a fine large field of view and had under observation always the same artery, of the field of capillaries into which it divided to the two veins which returned the flow from them, and thus I was able to watch with great precision the effects produced I first threw on water of about 80 degrees, which had the effect of causing the artery to contract to obliteration almost for a few seconds, then tollowed a dilatation to a little above the natural caliber, when the flow of blood was greater than natural After a few seconds more the natural caliber was resumed, the warm water having previously flowed away from the web Then I threw on successively hotter and hotter water with the same effect that the subsequent dilatation was greater when the temperature was hotter, until at last I used water at nearly 200 degrees, and pretty long contin-The effect of this was a degree of dilatation of the artery far greater than ever before, two or three times its natural caliber, and at first an enormously increased flow of blood, the capillary network becoming far more red than natural and each capillary beginning to admit three or four corpuscles abreast instead of only one, as seen in the figure But this could not go on for long for the capillaries becoming distended and stuffed with the red corpuscles, the blood was first retarded and then stagnant Thus with the simplest of substitutive heat I traced the process of inflammation in the beginning

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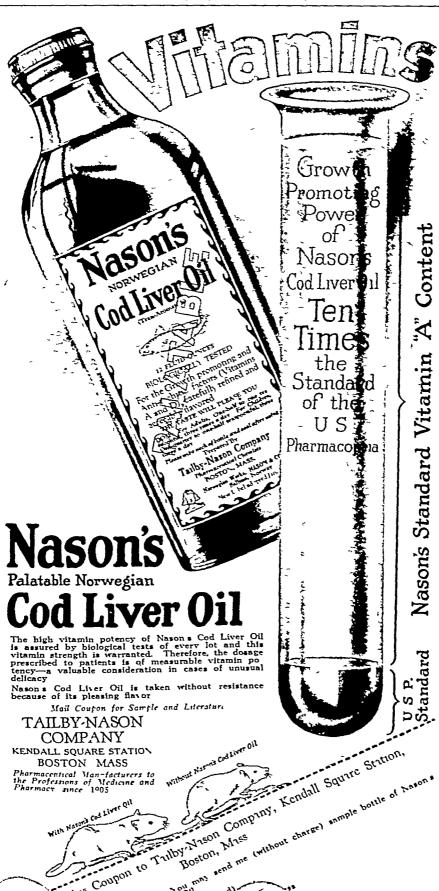
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NEW YORK STATE JOURNAL of MEDICINE

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CERVICAL ADENITIS*

A Surgical Consideration

By R. FRANKLIN CARTER, M.D., NEW YORK, N. Y.

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E NLARGEMENT of the lymp nodes of the head and neck regions, resulting from infection or its products within the cervical lymph system, is a common medical problem—one which receives a variety of treatment by both the medical and surgical men of the profession. However, when the problem is reduced to one of infection and placed upon a common basis of infection in general, it is neither one for the medical nor surgical specialists, but simply one of infection, conforming to the rules laid down for infection, and all its factors should be met and dealth with accordingly

A working knowledge of the anatomy of the lymph system of this region is the first requisite, and fortunately this can be acquired in the poorest library from any standard text-book on anatomy It does not require extensive dissection either upon the living or dead to learn from what region a group of nodes receives their lymph supply, nor does it require any elaborate differential diagnostic method to determine the group of nodes in-The lymph nodes in this region are sufficiently distinct in location to enable the examiner to distinguish with every assurance, the exact group involved, and upon determining the group in which the affected node lies the point of entrance of the infection may be said to be in a known region. If the node is primarily involved, or if it be secondarily involved, evidence to that effect is present in the enlargement or reaction of the nodes in the primary group

On the skin surface of the extremities, a portal of entry is readily found and given credit for being such in patients with lymphangitis and lymphadenitis as the superficial lines of inflammatory redness attest, leading from the affected zone to the one of secondary infection in the lymph nodes. In the lymph system of

Read at the Annual Meeting of the Medical Society of the State of New York at Nagara Falls \ Y, May 11 1927

the head and neck, the lymph channels from the mucous and cutaneous surfaces are not in a position to show the path of infection when there is an inflammatory reaction present, so it is more natural to look upon the node itself as the offending agent But when viewed as a problem of infection the node remains a secondary problem and should be so dealt with

A review of patients in which variations have been found is of no value as the variations are not constant. More important are those patients in which experience has uncovered unexpected and previously unrecognized sources of infection. This latter group is enlarging with the increasing number of patients and that group, classed as the undetermined source of infection, is diminishing. Especially in children the portal of entry may be difficult to discover.

Because of the large number of submaxillary lymph node infections in infants, attention was directed toward this group and it was found they were free from common lesions to explain the entrance of infection. Classification of patients as to their ages showed this type of patient to be in the teething age and to come almost invariably from that class of people in which hygienic preparation of the articles for feeding the child, both by artificial and natural methods, was least respected. While in this instance the portal of entry cannot be closed to infection virulent infection can be prevented by proper instruction of the mother in the cause and relief

Eczema and impetigo are well recognized as producing lesions through which infection may gain entrance, pediculi however may cause such a mild dermatitis as to escape notice were not the evidence of the infection apparent in other deposits of the pediculi

Acute lesions in the nasopharynx, either those accompanying the ordinary infectious diseases or occurring singly, more often produce a toxic form of lymphadenitis which does

The Nelson Re-Constructive (Plastic) Surgery by Dr Ferris Smith, AB, MD, FACS, Head and Neck Surgeon to Blodgett Memorial Hospital, Plastic Surgeon to St Mary's Hospital, Grand Rapids, Assoc Surgeon and Lecturer at the International Clinic of Plastic Surgery, Paris, represents a new departure in medical book publishing, making use of the Loose-leaf binding device which for years has been in use in all banks and business houses and has been so successfully adapted to the publication of medical books by Thomas Nelson & Sons

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Some foods cannot be allowed in diabetic diet at all and others only sparingly This means a readjustment in dietary habits that is difficult for the patient and trying for the physician. Practically all of the restricted foods may be duplicated by using Lister's Flour Each of these starch and sugarfree foods looks and tastes like the food that it replaces in the diet. With the variety of foods possible through and the injections may be repeated at the use of Lister's Flour, the patient intervals of four or five hours—Adv

is satisfied. There is no temptation to "cheat" and the case is the better kept under control Some of the Lister foods are

Bread, Biscuits, Cheese Biscuits, Lunch Biscuits, Drop Cakes, Cookies, Spice Cake, Charlotte Russe, Lady Fingers, Bread Pudding, "White" Fingers, Bread Pudding, "White" Bread, Nut Bread, Spiced Bread, Gold Cake, Pie Crust Pie Fillings, Filled Doughnuts Meringue, Muffins, Pan-Waffles, Salmon Croquettes, Noodles, Fluff Cakes, Bread Doughnuts, French Toast, cakes, Fried sticks, Spiced Muffins - Advertising page xiv -Adv

WHY DRY MILK?

The production of clean milk is en gaging the attention of health authori ties to a greater extent than ever before The heavy toll in lives which liquid milk has taken in the past and is still taking, notwithstanding many regulations and inspections by Health Departments, has called for efforts on the part of all milk producers to reduce this milk hazard

In 1893 pasteurization was first at tempted Pasteurization has done much to eliminate milk-borne infections How ever in order to be safe, milk must be carefully pasteurized and health au thorities everywhere are taking steps to see that the pasteurization is carefully carried out This, of course, involves the human equation, and there are rec ords of many epidemics caused by milk supposed to have been pasteurized in which pasteurization has been faulty −Adv

FOR THE TREATMENT OF **PNEUMONIA**

The vaccine treatment of pneumoma has not given very satisfactory results. With the purpose of obviating the chief difficulty in the vaccine therapy of this disease, namely, tardiness of action, Parke, Davis & Co have brought out a new antigen, one that represents the vaccine principle but acts much more It is called Pneumococcus rapidly

Vaccines are killed bacteria. Pneu mococcus Immunogen is obtained from cultures of the three specific types of pneumococcus, but there are no bacteria, dead or alive, in it It seems, from the researches conducted and published by Parke, Davis & Co, that the antigenic principle of bacteria is not so much in the bacteria as on them, it can be washed off Pneumococcus Immunogen consists of the washings of pneumococci, tested serologically to demonstrate its superiority to a corre sponding bacterial vaccine.

The Immunogen is administered, as a rule, intramuscularly, though it can be given intravenously in smaller doses, and the injections may be repeated at virulence or quantity of the invading force, or in the strength of resistance on the part of

the particular host

The age of the individual, character of onset, and course of enlargement, together with careful history of conditions in region drained by that particular group of nodes, furnish grounds for differential diagnosis from tumors of lymph nodes

Finding and attending to the focus of infection is the primary step in importance and sequence of the treatment of the case. The area indicated by the anatomical division of the lymph system is most often found to be the nasopharynx with its superficial lymphoid structure, favorable for the harboring of infection of a chronic variety, low grade pathogenic organisms, and for the entrance of tuberculosis infection. Low grade pathogenic infection about the apex of a decayed or uninterrupted tooth is a common focus in the adult. Treatment directed toward the node itself should never be surgical removal in this stage.

Removal of the enlarged nodes without locating and attending to the original focus will lead to difficulty in both the pyogenic and tubercular varieties. In the former by the occurrence of the infection in the adjoining nodes of the same group or in nodes of the next group in sequence, and in the latter by permitting an active tubercular focus to continue unhampered by the natural protective forces, the lymph nodes Enlargement of nodes from tubercular infection is often the only external evidence of a tubercular invasion and they should receive secondary attention in the treatment of the individual as a whole Where inferior deep cervical or axillary nodes are involved the tubercular process has come from the lungs by way of the periboncial lymph nodes which receive tubercular bacilli when picked up by the primary lymphaticis in the The tubercular abscess in the lung may rupture into a bronchus and the material be coughed up into the pharynx and the bacilli find their way into the superior deep cervical group through the tonsil or adenoid tissue In addition, tubercle bacilli from outside sources may gain entrance to the superior deep cervical group directly through the tonsil and adenoid tissue. The first and second route of entry of infection into the cervical lymph nodes may be present in the same individual but one should never assume the third or outside source to be present until the lungs have proven to be negative both clinically and by the X-ray

When there are other areas of infection in the bones, joints, or lungs or a history of exposure to active adult type, the infection should be classed as the adult type When after dilgent search no other focus of infection nor history of exposure can be ascertained and only where the superior deep group are involved should the Bovine type of bacillus be considered the existing cause. In this latter group local measures alone will suffice, namely, removal of infected lymphoid tissue in the nasopharynx, X-ray stimulation of the nodes and general attention to hygiene such as may be carried out without institutional observation

The majority of those infected with the adult type in addition to the local measures should have the best treatment available for the care of the tubercular Absolute rest, sunlight and strict observation of the dietary

Scar formation together with calcification of a tubercular node may leave an unsightly mass in an exposed area which in itself is more objectionable than a scar in that area would be, when that occurs surgical removal may be the procedure of choice for cometic reasons

X-ray stimulation offers the best means of hastening repair in the tubercular and pathogenic variety, both in the struggle on the part of the node to overcome and render inert substances, either bacterial or toxic, which have entered to cause the reaction and in restoring the node to its normal functioning state. Destructive X-rays are of course contraindicated as that would enhance the action upon the protective forces of deleterious substances, usually bacterial in character, and permit the process to continue to the purulent stage.

Vaccinotherapy in the patients with an active pyogenic focus will be of use only in the most favorable of patients. And the very nature of the condition, being chronic, excludes the use of vaccine. For a vaccine made from weakened organisms, taken from a chronic discharging focus, has little stimulating force. In the case of an exacerbation of a chronic focus, where the culture for vaccine can be obtained from the area of infection, benefit from subcutaneous injection of a properly prepared vaccine will follow when the infection is due to staphyloccus.

Acute Purulent Inflammation follows simple acute inflammation or occurs when virulent bacteria gain entrance in sufficient number to overwhelm the resisting forces of the attacked In this instance the node receives primary consideration because of the failure of the resisting forces to successfully cope with the invading force Primary treatment of the node affected does not reduce the necessity for searching out and blocking the point of entry fected tonsils and teeth should be removed without delay when not themselves, the seat of acute inflammation and subcutaneous or submucous infections treated at once and radi-Removal of the adjoining nodes in the same group is the most treacherous thing to be

not as a rule undergo purulent degeneration. These lesions from custom receive primary attention and the inflammation in the lymph system receives scant notice, oftentimes not a thought is given to the enlargement of the nodes—from experience they are known to re-



FIGURE I
Cervical Lymph Nodes (from Toldt)

cede in such patients. However, in the other and larger group of patients with lymphadenitis in those nodes receiving lymph from the nasopharynx, the lesion acting as a portal of entry is not acute and often cannot be recognized as an infected zone by one not especially traied to do so. Therefore, it rests with all who may assume the responsibility in such a case to know the lymph anatomy and be prepared to direct a given patient to one especially fitted for detecting a source of infection in the area indicated by the node affected—a submaxillary node infection to the dentist and a superior deep cervical to the nose and throat specialist and not vice versa

Classification of disease is the keynote in its treatment. Upon classification depends the type and variety of treatment and upon experience, teaching and a knowledge of infection within this area depends the ability to classify. When once the reaction has been classified the treatment has been determined. The reaction to infection or its products may conveniently be classified as Simple inflammation.

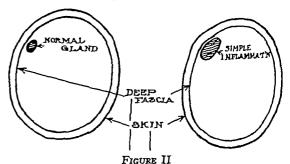
acute and chronic, and purulent inflammation, acute and chronic.

Simple Acute Inflammation, accompanying affection of the skin and mucous membranes in this region, is so common that attention is seldom centered upon the nodes involved, especially that enlargement of nodes occurring with and following the acute infectious diseases of childhood, and other self limited infections in which the portal of entry is closed by the natural course of the disease or those in which the inflammatory reaction is toxic and not bacterial

Enlargement of the nodes from congestion, edema and active hyperplasia of the lymphoid elements without fixation, fluctuation, tenderness to pressure, swelling of surrounding structures and redness of skin denotes a simple inflammatory process which terminates in complete resolution. Ending thus these patients are not usually classed among the so-called "glands of the neck" but from them valuable points of information concerning the extent and origin of the infection may be obtained

Treatment consists in making a differential diagnosis, treating the origin of infection and not molesting the nodes. Simple acute inflam mation in one group receiving both primary and secondary lymphatics from the area in which the source of infection lies may be of aid in narrowing the field of search in locating the source of the acute purulent type, viz, simple enlargement of the preauricular, abscess in the superior deep cervical, and focus a chronic con junctivitis

Simple Chronic Inflammation comprises that group in which diagnosis becomes a real differential problem. Chronic enlargement of the lymph nodes throughout the entire cervical region, accompanying enlargement in other regions of the body, are not included and do not come under the principles of cause and treat-



Schematic representation of the important structures.

ment therein outlined But when there is simple enlargement in a single group or chain of nodes, the reaction varies only in degree from that occurring in the other types under consideration. The cause may be similar and from the same source differing in either the

when made 1/4 inch in length, placed in the crease of the neck, made at the proper time and drained 48 hours only

Opening the abscess after it has perforated the superficial division of deep cervical fascia and destroyed the intervening fat requires simple puncture with no further drainage. The fat having been destroyed it is never replaced, the skin becomes adherent to deep fascia and a fixed depression occurs which varies in depth with the thickness of adipose tissue present, for which the only cure is excision and bringing together the normal layers of the adjacent fat and skin

Opening a superficial abscess at its margin permits sinus formation if drainage is used for 48 hours and results in a depression over site of abscess but without scar fixation by adherence of the skin to fascia unless all the fat between the fascia and skin has been destroyed

Chronic Purulent Inflammation includes two groups of patients. Those having had a cervical abscess which was opened or opened spontaneously which continues to drain or breaks through afresh with a discharge of pus and detritus at intervals (the primary abscess may have been acute or chronic in its development), and those developing slowly without signs of acute inflammation but with evident necrosis and pus formation at the time of presenting, themselves for treatment. The type of infection may be the same for both groups

The cause for the course of infection becoming chronic in the first group, that of chronic discharge, lies in the method employed Either the focus of infection had not been removed or the entire node had not been destroyed when the abscess was opened Non-removal of a chronic focus of infection, which is active and supplying infectious material, is a cause for many discharging sinuses in that they furnish added fuel for the flame and fan the flame by weakening the host in its general resisting The remains of a node in the wall of an abscess heals slowly, granulates profusely, and furnishes favorable breeding ground for the slow growth of bacteria, which process produces a constant discharge sufficient to keep open a sinus for a considerable length of time When, however, the entire node has been destroyed before its capsule is ruptured, the connective tissue abscess wall will readily resolve and in that process the products of resolution are absorbed and no discharge continues

The chronic pyogenic form, characterized by a thick purulent discharge without caseous or calcified material, responds to treatment directed toward stimulation of the process of resolution, as does the tuberculous variety with a thin flaky discharge often containing calcified

substance The type of reaction being purulent does not affect the necessity for attending to the other factors mentioned in this connection under simple chronic inflammation

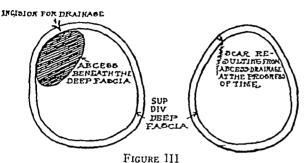
Determining the depth and direction of the sinus is important in locating the group to which the particular node belongs. And from the knowledge the X-ray may be applied as a stimulant to the abscess region. To expose a sinus to radium or X-ray and heal the outlet of a chronic discharging abscess is to put off trouble. This feature was noticeable in some of the early-cases. Sunlight and other forms of heliotherapy have this latter effect and are not advisable as local stimulants.

The second type presenting before opening are much easier to diagnose and treat, mainly because the focus of infection is still active and it can be found and treated or removed course of the abscess can be determined and an opening made at the proper time, thereby saving important structures, the skin and fat, and not opening before the node substance has become entirely destroyed Prolonged drainage is entirely unnecessary In the chronic pyogenic form, a drain of gauze inserted loosely for 48 hours and not replaced suffices. In the tuberculous type, an attempt is made by pressing the surrounding tissue to express through the opening all of the purulent material Force may be used as these abscesses contain no bacteria that will set up inflammation in the cellular tissue and if pus is extruded into the healthy tissue it is readily absorbed as the abscess cavities are sterile. No drain is inserted and the punctured wound collapses to drain no more. In some early patients, the drainage wound was opened again in a few days because of the apparent collection at the site of the abscess In every instance a blood clot was found to fill the abscess cavity and unless great care was observed these cases become secondarily infected and troublesome

A culture of the pus taken prevents a low grade progenic abscess from being mistaken for a cold abscess and if drain is indicated by the presence of pyogenic bacteria a second puncture through the original sinus can be done in 48 hours without an anesthetic and drainage inserted for 48 hours

When treated properly, infected nodes of the neck do not present a serious problem to the medical attendant during the infection nor is it one of any residual importance to one so affected. Cosmetic results count for more than the infection in every class of patient, except the acute purulent type, and in those as good cosmetic results can be obtained without increasing the danger to the patient of infection, if careful study of the early stage of the infection is observed by all those assuming responsibility of treatment.

done and in no way prevents entrance of infection into the general system while the original source is left open to admit infectious bacteria which have free access to the general circulation except for the sieve-like action of the node in checking their progress so that the proper forces of defense may have an opportunity to seek out and destroy the invading bodies



Purulent type—deep cervical abscess—rupture of capsule Resulting scar

Examination at this stage reveals a discreet tender mass varying in size still retaining the nodular shape and characteristics. Rupture of the abscess through the node capsule, with the formation of a cervical abscess, produces the usual symptoms in that the abscess is no longer discrete, the surrounding structures are edematous, infiltrated and fixed. Fluctuation becomes apparent from the skin surface at this stage and the depth of the purulent material which is always advancing toward the skin surface may be estimated.

Now there is an important local anatomical fact which must be taken into consideration at this point. All the cervical lymph nodes are situated beneath the superficial division of deep cervical fascia and the resulting scar depends very largely upon the ability of the surgeon to accurately estimate the approach of the advancing abscess to this fascia-opening for drainage before or when it has reached this fascia, depending upon the depth of the node The abscess will perforate the superficial division of deep cervical fascia and then become a superficial cervical abscess with all the other signs present and in addition redness and edema of the skin, and finally perforation and a spontaneous cure Drainage of this type of cervical abscess does not require wide incision and packing An incision 1/4 inch long made just through the skin permits a sharp nosed clamp to be plunged into the abscess cavity by piercing the intervening fat and superficial division deep cervical fascia If the knife is plunged through into the abscess cavity troublesome bleeding may occur from vein puncture, necessitating enlargement of incision to clamp the bleeding vessel Since confining the incision to the thickness of skin and

using a clamp to open into the abscess cavity there has not been sufficient bleeding in any case to require clamping a vessel. The vessels are pushed aside as the clamp passes through the superficial cervical structures. Introduction of a drain for 48 hours without attempt to express the purulent material more than will easily run out upon making the opening suffices to establish a sinus sufficient to drain out the material which has been completely broken down

Drains used are single wick gauze, which are soft and do not cause pressure with destruction of fat but are sufficient to establish a sinus through which the purulent material is all very quickly extruded by the movements of the muscles of the neck in turning and lifting the head. No further drains are inserted after 48 hours and there has not been an instance of secondary opening in a node of this type

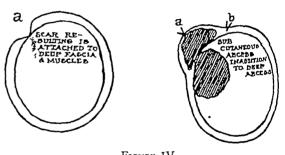


FIGURE IV
Superfic al cervical abscess Ruptured through the su
perfic al division of deep cervical fascia when opened at
a" leaves scar and depression

Multiple cervical abscess from more than one node of this group should not be confused with secondary drainage of the same abscess. It is at times possible to open an adjacent glandular abscess through the opening into the first abscess cavity after the first has been draining for a day or two, when the second can be mapped out as being directly adjacent. Plunging the clamp through the first sinus into the adjacent abscess, except in the region of the large blood vessels, has been done and the superficial scar formation further limited

Draining sinuses have remained for an average of fourteen days. Drainage longer than this in a small number of cases has been due to failure in removing a chronic source of infection, and in opening into a glandular abscess before the glandular substance has been entirely destroyed, which was followed by prolific granulation of the sinus.

Large incisions and packing with gauze as was formerly practised result in delayed healing of the sinus Unsightly skin scars with depressions from destruction of fat due to long drainage and ulceration of the fatty tissue

Scars resulting from this type of treatment are negligible and often have to be searched for

ence of hyperglycæmia—rather the reverse Furthermore, it is notorious that the value of insulin is decreased 50 to 75 per cent in the presence of infection and that once drainage is established the power of insulin rapidly returns, exactly

why, no one has yet explained

In addition to the four peritonitis cases above cited, there were two others that received immediate operation One died He was 66 years of age with an NPN of 73 10 and a blood sugar We did the proper thing and operated There was a localized abscess, immediately which was drained He was started with nitrousoxide and oxygen, but we were unable to hold him without ether This was in 1923 no insulin and the diet was not well regulated He died two weeks after the operation other case had a midnight operation last June Appendectomy with drainage was performed. The next day mild diabetes was discovered. This responded to treatment with recovery. Of six cases of suppurative peritonitis, four died (66 per cent) Cutler has found our nondiabetic death rate in suppurative peritonitis to be 105 per cent.

There were seventeen patients admitted with cellulitis, of which one died These all showed the phenomenon of an increase of sugar on a limited diet, and many showed acidosis typical case was Mrs McI from the Vanderbilt Clinic. She had lived on a diet of C65-P70-F120 with units 16, twice a day With this she was comfortable and showed no sugar or acetone The abscess on her thigh developed On the same diet and with the same amount of insulin, her blood sugar became .25 with a CO, of 4470 Sugar and acetone appeared in the urine Under local anaesthesia the abcess was incised and drained The next day the blood sugar had dropped to 19 with the same diet, and on discharge, eleven days later, the blood sugar was normal with the wound almost healed No change had been made in the diet or the insulin. It was an interesting demonstration of the diminution of the sugar tolerance with the entrance of suppuration Along the same line Dr Kirby Dwight⁸ demonstrated, in two cases, that in open infected wounds, the metabolism of sugar had an inverse ratio to the wound bacterial count under the Carrel-Dakin treatment

We also noted that the healing of these infected wounds was slower in the diabetic even though the blood sugar was reduced to normal and proper drainage had been secured All the abscess cases were discharged with the diabetes under control and the wounds healed or granulated

We next come to a much more serious problem—carbuncles We had eight, of which two died They averaged 57 years in age and had had the carbuncle for an average of eleven days on admission to the hospital. They were located on the back, the neck and the chin. The majority showed acetone on admission and the routine treatment was started. These patients are of particular interest for they should give as good results as carbuncles in the non-dia-

betic, under proper care.

Mr J W was a ten year diabetic of 68 years who came in with a two weeks history of infection and a carbuncle of the back, six inches in diameter His blood sugar was 38 with acetone and diacetic in the urine, and a blood CO2 of 4500 He received immediate crucial incision under nitrous oxide and oxygen was given a diet of C60-P-40-F80 with units ten, three times a day. The acetone disappeared the next day, but we had to run the insulin up to 70 units per day and the carbohydrate to 90 grams In spite of this the carbuncle extended and finally, ten days later the extension was excised His blood sugar then promptly dropped to normal and the insulin to 45 units per day On leaving the hospital five units three times a day were sufficient

Mr A. A., private patient, died four days after admission He had had the carbuncle for five days and the relationship to diabetes was not recognized until the morning after admis-He had been operated upon immediately under gas and ether, but the next day in spite of that, there was only sugar in the urine. He had an NPN of 11700, a CO2 of 44 and a blood sugar of .24 the day after the operation He was given 55 units of insulin and a fluid diet. The carbuncle extended and the second day after the first operation an enlargement of the incision was made under gas and oxygen The day after this he died. The mistakes were that he was given ether without having first tested the urine, and secondly, the procedure The other carbuncle was not radical enough who died two days after admission was not relieved by operation The carbuncle had involved the chin and there was a fulminating secondary involvement of the throat Seven cases were treated by surgery and one by x-ray therapy

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DIABETES IN SURGERY*

By WILLIAM CRAWFORD WHITE, MD, NEW YORK, N Y

a million diabetics in this country. This must force us to realize that diabetes melhitus is of vital interest to all phases of the practice of medicine. After the discovery of insulin in 1921, it came gradually into intelligent use and slowly there has developed an appreciation of its value. As it is now seven years since the introduction of insulin aroused new interest in diabetes, I have thought it worth while to see what we have accomplished in the surgical cases with diabetes. This material comes from the surgical services of The Roosevelt Hospital, with the addition of three personal cases of leg amputation, from the Lincoln Hospital.

There are sixty-six (66) cases in this review and all have been in the hospital since the spring of 1923. Nineteen of these died, a mortality of 28 per cent. With this, compare the New York Hospital records of 40 per cent before the discovery of insulin and the recent record of 11 per cent, as reported by N. B. Foster and 14 per cent by D. P. Foster and E. C. Davison, after the use of insulin. For clinical reasons we may divide our patients into two groups, those of election, and those of necessity

There were only fifteen elective cases, a surprisingly small group when one considers the volume of work that is done each year. It makes me believe that physicians as a class are adverse to operative interference on their diabetic patients through fear of the consequences. The fact that the disease is most frequent over fifty years of age can not be a sufficient reason, as considerable surgery is performed on older people at the hospital

All these fifteen elective cases had major surgery For anaesthesia, three had nitrous oxide-oxygen, two, ethylene, nine, gas-oxygen-ether and one local The variety consisted of two herniæ, five radical mastectomies, one gastro-enterostomy with a secondary entero-enterostomy twelve days later, two suprapubic prostatectomies in one stage, one extensive laceration of the tendons, one exploratory celiotomy for carcinoma of the head of the pancreas, one supravaginal hysterectomy and one cholecystectomy. This is a good variety of surgery

All these patients were kept in the hospital a sufficient length of time to reduce their blood sugar to normal, find out their maintenance diet, and the necessity or otherwise of insulin. As we have learned more about insulin and diet this period has steadily lessened. The abdominal hysterectomy died

If a person should present himself now with an elective surgical problem (1) I would determine the feasibility of obtaining freedom from glycae-

the feasibility of obtaining freedom from glycae*Read before the Medical Society of the County of New York,
January 23, 1928

mia with or without the aid of insulin (2) The patients' general constitutional condition must be studied and appraised (3) The necessity of surgical interference must be judged. If it is felt that surgery is advisable and that the diabetes is under control, operation is more-freely indicated than formerly. The wounds should heal as well as other wounds and the recovery, under proper supervision, should be uneventful.

It is wise with such cases to take some special It is proper to feed them up well precautions with carbohydrates for a few days before, increasing the insulin so that the glycogen storage in the liver may be at its maximum. Then for anaesthesia, local infiltration with block, by novocame has first choice. Although we have not sufficient knowledge of spinal anaesthesia, many are very enthusiastic for its use, when possible, and give it first place. In Boston, it is now the routine for leg amputations For general anaesthesia, nitrous oxide and oxygen or ethylene are preferred, but we have had cases in which it has been necessary to add ether to obtain relaxation Ether itself increases the amount of sugar in the blood and, especially with the obese, produces

acidosis through diminution of blood oxidation

The urmary output is decreased so that the ex-

cretion of acetone bodies from the body is les-

sened, while the usual nausea and vomiting accentuates the acidosis and prevents the intake of

carbohydrates by mouth
Following an operation we now have a splendid help in glucose intravenous infusions. One may give the "Lily" preparation, with buffer, giving up to fifty grams and using one unit of insulin to two grams of glucose. Give this very slowly in saline and great improvement will be noted. In certain kidney conditions it may be advisable to avoid saline. We have used the glucose infusions in both diabetics and non-diabetics after operation with good results. We have not used sodium bicarbonate and in view of Dr. W. P. Healy's results in gynæcology after the free use of sodium bicarbonate, we are less anxious than

ever to try it Some years ago the notion became prevalent that the diabetes should receive immediate treatment in cases of necessity and the operative interference should be deferred until the acidosis and the hyperglycæmia were brought under control Following this idea, four suppurative peritonitis The acidocases were so treated and three died sis was cleared up, but the patient died We have at Roosevelt made the practice of immediate surgery in acute peritonitis cases in non-diabetics To that we ascribe our good results Now bacteria with sugar in the peritoneal cavity should grow ever so much faster, and from that point of view it does not seem reasonable to suddenly abandon routine operative procedure in the presence of hyperglycæmia—rather the reverse Furthermore, it is notorious that the value of insulin is decreased 50 to 75 per cent in the presence of infection and that once drainage is established the power of insulin rapidly returns, exactly

why, no one has yet explained

In addition to the four peritonitis cases above cited, there were two others that received immediate operation One died He was 66 years of age with an NPN of 73 10 and a blood sugar We did the proper thing and operated immediately There was a localized abscess, which was drained He was started with nitrousoxide and oxygen, but we were unable to hold him without ether This was in 1923 no insulin and the diet was not well regulated He died two weeks after the operation other case had a midnight operation last June Appendectomy with drainage was performed. The next day mild diabetes was discovered This responded to treatment with recovery Of six cases of suppurative peritonitis, four died (66 per cent) Cutler has found our nondiabetic death rate in suppurative peritonitis to be 105 per cent

There were seventeen patients admitted with cellulitis, of which one died These all showed the phenomenon of an increase of sugar on a limited diet, and many showed acidosis typical case was Mrs McI from the Vanderbilt She had lived on a diet of C65-P70-Clinic F120 with units 16, twice a day With this she was comfortable and showed no sugar or acetone The abscess on her thigh developed On the same diet and with the same amount of insulin, her blood sugar became .25 with a CO, of 4470 Sugar and acetone appeared in the urine Under local anaesthesia the abcess was incised and drained. The next day the blood sugar had dropped to 19 with the same diet, and on discharge, eleven days later, the blood sugar was normal with the wound almost healed No change had been made in the diet or the insulin It was an interesting demonstration of the diminution of the sugar tolerance with the entrance of suppuration Along the same line Dr Kirby Dwights demonstrated, in two cases, that in open infected wounds, the metabolism of sugar had an inverse ratio to the wound bacterial count under the Carrel-Dakin treatment

We also noted that the healing of these infected wounds was slower in the diabetic even though the blood sugar was reduced to normal and proper drainage had been secured All the abscess cases were discharged with the diabetes under control and the wounds healed or granulated

We next come to a much more serious problem—carbuncles We had eight, of which two died They averaged 57 years in age and had had the carbuncle for an average of eleven days on admission to the hospital They were located on the back, the neck and the chin The majority showed acetone on admission and the routine treatment was started. These patients are of particular interest for they should give as good results as carbuncles in the non-diabetic, under proper care.

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surgery Seven had secondary leg or thigh amputations and of these seven, four died Two cases had radical amputation—both much delayed—one lived and one died So that with foot gangrene and no surgery, all died, with surgery, four out of nine died

To repeat, only 25 per cent of the toe amputations were successful and only 44 per cent of the leg or thigh amputations

Joslin 1 makes no analysis of toe amputations, but speaks of a large group of leg amputations, 56 cases with 73 per cent success. Our more conservative methods of toe amputation gave only 25 per cent success, and pushing this up with the secondary radicals and the two primary radicals, we had only eight out of eighteen, successful operative procedure—44 per cent as compared to Joslin's 73 per cent

When I was an interne, Dr L W Hotchkiss preached high amputation, but under the influence of his colleagues on the staff, we thought him too radical Now, even with the advent of insulin his advice holds good today, if we are to judge from our results I firmly believe that more radical surgery and that done with promptness would have given us happier results Pathologically, in infected gangrenes, the lymphatics of the leg are filled with bacteria and the chances of a clean result with leg amputation are slight, with a thigh amputation it is good and such is most desirable in diabetes

You will say, are there not dry gangrenes that survive without radical surgery? Every one can recall such a case I will grant that there are a few But when you do such surgery, recognize that at best you succeed in only a small number of cases and that you must be prepared and have the patient prepared, at the least sign of wetness or extension, to go ahead and do a high amputation Only one of our cases was an honest to goodness dry gangrene and remained so

Dr Joslin supports this Of his deaths he said, "All these cases died within a few days of operation because operation was performed too late" To reduce mortality from septicaemia we must (A) prevent lesions of the feet and (B) if they occur (1) educate the patient to report them at once, (2) reach an earlier decision when to (3) perform a more radical procedure and (4) build up more energetically the vitality of the patient by dietetic and other means

To prevent gangrene, one must give early attention to numbness and cyanosis of the toes, Buerger exercises, frequent cleansing of the feet, proper socks and shoes As an example, remember that the Japanese who seem prone to arteriosclerosis and diabetes, rarely have gangrene Their physicians think that it is due

to the heavy comfortable socks and the loose sandals that they wear. Then if an infection appears, call in a surgeon and cooperate. Continue the foot exercises, give Alpine light, "Dakinize" the wound and keep the patient in bed. Perhaps many may be protected from gangrene. It it becomes more extensive, remember our results and be radical.

SUMMARY

- (1) Elective operations in diabetes now should have but little more risk than in a similar group of the same age
- (2) Abscess cases with diabetes require more care than with the non-diabetic
- (3) Carbuncle is a serious complication in any condition, especially in diabetes. The best procedure is excision of the carbuncle with vigorous diabetic therapy. The crucial incision does not rid the body fast enough of the large amount of slough—the very material to inhibit diabetic control.
- (4) Acute infectious cases require immediate surgical interference. Diabetic therapy should be instituted at the same time, but not take priority
- (5) In gangrene we have been too conservative In the lower extremity we tried it out and were only 25 per cent successful. Then when the infection and the septicaemia had appeared we tried out higher amputation. Only four out of nine attempts were successful. Only eight out of eighteen operative cases left the hospital alive—44 per cent. This compares badly with Joslin's 73 per cent, and points only one way. Unless radical operation is decided upon and with speed, our records will continue to be poor, though we make a pin cushion of the patient with insulin injections.
- (6) There should be an administrative change on the part of the hospital staffs. Men interested in the subject should be assigned to a special diabetic service on which both physicians and surgeons make daily visits. In this way our results will improve

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THE DOCTOR AND HEALTH ACTIVITIES* By LINSLY R WILLIAMS, MD, NEW YORK, N Y

URATIVE and preventive medicine is practised by physicians. Medical schools have stressed the teaching of curative medicine and have paid but little attention to the subjects of preventive medicine and public health until the last five years.

The practicing physician has thought, and to a large extent even now thinks in terms of cura-

tive medicine

The proposals for the application of our newer knowledge of the prevention of disease and the maintenance of health to the general public have come very largely from health departments and voluntary health agencies

The various new health activities which have been proposed by health agencies, official and voluntary, have been originated largely by physi-

cians, occasionally by laymen

The application of these procedures resulted in the partial socialization of medicine which has two principal objects, first, bringing competent medical service to those who do not now have it, and second, diminishing the present cost of such service

The aims of physicians and their representative organized groups, the county medical societies, the voluntary health agencies, and the health departments, all have the same fundamental purpose of increasing the amount of preventive and curative medicine. All of these groups earnestly desire to increase the quantity and improve the quality of preventive and curative practice. There are, however, fundamental differences of opinion as to the method by which these aims and objectives can be accomplished.

Many physicians and the organized medical societies, private and incorporated, have a definite fear of what is called by them "state medicine" By state medicine they mean that the state shall provide at its expense all the facilities for preventive and curative medicine and employ and supervise the work of all the physicians, and they point with some disdain at the systems of social insurance which exist in Germany and England There are others who say "State Medicine refers to the extension of governmental activity in the health field, by creating compulsory health insurance or free and pay clinics, or distributing physicians, or seeking complete control of medical practice as a public utility" State medicine, however, does not exist in either Germany or England and the so called panel system in England provides only a minimum type of medical service for the working population and employs about one-third of the physicians in the country, but unfortunately the more energetic and ambitious physicians do not take part in the insurance scheme

In the state of New York, there has been a great deal of progression toward the socialization of medicine which term is preferred to the whoesale practice of medicine and is exemplified by industrial medicine, operation of the Workmen's Compensation Act, pay clinics and expansion of Health Department activities

No one knows how many people in the city and state of New York are unable to obtain medical treatment, nor does any one know how many are either unable or unwilling to obtain preventive treatment. It is known, however that there are many persons who are unwilling to secure preventive treatment unless it is given them free

of charge

In the schools of New York City there are detected annually about two hundred thousand children who are affected with some type of disease or physical defect and the Health Department's reports show that approximately half of the children are placed under some kind of treat-From a review of the reports of the Health Department, one gains the impression that although 50 per cent are placed under treatment, this treatment is far from adequate or satisfactory to either patient or physician Voluntary health and social welfare agencies seek to obtain treatment not only for this group of children but for all others who do not frequently seek medical advice, and physicians as individuals feel themselves powerless to do anything as by the ethics of their profession they are not permitted to advertise, nor are they considered wholly ethical if they seek new business by commercial methods Naturally, the physician feels hurt when patients who can well afford to pay either his full fee or a reduced fee are persuaded to secure medical advice at hospital or dispensary free of charge.

Health and social workers feel the deepest concern for the needs of the individual, and seek to obtain preventive and curative treatment for him and occasionally without considering whether or not the individual can afford to pay

We are interested primarily in furthering preventive treatment, and physicians are deeply and sincerely interested in improving public health and contribute in no small measure of their time and money to this end

Many projects and activities launched by health departments or by voluntary health agencies are determined by committees consisting of lay and medical members with considerable discussion often with representatives of the medical profession, but reach only a relatively small number of the medical profession before the project is definitely undertaken. The activity is heralded in the press and the average practicing doctor learns of it for the first time from his newspaper. Human nature exists in physicians as well as in other classes of society, and the doctor naturally reacts

^{*} Delivered before the Third Health Conference at the Hotel Piltmore New York February 24 1928

in opposition to projects in regard to which he has not been consulted. Only too commonly the doctor learns that the executive councils of his medical society know nothing of the matter although the voluntary agency or health department may say, "We consulted the President of the Society who was entirely in favor of the project." The voluntary agency forgets that the President of the Society can no more speak with authority for his society than can the Governor of the State on a project which has not been adopted by the legislature

It is most strongly urged that social welfare agencies which are engaged in any type of health activity and voluntary health agencies see to it that they have upon their boards official delegates of the county medical societies who are selected officially by the county society and who can keep the county medical societies officially informed on the nature of every new project. The voluntary association may also obtain advice and counsel of the organized medical body before undertaking a new activity. Such procedures will bring to the county society an opportunity to discuss health

activities during their formative stage and will give to the medical profession an opportunity of taking a greater interest in public health activities and in taking the leadership in the promotion of public health work and place it in the position which it should have of advising and counseling lay organizations in regard to the health activities which they should maintain

The problem then consists of how society can continue to increase the practice of curative medicine and to improve its quality, and second, how society can provide for the care of those individuals who need both preventive and curative medicine but do not now receive it because they are either indigent or unwilling to pay the price perhaps justly demanded by physicians. The answer to this second question demands the thought and action of all medical bodies, and if organized medicine does not point the way to a solution of these problems, the much feared State Medicine may become a reality, in the establishment of compulsory health insurance for the larger part of our industrial population

EYE INJURIES

By L L ALBERT, M D., YONKERS, N Y

YE injuries may be classified as penetrating and non-penetrating. Non-penetrating injuries are necessarily confined to the conjunctiva, the cornea, and the sclera. Any eye injury may develop manifold complications, depending on the degree of injury. An estimation of the degree of injury includes the problem of possible penetration and resulting infection.

In very slight injuries, as those due to foreign bodies on the cornea, erosions of the corneal epithelium, etc., the eye may become severely inflamed. Due to irritation of the trigeminal nerve fibers, an active hyperemia of the ciliary vessels is rapidly produced. Reflex reaction may cause excessive lachrymation and the entire picture is easily mistaken for a simple acute conjunctivitis

If the foreign body is a bit of iron, it is readily disintegrated into iron salts which cause severe corneal reactions. The bed of the foreign body is stained brown by the hydrated oxide of iron. Leucocytes proceed from the superficial capillary vessels at the limbus and form a ring of protective infiltration around the pigmented area in an attempt to expel the necrosed corneal cells. In the removal of a foreign body consisting of iron, therefore, it is necessary to remove also all the surrounding brownish-red pigmentation which in itself may continue to act as a foreign body irritant.

Severe non-penetrating injuries may give rise to inflammation even without infection or necrosis They produce deep corneal infiltrations at some interval after the injury. These deep corneal infiltrations may stimulate corneal abscesses. They are caused by circumscribed necroses of the deep corneal layers forming sequestra leading to well defined local inflammations. White corpuscles come from the deeply situated ciliary vessels and produce corneal opacities. These types of inflammation last a long time and often will leave behind dense scars.

A similar local necrosis in the iris causes alomst no inflammatory reaction. In cases of extensive iridodialyses, a large portion of the torn-off iris is often necrotic. Nevertheless no suppuration occurs and the eye inflammation subsides after resorption of the hemorrhage Clinically the necrosis is recognized by light or gray and sometimes spotted discoloration of the iris. Later these areas appear poor in cellular elements, as if empty, with definitely preserved outlines

The retina and choroid react differently to a local aseptic necrosis such as occurs after a severe, non-penetrating injury. Histologically these structures appear homogeneous. Their nuclei are not easy to stain and the structure and pigmentation of the choroid appear blurred, often as if dirty. Leucocytes appear late and the necrotic tissue is replaced by a thin fibrous membrane. The pigment forms local proliferations. Clinically these areas appear as white spots which are pigmented.

around their margins. The same cause, therefore, has a wholly different effect on different

parts of the eye anatomy

In a perforating injury, if no infection appears and the lens is not injured, good vision may be retained. For the later fate of the eye, the location of the injury is extremely important. Thus, injuries to the sclera, in the region of the ciliary body, are extremely dangerous, because frequently, even years afterward, a detachment of the retina may occur and put an end to vision. This detachment is caused by the formation of fine connective-tissue-like stratifications from the inner surface of the ciliary body to the oral part of the retina. The ensuing contraction of this scar tissue pulls the retina away from the choroid

Most inflammations of the eye arise because of the fact that micro-organisms are brought into the eye. The virulence of the inflammation depends on the type and number of bacteria introduced as well as upon the site of injury. Mould fungi produce a very slight reaction while pneumococci, streptococci, etc., start a virulent reaction.

A foreign body in the interior of the eye is of greatest importance as regards prognosis. Foreign bodies are for the most part infected and, therefore, the earliest possible extraction is urgently indicated. Again, many foreign bodies on account of their chemical composition are not tolerated in the eye and cause chronic inflammation. Their decomposition products affect the retina chiefly, causing atrophy and blindness. Iron particles especially cause a brownish discoloration of the iris, a brownish cataract and a gradual loss of vision.

Perforation may be into the anterior chamber only, with infection usually limited to this region. In some cases, however, the vitreous is also infected. If in the anterior chamber only, a purulent iritis with hypopyon and greenish discoloration of the iris follows. Pus covers the anterior capsule of the lens and the pupillary margin becomes attached to the lens by a fibrinous exudate. The eye often over comes such an infection. The discoloration and hyperemia of the iris disappear, the hypopyon absorbs, but a gray membrane remains over the lens. The coloboma of an iridectomy will give a small amount of vision in such cases.

The lens, like the vitreous humour, offers a particularly good nutrient medium for bacteria, because due to an absence of blood vessels there is a lack of all protective bodies of the blood and cellular tissues

If the vitreous becomes infected, no inflammation appears immediately because the toxic substances of the bacteria cannot act directly on the blood vessels. Only when the toxins have diffused thru the vitreous and act on its membrane does the inflammation start. The vessels of the ciliary body and retina dilate, allowing the pus corpuscles to migrate to the bacterial focus where they form an abscess. Pus is seen on the surface of the retina. The optic nerve, attacked thru the lymph spaces, shows a neuritis. The choroid, protected by the retina, is spared.

The above pathological picture may show all gradations from a vitreous humour abscess to a general pan-opthalmitis. When virulent bacteria are present in the retina blindness ensues rapidly. Usually, however, light perception and projection are present for a long time after the injury. Unless detachment of the retina occurs as a result of retracting scar tissue bands, light perception may persist indefinitely

Sympathetic opthalmitis is almost always due to an irido-cyclitis resulting from a perforating injury of the other eye. It occurs most frequently in children, but may be met with at any age. The traumatized eye is known as the exciting eye and the one secondarily involved is known as the sympathizing eye.

Inflammation after an injury is not alway purulent. In rare cases, deposits on the posterior corneal wall appear some time after the injury. A severe irritis begins, but no hypopyon. Fibrin forms the starting point of a pupillary membrane and membranes in front of and behind the iris. In chronic inflammations, the inflammatory cells dissolve and the iris atrophies into a thin membrane.

In cases where a sympathetic inflammation starts in the uninjured eye, we find histologically a nodular infiltration of varying degree affecting the uveal tract only. These nodules form thick cell discs which may become confluent and cover the inner surface of the ciliary body below the non-pigmented epithelium. Because of this proliferation, the eye gradually becomes atrophic, having previously become blind from the pupillary membrane, the opacities of the vitreous and the complicating cataract.

We learn that all eye injuries are potentially serious, often leading to blindness. It is of the utmost importance, therefore, to give them the most competent treatment available. Here, one can truly say, is a favorable objective for the application of the ounce of prevention motto



EDITORIAL



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RECORD OF THE ANNUAL MEETING

The annual meeting of the Medical Society of the State of New York, like that of any other great organization, will be held in triplicate

The first meeting is the ideal one that exists in the minds of the officers and committees on arrangements, and whose record is found in this JOURNAL, beginning on page 444

The second meeting will the physical one which

will actually unfold itself from the 21st to the 24th of May, a record of which will appear in our issue of June 1st

The third meeting will be that which will exist in the memories of the members, the records of the Society, and the pages of this Journal throughout the coming year Every effort will be made to make these three meetings identical

THE PRACTICE OF PREVENTIVE MEDICINE

The practice of medicine undergoes a continual readjustment. The stream of discoveries and the evolution of social methods require that every health agency,—professional, official, or voluntary,—shall adapt its methods to new conditions as they arise.

Preventive medicine is a new science and the art of its practice is in a state of development. It had its birth in contagious disease prevention by governmental departments of health, and it grew under the nourishing care of voluntary agencies, which adopted it as their pet child

Forward movements in the practice of medicine have usually been the result of research, experiment, and demonstrations under the auspices of organizations other than those supported It has never been by the money of physicians the policy of the official organizations of physicians,—the medical societies of the counties, the states, and the nation,—to conduct research work and demonstrations, because public sentiment and the decisions of courts restrain physicians in private practice from making experiments on patients and conducting novel demonstrations The decisions of law courts are that a physician must conduct his practice according to the standards set by his confreres The physician acts at his own peril when he performs daring operations and starts health demonstrations along new lines On the other hand, the physician acts equally at his own peril if he fails to make use of modern methods of diagnosis and treatment which research workers have proved to be valuable and have made the standard of action

When the practice of preventive medicine was in a developmental stage, physicians generally hesitated to ride the crest of the latest wave of alleged progress, for many public health waves have dashed themselves upon the shores of time and experience, and have flowed back into the sea of oblivion, to be followed by other alluring waves. But the tide of progress has now risen to such a height that physicians can convey their patients in the life boats of medical practice over the bars and shoals on which they were formerly in danger of capsizing

The period of experimentation and demonstration has now passed, and physicians are ready to adopt the methods of preventive medicine which research workers have developed and voluntary organizations have proved practical. These methods are essentially the same as those of curative medicine.

The modern practice of curative medicine requires the cooperation of a trinity of workers 1, physicians, 2, hospitals, and 3, nurses. The physicians come first, and the hospitals and nurses are their essential aids.

Hospital and nursing activities are conducted principally by non medical groups, and their object is to enable physicians to carry on their life-

saving work Yet it is no unknown experience that hospital managers have sometimes dictated the methods of physicians, and that nurses have engaged in activities which require the knowledge and experience that only the doctors possess

The modern practice of preventive medicine also requires the cooperation of a trinity of health workers,—1, the practicing physicians, 2, the official departments of health, and 3, the voluntary health organizations At one time it seemed as if the health departments and the voluntary agencies would assume the field of preventive medicine to the exclusion of physicians in private practice. State medicine and health centers were gravely urged upon legislators as the measures by which the benefit of preventive medicine would be forced upon a public which was unprepared But out of the turmoil of for the innovation conflicting plans there has come the realization that physicians in private practice form the dominating group in preventive medicine as they do in the practice of curative medicine

The practice of preventive medicine consists essentially in the diagnosis and treatment of diseases in their preclinical stage,—that is, before they have become disabling. The people generally have not yet reached the stage of knowledge and emotion in which they call a doctor out of bed at night to tell them how to avoid catching scarlet fever. Hence there is need for departments of health with their police power of compulsory obedience to health rules, and for lay organizations with their educative methods. One great object of health departments and voluntary health organizations is to send patients to their physicians in order to get the benefits of preventive medicine.

The last five years have seen the development among physicians of the realization of their duty to give to the public all needed service in preventive medicine. Nearly every county medical society in New York State has taken formal steps to promote the practice of public health along some important lines. The state-wide antidiphtheria campaign is evidence of the new desire of physicians that they shall assume the leadership in public health practice as well as in that of curative medicine.

While physicians are largely dependent on non-medical organizations, such as hospitals and nurses, for the practice of medicine, still more are they dependent upon governmental agencies and voluntary health organizations for the practice of public health and preventive medicine. A doctor cannot practice preventive medicine unless patients come to him. He cannot go into the byways and hedges and compel unwilling patients to partake of his health feast. The great field of work of voluntary health agencies is to inspire and educate the people to seek a doctor for preventive advice as eagerly as patients with a pain

seek a physician for relief The physicians will gladly see that preventive medical advice is given to patients who come or are brought to them, just as they take pride in giving medical and surgical treatment to patients in the free wards of the hospital. It is the work of social and relief agencies to bring the poor patients to the hospital, pay their hospital charges, and look after them during convalescence

This same principle applies to the practice of preventive medicine. The doctor is the judge

of the preventive medical attention which a patient needs, of the practical usefulness of the remedial measures that are proposed, and of the desirability and adaptability of a public health program. Voluntary health organizations will achieve their fullest measure of success when they leave the decision of all medical questions to the medical profession.

Physicians believe in the unity of the practice of all forms of medicine, from performing amputations, to giving prenatal advice in clinics

MEASLES-DEATHS

A circular letter dated April 5 sent to physicians by Dr E S Godfrey, Jr, Director of the Division of Communicable Diseases, New York State Department of Health, calls attention to certain fundamental facts regarding measles. It would seem that physicians would know about all there is to know about measles, and yet their practice indicates the need of more instruction regarding the disease. Probably the need to bear the known facts in mind is greater than that for instruction. Inspiration as well as instruction is needed.

Dr Godfrey investigated epidemics in two cities, each of over 100,000 population, and over 6,000 cases were discovered in 3,500 families He says

"One third of the discovered families, and one-half of the discovered cases had never been reported in either epidemic, and only forty per cent of the families were reported within a week after the onset of the first case in the family"

The responsibility for failure to report cases rests on the people even more than the doctors, but the responsibility for teaching the people rests on the physicians

Dr Godfrey brings out the fact that the death rate for measles is especially high among three groups of children. I, those in institutions, 2, those under three years of age, and 3, those not receiving proper hygienic care

Intensive work has been done in the children's institutions of New York State with the result that while the death rate among cases of children under five years of age was 113 per cent in 1923, it was 19 per cent in 1926. There was little or no reduction in the incidence of cases. The fall in death rate was due

to proper care of the patients from the days of onset What has been done in institutions can be done in private practice

Regarding the fatality rate in its relation to age, Dr Godfrey shows that whereas 13 30 per cent of all cases were in children less than three years old, 67 33 per cent of all deaths occurred in that group. This means that the death rate among children under three years of age is five times that of other persons. The lesson is obvious—keep the babies away from cases of measles.

Regarding the care of patients afflicted with measles, Dr Godfrey emphasizes the need of hygienic measures such as any family can carry out Measles begins like a common cold, with no characteristic symptoms until the eruption appears on the fourth or fifth day, and during the pre-eruptive stage the patients go around the streets and to school and not only infect others, but also commit hygienic sins which result in pneumonia, ear diseases, and other "It is only a cold" is a likely complications diagnosis of both the doctors and the parents Public sentiment is not favorable to the control of children with "Colds," until the infections are proven to be measles or scarlet fever or other disease to which an old name may be attached

Dr Godfrey also discusses the passive immunization of children with serum from convalescent cases. He states that the State Department of Health has a small amount of serum available for children under three years of age and for delicate older children who have been exposed to the disease

The control of measles is a public health problem whose solution lies principally with family physicians

THE WOMAN'S AUXILIARY

Woman's Auxiliaries of the state medical societies have been organized in many states of the Union and similar auxiliaries have been formed in many of the constituent county medical societies. Those eligible to membership are the ladies

of the immediate families of the physicians Many journals of the state societies have departments containing news of the auxiliaries

Many activities are conducted by the Woman's Auxiliaries The ladies attend the meetings of

the physicians' societies and help in entertaining the doctors, thereby promoting acquaintances

among the medical men

A favorite activity is medical education. New Jersey employs a lady lecturer who addresses women's clubs on medical matters. Many auxiliaries secure subscriptions to Hygeia. The Woman's Auxiliary of South Carolina is raising money.

for a memorial to Dr J Marion Sims, the father of modern gynecology

The House of Delegates of the Medical Society of the State of New York took action at its last meeting to form a Woman's Auxiliary

An outline of possible activities of the Auxiliary by the Vice-President of the National organ will be found on page 468

LOOKING BACKWARD

THIS JOURNAL TWENTY YEARS AGO

Treating Well People

This Journal for April, 1908, contains an editorial on the treatment of well people, which prophesied many things which are now coming

to pass The editorial says.

The necessity for the family physician and the practitioner of medicine will always exist Even as the infective diseases become less and less, there will ever be human ills and accidents, not the least of which are birth and old age with their manifold symptoms. It is not difficult to believe, and surely is reasonable to hope, that the practitioner of the future will share in the general tendency of the times, and in his relation to the individual and the family will be of greatest service in preventing It is earnestly to be wished that future medical education will give attention to the study of the simple things now neglected —the general care of the health of the healthy individual We have been so busy with diseases and the sick that we have neglected the well

"Are coarse foods of value in preserving health? Is it true that 'four hours of sleep before midnight are worth six after midnight'? Do we really eat too much, or is the cry but a bugaboo? Is fresh air so necessary for health and conducive to longevity? Is the minimum of proteid food the optimum? Is hypermastication of value? Is a daily bath of hygienic virtue? Is it really beneficial to take a cold morning bath? Is exercise essential to perfect health? It is to such simple questions as these that we need to give a scien-

tific answer, and place our knowledge of them on a sure footing. At present they are answered by some in the affirmative, by some in the negative These are the questions which concern the well, not the sick, and I shall always insist that, of the two, the well man is of the greater importance and more entitled to the consideration of science

"If as much money and enterprise as have been bestowed upon hospitals were devoted to preventing the diseases which are treated in hospitals, the hospitals would be much less important figures than they are at present Here lies a woman with her lower abdomen full of pus, intestines matted together, an operation scheduled for tomorrow morning, and eternal invalidism for the rest of her life. A pamphlet costing less than twenty-five cents in the hands of her husband at the proper time, or the proper instruction from a respected source, would have saved all of this

"Some day we shall have scientific studies of human health Papers before societies on these subjects will be common Every medical school will teach hygiene (not merely have a nominal chair, rarely sat in) and the study of health will be regarded as of greater value than the study of disease This most important scientific field yet remains practically undeveloped Biologists are needed to study man to the utmost possibilities of human knowledge

"As the family doctor makes himself efficient he will become the family hygienic councillor, and in that capacity his usefulness and

influence will multiply"



MEDICAL PROGRESS



Some Problems in the Etiology of Cardiac Failure - Sir John F J Broadbent, writing in the Lancet of February 4, 1928 (ccxiv, 5449), discusses the factors that may contribute to the production of heart failure under three headingsvalvular disease, affections of the myocardium, and disorders of rhythm A consideration of the changes incident to valvular disease makes it obvious that these, when severe, may be an important contributing factor to heart failure Affections of the myocardium are more important and more difficult to estimate Here the functions of tonicity, contractility, conductivity, and the power to respond to stimulation must be con-Impairment of the function of tonicity is the main etiological factor in dilatation of the Its causes are bacterial toxins of all kinds. especially the rheumatic affections of childhood, and also Graves' disease, chronic alcoholism, and various debilitating influences such as nervous strain and poor nutrition Contractility is the most vital and essential property which enables the heart to fulfill its function of propelling blood into the circulation, and the chief symptom of its failure is the clinical symptom known as angina The most serious pathological lesions, pectoris entailing grave and permanent impairment of contractility, are lesions of the coronary arteries or their orifices interfering with the blood supply to the heart muscle, and of these syphilitic lesions are the most fatal Causes other than the cutting off of the blood supply may impair contractility, for instance fatty or fibroid degeneration of the heart muscle, which when advanced may be almost as serious, and cases of sudden death are not uncommon with these conditions There may, however, be minor degrees of impairment of contractility associated with precordial pain on exer tion, due to depression of a temporary nature from which recovery is possible Disorders of rhythm, though they may cause considerable discomfort to the patient, do not in the majority of cases play a predominant part in bringing about heart failure, though they may contribute to it The more severe types of heart block, due to compression of the fibers of the bundle of His by inflammatory exudate or cicatricial tissue, are of more serious prognosis. Prolonged or frequent attacks of auricular flutter or paroxysmal tachycardia may exhaust the contractility of the heart muscle and lead to a fatal issue Auricular fibrillation is a serious handicap if associated with a valvular lesion, but in the absence of such lesion it may persist for many years without giving rise to any serious symptoms or even inconvenience In a given case it is not sufficient to make a diagnosis of valvular disease or cardiac dilatation, etc, but one must obtain some definite idea as to the

relative importance of the factors which may contribute to a cardiac breakdown

Nitroglycerin. — Louis Faugères Bishop, writing in the Medical Review of Reviews, February, 1928, xxxiv, 32, outlines certain information which the doctor should give the patient concerning the use of nitroglycerin This drug, which is a valuable symptomatic remedy in various untoward symptoms arising from a diseased cardiovascular system, unless used properly, is often mert or dangerous. It is better to give small doses frequently rather than one large dose About 1/225 of a grain at a time is the proper amount, this can be repeated every fifteen minutes until relief 15 obtained The patient should be told that nitroglycerin pellets should be chewed in the mouth and not swallowed, because the action of the drug is much better when absorbed by the buccal mucosa He should be instructed that nitroglycerin tablets obtained from a druggist are often mert Physicians should obtain a freshly made supply for their own use from time to time. The doctor should never forget to tell the patient that a dose of nitroglycerin may cause a transitory headache and a sense of fulness in the head due to the fact that there is more blood stasis in the brain while the drug is acting, due to its vasodilating effects, and the headache is no contraindication to its use

Hemolytic Streptococci in Miscellaneous Throats - Professor Bürgers of the Königsberg Hygienic Institute has for many years past studied smears from the throats of the sick and well, and among the flora the hemolytic streptococcus has been present in great fre-A request broadcast to colleagues quency for smears with clinical diagnosis appended has brought in additional material, so that the author can tabulate 300 cases in which some In 134 of these kind of angina was present streptococcus cases the clinical diagnosis was follicular tonsillitis, in 60 it was clinical diphtheria (without Klebs-Loeffler bacilli), in 35 there was merely transient redness and swelling of the tonsils, and in 34 scarlet fever The remainder were divided among quinsy, diphtheria with bacteriological confirmation, Plaut-Vincent angina, etc In over half the cases there was nothing to suggest contagion, including chiefly follicular tonsillitis and quinsy In only a few straggling cases had these patients been exposed to a known contagious angina On the other hand, weather influences

were manifest, the incidence increasing with the cold months These finds do not indicate any marked pathogenic activity of the hemolytic streptococcus as such but rather that this organism is only a chance find, but to-accept such a view as final is hasty and ill-advised, for healthy children out of school seldom show this organism in the throat, although after they begin to attend school it is seen with increasing frequency Moreover it is evident that there are several different pathogenic strains of these cocci, and we are unable to determine whether a single one or several are able to cause scarlet fever, or whether avirulent forms can become virulent under unknown circumstances It can only be claimed that the mere finding of hemolytic streptococci in the throat is without much significance -Klimsche Wochenschrift, February 12, 1928

Treatment of Malignant Diphtheria With Ordinary and Streptococcus Antitoxin.—Articles on this subject by F Meyer, bacteriologist, and H Finkelstein and E Konigsberger, pediatricians, are in reference to the recent appearance of a type of malignant diphtheria in Berlin which is refractory to ordinary diptheritic The conclusions of Meyer are as follows Bacteriological study of this malignant diphtheria having shown that large numbers of hemolytic streptococci are present in at least half the cases, along with the fact that these organisms produce a toxin which causes lesions analogous to those of the diphtheria toxin-which in turn can give rise in the body to a special antitoxin—it is urgently indicated to manufacture this antitoxin and inject it jointly with the original antitoxin of Behring It has been shown that the new remedy is safe for the patient. Further than this Professor Meyer does not go, the clinical side of the subject being stated by Finkelstein and his colleague These authors state explicitly that the new antitoxin and the combined antitoxins are to be used only in this particular expression of malignant diphtheria. They have made the injections at once without tarrying for a bacteriological diagnosis, this naturally including cases in which no streptococci were The first series of chilsubsequently found dren treated numbered 9 of whom 2 died, but this ratio was unfortunately not maintained, for even under the combined treatment the mortality of the toxic patients reached 44 per-This was an improvement on the early mortality of 87 per cent, but too high to warrant a characterization of the treatment as successful - Deutsche medizinische Wochenschrift, February 10, 1928

The Pathogenic Action of Bartonella Muris and Its Resemblance to Bartonella Bacilli-

forms of Carrión's Disease -In the course of experiments undertaken with the purpose of studying the influence of splenectomy on the development of induced cancer in rats, H P Bayon found in the blood of these rats, about three to five days after splenectomy, numerous intracellular microorganisms corresponding in every morphological particular to the Bartonella found in Carrion's disease (Oroya fever In some rates the multiplicaand verruga) tion of this germ in the erythrocytes caused the appearance of a progressive anemia which ended in hematuria and death within three In others the Bartonella persisted for a fortnight or more and then disappeared with-The microout leaving any apparent effects organism was cultivated and found to be a pleomorphic Gram-negative rod, which corresponded in shape and size with the organism described by Noguchi (1927) under the name Bartonella bacıllıformıs, and with that described by Mayer, Borchard, and Kikuth (1927) as Bartonella muris This work confirms the splenectomy experiments on rats of Martin Mayer and his coworkers (1927) There is such a striking resemblance between the behavior of the Bartonella in splenectomized rats and that of Grahamella in many rodents, that Bayon considers them closely re-It is therefore quite possible that, in countries where Oroya fever and verruga are endemic, some small mammal may act as a reservoir of the virus These investigations are also of interest in reference to the part played by the spleen in preventing the spread of bacterial infections. It is clear that splenectomy in rats does not produce the Bartonella, but causes what must be a latent or cryptic infection (of the endothelia?) to generalize, and appear in the blood through the rapid multiplication of a small number of microorganisms This study also suggests that the hematogenic localization of the Bartonella in man (Oroya fever) may depend upon an impaired function of the spleen, such as might conceivably result from typhoid fever or malaria, and typhoid and paratyphoid fevers have frequently complicated the diagnosis of Oroya fever - Journal of Tropical Medicine and Hygiene, February 1, 1928, xxxi, 3

The Problem of Postvaccinal Encephalitis—Professor H Pette of the Hamburg-Eppendorf Hospital refers to the fact that exceptional forms of general acute infectious disease may leave sequelæ involving the central nervous system. The primary affection may be one of the milder types, notably measles or chickenpox, and it was therefore no great surprise to neurologists to note that a small number of cases have followed ordinary vaccination. The problem is by no means as



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Sodium There was no edema twitchings sulphate solution was at once infused into an arm vein, the patient at the same time wearing a retention catheter Although no urine had appeared for some hours it at once began to escape through the catheter In the course of 20 minutes 450 cc of 5 per cent solution was injected and followed by the same amount of saline infusion. The patient began to improve in all respects and save for a trace of albumin his renal functions became normal From this very limited experience the opinion might be hazarded that what may be termed terminal uremia at the close of years of progressive renal inefficiency cannot be influenced at all by the treatment in question, but acute uremia in kidneys nominally able to function may be rapidly influenced favorably

Bacteriophagy in Urinary Infections Following the Administration of the Bacteriophage Therapeutically — Janet Anderson Caldwell, writing in the Archives of Internal Medicine, February, 1928, xh, 2, states that 75 consecutive cases of urinary infections which she has studied, sewage filtrate (which contains lytic principle of marked activity for most of the gram-negative bacilli found in cases of urinary infection) has lyzed 90 per cent of the strains of bacilli isolated from the catheterized specimens of urine The bacteriophage employed was isolated from sewage filtrate in the usual way and was built up on the patient's organism by a few serial passages until it gave maximum or marked lysis It was always concentrated by adding an entire agar slant suspension to 20 or 25 cc of the filtrate and incubating until lysis occurred (from eight to eigh-The concentrated filtrate was teen hours) given by subcutaneous injection and lavage of the bladder, usually daily or every other day for from three to six injections. In 12 patients the processes of bacteriophagy have been followed through frequent cultures of urine and examination of urine filtrates The bacteriophage could be recovered from all urines following treatment except those which became The bacteriophage recovered was always similar in strength to the one administered, and made its appearance in the urine in periods varying from a few hours to the third In all cases in which the urine was not sterilized, and in some of the latter cases before sterilization, the organism was modified in respect to its growth characteristics, but the cultural characteristics remained unchanged The organism as modified was always resistant to the bacteriophage administered, but could be lyzed by sewage filtrate, with but one exception From these it is clear that the chief

problem in the use of the bacteriophage in urinary infections is that of the ready adaptability of the organisms (B coli and B pyocyaneus) usually found in these cases, so that they become resistant to the bacteriophage adminis-To combat this difficulty the bacteriotered phage used should not permit the early development of secondary cultures It should be prepared and administered promptly, at frequent intervals and in adequate quantities so as to lyze the main bulk of organisms quickly, thus preventing the modification which results in resistance If necessary, cultures should be relyzed by sewage filtrate, and the second filtrate should be administered

Treatment of Nervous Air Swallowing -Prof I H Schultz of Berlin states that this condition, for whatever reason, is not common in Germany, as pointed out by Goudberg of Rotterdam, who with Mathieu of Paris is specially mentioned as an authority on the affection, known also as nervous eructation and aerophagy These authors associate the syndrome with nervous dyspepsia After these dyspeptics have eaten they feel uncomfortable and begin to belch, especially patients who bolt their food. In their attempts to dislodge the superfluous gas, false belching develops during which they are in reality swallowing air In time a prolonged genuine belch really evacuates the stomach, but relief is only temporary for air swallowing is renewed and the picture is repeated. This account applies to many cases but not to all, and the author isolates quite a distinct type from the preceding. Here the patient already has his stomach distended before he finishes eating and there is none of the false belching Such patients cannot benefit by refraining from swallowing after meals, by wearing a gag, etc. Study of this type may show a certain incoordination between swallowing and breathing, but fast eating certainly plays no role Just before and during the act of swallowing a gasping inspiration may be noted and even at times heard, which makes it possible for air to enter the stomach bad habit may be broken up by proper evercises, beginning with fluid nourishment and the patient will learn to swallow his food during the expiratory phase of breathing or the pause, when it will be found that the stomach is no longer tympanitic after eating. The author has cured many cases in this manner, after many internists and neurologists had The most striking feature of the author's brief paper is failure to mention fluoroscopic control, which indicates that he has not found this resource necessary for diagnosis -Deutsche medizinische Wochenschrift, January 20, 1928

simple as it appears, for as yet we have no proof that the diffuse encephalomyelitis which develops in these cases is due to the infectious agent of measles, etc, or to some other and associated infection, such as the unknown neurotropic virus of lethargic encephali is The viruses of measles, varicella, and vaccinia are not neurotropic. The author after many animal experiments has been unable to produce any neurotropic symptoms with vaccine We may then take up the other possibility that vaccinia, etc, pave the way for a second infection of unknown nature. But the author will not take refuge in the theory that these affections merely pave the way for an attack of ordinary lethargic encephalitis, and in fact he assails this explanation. On the other hand there has been a disposition in the past few years to regard acute diffuse encephalomyelitis as arising from a variety of One must under the circumstances think of the possibility of a virus which is present in the body—perhaps in the nasal passages—which is lighted up to activity by various causes that lower specific immunity In the author's animal experiments the intensive use of vaccine virus was shown to have mobilized the Bacillus bipolaris which in turn caused fatal sepsis Some such association may well be responsible for post-vaccinal encephalitis in mankind —Munchener mediz nische Wochenschrift, February 3, 1928

The Present State of Our Knowledge of Gingivitis—On the basis of an experience with 5,000 cases of gingivitis and a study of the reports of 4,347 cases examined bacteriologically, Robert A Keilty finds that 964 per cent show the presence of a spironema, 716 per cent show Endameba gingivalis and 666 per cent show a bacterial flora These groups alone or in combination are the direct etiological factors in every case of the disease, and all other factors are contributory or subservi-The problem of gingivitis is most important masmuch as over 90 per cent of our population have the disease in one form or The term "pyorrhea," representing as it does the end-stage of the disease, should be immediately discarded for a more inclusive Gingivitis, qualified as acute, subacute, or chronic, is suggested, since the disease in all its stages is an inflammation of the gingivæ It is also suggested that the term Vincent's spirillum should be discarded, as this organism probably belongs to the genus Borrelia, and likewise Vincent's angina or trench mouth, as this is nothing more than a flare-up having its origin in a gingivitis The gingivæ are the most potential sources of foci of infection in the body, being more important than the periapical sources Gingivitis will subside and can

be absolutely kept under control by appropriate therapeutic measures intelligently applied There is no one specific treatment. All contributory factors—pathological changes in the nose, mouth, tonsils, or sinuses-must be recognized and means taken to control them If bridges or crowns are wrong they must be Gross collections of tartar should be removed, but the general process of scaling is absolutely to be condemned. The same holds good for all the mandril polishers, stones, and wheels, which do more damage than good After a general clean-up a return check-up should be carried on about once a month The aniline dyes, arsphenamine, emetine, Dakin's solution, hot water irrigations, sodium perbolate, hydrogen peroxide, in some combination to fit the bacteriological flora; are the best Mouth washes, tooth powders; and remedies pastes are valuable merely for cleansing, but have no direct influence on the specific factors of gingivitis The method of administering drugs is most important. The use of the rubber cup, advocated by Vastine, is by far the most direct and efficient method so far devised Keilty is opposed to all operative procedures on the gums, except in special cases, for example where one pocket is almost a sinus and a small incision would facilitate drainage or the application of remedies - Journal of Laboratory and Clinical Medicine, February, 1928,

Treatment of Uremia by Intravenous Infusion of Hypertonic Solution of Sodium Sulphate - K O Moller of Copenhagen refers to the diuretic value of this infusion, notably in animal experiment Although Volhard recommended its use in bilateral hematogenous nephritis, it does not appear that the infusion as such had ever been tested on human patients until the author took up the subject (Klimsche Wochenschrift, January 22, 1928) The total number of patients tested thus far is four and the author is frank to state that in three not the slightest benefit was obtained In the fourth patient however, the good effects were so startling that we can look forward to an advance in the treatment of selected cases The patient helped was a man of 52 who presented at the outset a little albumin in the The basic disease was chronic bronchitis with emphysema and some cardiac hypertrophy and anemia (hemoglobin 65 per The blood pressure was normal and this was true also of the blood area concen When the general health showed a further decline it was found that urine was becoming scanty and contained albumin and blood, and at the same time uremia suddenly appeared with malaise, vomiting, benumbing of the brain and restlessness with muscular

right leg, which movement caused pain He was treated one or more times in each month from July to a year from the following October That injections of solutions and drugs in the vicinity of the spine between the shoulder blades and the right hip were made by the defendant, and that the defendant had also prescribed certain drugs to be taken internally by the plaintiff That the physician had failed to diagnose the plaintiff's case correctly because of improper tests and improper examinations and because of the failure to properly interpret the result of the examina-That the plaintiff's condition tions and tests was wrongfully diagnosed as syphilis, also that the defendant improperly handled the needle in administering the injections so as to make and cause large holes in the plaintiff's back,/which still remain and are permanent. That the injections were wrongfully made in the plaintiff's back between the shoulder blades, where such injections should not have been made, and solutions and drugs were administered, which never should have been used in the absence of syphilis, and they were also used in quantities that were excessive and dangerous irrespective of what the That the defendant had wrongfully disease was injected salvarsan and mercury and other drugs in excessive quantities That the defendant physician had exhibited lack of knowledge, skill and diligence in failing to diagnose plaintiff's malady correctly, in failing to make personally any tests or examinations, but in diagnosing same as a disease with which plaintiff was never afflicted and which is unmistakeable in its symptoms the plaintiff's condition was aggravated and his ailment prolonged and he was required to procure medical services from other physicians That since his treatment by the defendant he has been

unable to work or to work only part time

It appears that the plaintiff was referred to
the defendant in July, and the plaintiff was advised by the physician that he did not undertake
the treatment of any syphilitic conditions until
such time as the patient had had a diagnosis
made of his condition either by the Board of
Health or by a laboratory of his own selection
That the plaintiff thereafter went to the Board
of Health and about six days later a certificate
was received by the doctor reporting a four plus
Wassermann of the plaintiff No agreement of
any kind was made by the defendant to cure the
plaintiff, the physician merely stating that he

would give the plaintiff a course of salvarsan or mercury and such course of treatment to include as many injections as may be necessary to overcome the condition. The plaintiff had a stiffness in the hip which he described as a peculiar rheumatic pain coming on when the weather changed. The defendant physician submitted the plaintiff to the Argyll-Robertson knee reflexes and Romberg's tests, also examined the retina of the eye for central degeneration of the optic nerve. Examination was also made of the urine, which was negative

From his examination the defendant found the plaintiff to be suffering from an anemic condition and malnutrition His skin was sallow and cold, his blood pressure was subnormal. The physician informed the patient that there was more or less reactionary pain to the injections which would last sometimes three or four days and which would sometimes tend to form an area of induration or hardening He further informed the patient that where a quantity of salvarsan was administered intravenously, there was more or less of a tax upon the heart structure and kidneys, particularly where an individual was run down and emaciated and his resist-He therefore, suggested that the patient have at least two or three injections of an emulsified salvarsan in oil of sesame as there would be a slow absorption, but not a dangerous constitutional reaction. After one injection of 1/4 gr of salicylate of mercury the plaintiff developed a severe case of mercurialism which was attended and treated by the defendant physician fendant was called to the patient's home where he found him lying in bed with his tongue protruding and black, with a towel under his head com-The physician administered pletely salivated permanganate of potassium and remained with the patient for about two hours, administering to him The physician repeatedly visited the patient for over a period of a week and a half until the untoward condition had cleared up A subsequent Wassermann test also showed a four plus, indicating that after two injections of salvarsan the patient's blood was arsenic fast. The patient about this time left the care of the defendant and received no further treatment from him, and nothing was heard until the institution of the action

The action finally came on for trial and resulted in a verdict by the jury in favor of the defendant



LEGAL



By LLOYD PAUL STRYKER, Esq Counsel, Medical Society of the State of New York

SURGEON SENTENCED TO THE ELECTRIC CHAIR

A recent dispatch to the New York Times informs us that Dr Amante Rongetti, of Chicago, former owner of the Ashland Boulevard Hospital, was on March 9th sentenced to die in the electric chair for having caused the death of Loretta Enders by means of an illegal operation "It was said here," declares the news dispatch, "that the death sentence on Rongetti is the first ever imposed on a surgeon in this country in a case growing-out of an illegal operation" In pronouncing the sentence, the judge pointed out that the evidence indicated that Dr Rongetti had permitted his patient to die because she did not have any money and had not paid her bill

So far as our researches of the New York decisions are concerned, we find no case where the death sentence was imposed upon a surgeon as a result of an illegal operation Yet, under the statutes of this state, any doctor who, while engaged in the performance of an illegal operation, causes the death of his patient, may be indicted and convicted for

murder in the first degree

Sec 80 of our Penal Law provides

"A person who, with intent thereby to procure the miscarriage of a woman, unless the same is necessary to preserve the life of the woman, or of the child with which she is pregnant, either

"1 Prescribes, supplies, or administers to a woman, whether pregnant or not, or advises or causes a woman to take any medicine, drug, or substance, or, "2 Uses, or causes to be used, any instrument or other means,

"Is guilty of abortion, and is punishable by imprisonment in a state prison for not more than four years, or in a county jail for not more than one year"

Sec 1044 provides that the killing of a human being, unless it is excusable or justifiable, is murder in the first degree when committed "with a design to effect death, by a person engaged in the commission of, or in an attempt to commit a felony, either upon or affecting the person killed or otherwise" The crime of abortion in this state is a felony

Any physician, therefore, who brings about the miscarriage of a woman unless such miscarriage was necessary to preserve her life or that of the child with which she is pregnant, renders himself liable not only to indictment and conviction for the crime of abortion, but if the woman dies he may be indicted and convicted for murder in the first degree Judging by the news dispatch from Chicago, that was the lot which befell the physician in that case

Any member of the medical profession, therefore, who embarks upon a practice of this kind or even upon a single illegal abortion, has not only abandoned every principle of right, has not only rendered himself liable to imprisonment for felony, but actually has begun the march which may lead on to the electric chair

IMPROPER TREATMENT OF SYPHILIS

It was claimed that in the month of July, a physician had been engaged to cure the plaintiff of a malady from which he was suffering, a stiffness and pain in and about his right hip joint. That the defendant physician agreed for a stated price, to cure the plaintiff. That the physician did not use reasonable care in his attendance and treatment and negligently prescribed and administered, by hypodermic injections in the patient's back and right hip, a dangerous and injurious drug, and prescribed and administered said drug in excessive doses which, in the proper exercise of care and skill should not have been administered to the

plaintiff It was further charged that the defendant failed to discover the plaintiff's true condition, but undertook to treat him for some other malady which he did not have That the plaintiff's health was greatly injured and he suffered intense pain, was obliged to expend large sums of money in an endeavor to be cured of the malady, which was aggravated, prolonged and increased, and that his health had become permanently impaired

The plaintiff more specifically alleged his claims and injuries and stated that his malady was a stiffness in and about the right hip joint with accompanying pain which impeded the movement of his

SECTION MEETINGS

SECTION ON MEDICINE

Chairman Secretary

H Rawle Geyelin, M.D., New York City John A. Lichty, M.D., Clifton Springs

Place of Meeting-State Armory, Washington Avenue and Lark Street

Tuesday, May 22nd, 2 30 P M

Its Relation to Internal Medicine," Francis M Rackemann, MD, Boston, Mass (By invitation)

· 2 "Allergy in Relation to Scarlet Fever," Franklin A Stevens, MD, New York City

3 "A Case Belonging to the Wilson's Disease Pseudosclerosis Group with Moving Pictures," George M Mackenzie, M D, Cooperstown, and Wilder G Penfield, M D, New York City

4 "The Significance of Various Clinical and Laboratory Factors in the Diagnosis of Peptic Ulcer," T' Grier Miller, M.D., Philadelphia, Pa

(By invitation)
5 "Infectious Mononucleosis" (Glandular Fever), L Whittington Gorham, MD, and H

Dunham Hunt, M. D., Albany

6 "Purpura and Platelets - Some Practical Considerations," Kenneth R McAlpin, MD, New York City

Discussion by Will C Spain, MD, Ralph G Stillman, MD, New York City, Wardner D Ayer, MD, Syracuse, and Thomas Ordway, MD, Albany (By invitation)

Wednesday, May 23rd, 9.30 A.M. Joint Session with Section on Public Health, Hygiene and Sanitation

1 "Heart Disease-The Broad View," Robert H Halsey, MD, New York City

2 "The Statistics and Prevention of Heart Disease," Joseph V DePorte, Ph D, Chief, Bureau Vital Statistics, State Department of Health, Albany (By invitation)

Discussed by Alfred E Cohn, M D, New York

City

3 "The Pathology of Heart Disease with Par-

ticular Reference to Etiology," Marcus A Rothschild, M.D., New York City, and Emanuel Libman, M D, New York City

Discussion opened by Ward J MacNeal, MD,

New York City

4 "The Clinical Signs of Heart Disease with Particular Reference to Ethology," Nellis B Foster, MD. New York City

Discussion opened by Harlow Brooks, MD, and T Stuart Hart, MD, New York City
Discussion by Bernard S Oppenheimer, MD,

Harold E B Pardee, M D, Louis F Bishop, M D, Joseph H Bainton, M D, New York City, Hermon C Gordinier, M D, Troy, Edward C Reifenstein, M D, Syracuse, Nelson G Russell, M D. Buffalo, and William H Lohman, MD, Brooklyn

Wednesday, May 23rd, 2 30 P.M

1 "Symptomatology, Prognosis and Treatment in Cases of Chronic Non-hemolytic Jaundice," Chester M Jones, MD, Boston, Mass (By invitation)

2 "Gall Bladder Visualization," A H Aaron,

MD, and Lester I Levyn, MD, Buffalo 3 "Heart Failure in Hyperthyroidism," E Cowles Andrus, M.D., Baltimore, Md (By invi-

4 "The Management of Dropsies," William

S McCann, M D, Rochester

5 "Arterial Disease in Diabetes," Howard Root, M.D., Boston, Mass (By invitation)

6 "Undulant Fever," Luzerne Coville, MD, and Charles M Carpenter, MD, Ithaca

invitation)

Discussion by William S Ladd, MD, Edgar Stillman, M.D., New York City, and Edward C Koenig, M.D., Buffalo (By invitation)

SECTION ON SURGERY

Chairman Secretary

Albert G Swift, M D, Syracuse Hyzer W Jones, MD, Utica

Place of Meeting-State Armory, Washington Avenue and Lark Street

Tuesday, May 22nd, 2 30 P.M

1 "Radical Cure of Herma with Fascial Sutures," Carl G Burdick, MD, New York City

Discussion-Bradley L Coley, M.D., New York City

- 2 "Imperfect Adaptation in Man as a Cause of Surgical Disorders," William D. Johnson. M D, Batavia
- 3 "Pre-Operative Care for the Supposedly Fit," William A Groat, MD Syracuse

Wednesday, May 23rd, 9 30 A.M

1 "Tuberculosis of the Kidney," Oswald S Lowsley, MD, New York City

2 "Acute Infections of the Hand," Henry W

Cave, M.D., New York City
3 "After Treatment of Traumatic and Infectious Lesions of the Hand with a View to Shortening Convalescence and Preparing for Future Reconstructive Surgery," Henry H M Lyle, M D, New York City

Discussion-Drs Lyle and Cave Papers, Marshall Clinton, M.D., Buffalo



THE ANNUAL MEETING



PROGRAM OF THE ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK IN ALBANY, MAY 21-24, 1928

HOUSE OF DELEGATES

The regular annual meeting of the House of Delegates of the Medical Society of the State of New York, will be held on Monday, May 21, 1928, at 2 30 P M, in the ballroom of the Ten Eyck Hotel (top floor), Albany, New York E ELIOT HARRIS, M D, Speaker

DANIEL S DOUGHERTY, M D, Secretary

DELEGATES' DINNER

The Delegates' Dinner will be held in the front dining room of the Ten Eyck Hotel (1st floor), Albany, N Y, Monday evening, May 21st, after the adjournment of the afternoon

session of the House of Delegates Tickets for the dinner are \$250 each, and must be reserved by five o'clock Monday afternoon, May 21st

ANNUAL MEETING

The one hundred twenty-second annual meeting of the Medical Society of the State of New York will be held on Tuesday evening, May 22nd, at 8 30 o'clock, in the ballroom of the Ten Eyck Hotel (top floor), Albany, New York JAMES E SADLIER, M.D., President DANIEL S. DOUGHERTY, M.D., Secretary

ANNUAL BANQUET

The Annual Banquet will be held in the ballroom of the Ten Eyck Hotel (top floor) on Tuesday evening, May 22nd Speakers will be announced later Tickets \$500 Members are nounced later urged to make up their tables in advance and apply to Dr Daniel B Lynch, Chairman of the Banquet Committee, 374 Hudson Ave, Albany,

N Y, for table reservations Tickets may be secured in advance and arrangements for special parties may be made by applying to the above or to the Medical Society of the State of New York, 2 East 103rd Street, New York City Applications for tickets will be received up to Monday evening, May 21st

REGISTRATION

Registration of members will be at the State Armory, Washington Avenue and Lark Street, from Monday, May 21st, 2 P M, to and including Thursday, May 24th, at 6 P M The registration booths will be open from 8

A M to 6 P M, except on Monday, May 21st Members of the House of Delegates will register in the ball-room of the Ten Eyck Hotel (top floor), Monday afternoon, May 21st from 12 30

COMMERCIAL EXHIBITS

The Commercial Exhibits and the Heart Demonstration will be located on the drill floor of the State Armory, corner of Washington Ave and

Lark St, and will be open from 1 P M to 6 P M, Monday, May 21st, and from 8 30 A M to 6 P M on Tuesday, Wednesday and Thursday

Discussion opened by Louis B Baldwin, MD, and Edward G Whipple, MD, Rochester

2 "Tuberculosis and Asthma in Children," Henry A Reisman, MD, and Frederick R Mason, MD, New York City

Discussion opened by Roger H Dennett, MD,

and Marshall C Pease, M.D., New York City 3 "Diabetes in Children," Henry R Geyelin, M.D. and Thomas T. Mackie, M.D., New York

Discussion opened by William S Ladd, MD, New York City, and Thomas Ordway, MD, Albany (By invitation)

4 "Diabetes Albuminuricus, or Nephrosis," Albert A Epstein, M.D., New York City

Discussion opened by Marshall C Pease, MD,

New York City

5 "The Relationship of Orthopedics in the Practice of Pediatrics," Charles Ogilvy, MD, New York City

Discussion opened by Roger H Dennett, MD, and George Irving, M.D., New York City

Wednesday, May 23rd, 2 30 P.M

1 "Blood Changes in Pneumonia," Adolph G G De Sanctis, MD, and John A Killian, MD, New York City (By invitation)

Discussion opened by Herbert Schmitz, MD, New York City

2 "The Treatment of Erysipelas in Children," Harold Cushing, M.D., Montreal, Canada (By invitation)

Discussion opened by Joseph C Regan, MD,

Brooklyn 3 "Urobilin as a Guide in the Management of Cardiac Cases," Moses H Edelman, M.D., New

Discussion opened by John A Killian, MD,

New York City (By invitation)

4 "Normal and Pathological Blood Pictures Seen in Young Children as Encountered at the Babies' Hospital," Martha Wollstein, MD, New York City

5 "The Eye in Pediatrics," William F C

Steinbugler, M.D., Brooklyn.

Discussion opened by Albert G McAuley, MD, Montreal (by invitation), and Harry V Judge, M.D., Albany

6 "Classification of Kidney Diseases in Children, with Special Reference to the Chronic Types," Marshall C Pease, MD, New York City

Discussion opened by John A Killian, MD,

New York City (By invitation)

SECTION ON EYE, EAR, NOSE AND THROAT

Chairman Secretary

William A. Krieger, M.D., Poughkeepsie Harry M. Weed, M.D., Buffalo

Place of Meeting-State Armory, Washington Avenue and Lark Street

Tuesday, May 22nd, 2 30 P M.

1 "Unusual Mastoid Infections with Particular Reference to Sinus Thrombosis and the Simphification of Operative Procedure," Harold Hays, M D, New York City

Discussion opened by Edwin S Ingersoll, MD, Rochester, and John S Kirkendall, M.D.,

Ithaca

2 "Recent Advances in Cancer Therapy as Applied to Malignancies of Head and Neck" (Illustrated on the Screen), Joseph C Beck, M D, Chicago, Ill (By invitation)

Discussion opened by Harold Hays, M.D., New

York City

3 "The Paranasal Sinuses in Relation to Disease of the Optic Nerve," Emory Hill, MD, Richmond, Va (By invitation)

Discussion opened by John F Fairbairn, MD,

Buffalo

4 "Sinus Conditions Associated with Cough in Tuberculosis," H St John Williams, MD, Poughkeepsie.

Discussion opened by William E Lawson,

M D, Albany
5 "The Near Testing of Visual Acuity," Albert C Srell, MD, Rochester

Discussion opened by Conrad Berens, MD, New York City

Wednesday, May 23rd, 9 30 A.M.

1 "Photographic Diagnosis of Optic Nerve Lesions" (Lantern Demonstration), Arthur J Bedell, MD, Albany

Discussion opened by John A Spengler, MD,

2 "The Treatment of Malignant Lesions of the Eyelids" (Lantern Demonstration), William L Benedict, MD, Mayo Clinic, Rochester, Minn (By invitation)

Discussion opened by G. Allen Robinson, M.D.,

New York City

3 "The Eye in Diabetes," William T Davis, MD, Washington, DC (By invitation)

Discussion opened by C Knight Deyo, MD,

Poughkeepsie

4 "A Modified Jameson's Recession Operation for Strabismus," Conrad Berens, M.D., and Ray R. Losey, M.D., New York City

Discussion opened by James W White, MD, New York City

Wednesday, May 23rd, 2 30 P M

1 "Papillomatosis of Larynx and Trachea," Arthur F Holding, M D, Albany

Discussion opened by Gabriel Tucker, MD, Philadelphia, Pa (By invitation)

2 "Common Problems of the Specialist and

Wednesday, May 23rd, 2 30 P M

1 "Bronchostomy for Anaerobic Broncho-Pulmonary Suppuration," Harold Neuhof, M.D., New York City

2 "Surgical Treatment of Pulmonary Tuberculosis," Edward S Welles, M.D., Saranac Lake

Discussion—Carl Eggers, MD, New York City

3 "The Use of Balanced Traction in the Treatment of Fractures," R Plato Schwartz, MD, Rochester

4 "Certain Problems in Treatment of Fractures," Charles L Scudder, M.D., Boston, Mass (By invitation)

Discussion opened by Clarence E Coon, MD,

Syracuse

SECTION ON OBSTETRICS AND GYNECOLOGY

Chairman. Secretary

Nathan P Sears, MD, Syracuse George M Gelser, MD, Rochester

Place of Meeting-State Armory, Washington Avenue and Lark Street Papers limited to fifteen minutes-discussions to five minutes

Tuesday, May 22nd, 2 30 P M.

1 "Backache in Women from an Orthopedic Standpoint," Charles D Reid, M D, Syracuse

2 "Post-Operative Renal Infections (Lantern Slides)," Henry D Furmss, MD, New York City

3 "Choice of Anaesthetics," John J Buettner, MD, Syracuse

4 "The Use of Small Doses of Pituitrin for the Induction of Labor at Term," Arthur Stein, M D, New York City

Discussion opened by George W Kosmak,

MD, New York City

5 "Prenatal Care, in Moving Pictures," Paige E Thornhill, MD, Watertown

Wednesday, May 23rd, 9 30 A.M

1 "Anatomical Repair of Uterine Prolapse," Reginald M Rawls, MD, New York City

2 "My Experience with the Interposition Operation," George B Broad, MD, Syracuse

3 "Clinical Application of the Female Sex

Hormone Test," Robert T. Frank, MD, New York City

4 "Comparative Ovulation in Animals and Man," George N Papanicolaou, MD, New

York City (By invitation)

5 "A Preliminary Report on Subcutaneous Injection of Blood in the Treatment of Postpartum Infection," (Lantern Slides), Gordon Gibson, MD, Brooklyn

Wednesday, May 23rd, 2 30 P M

1 "The Problem of Reducing Mortality Associated with Childbirth," Frederick W Rice, MD,

New York City 2 "How May Maternal Mortality Be Lowered?" Frederick C Irving, MD, Boston, Mass (By invitation)

3 "Stillbirths and Neo Natal Deaths," James

K Quigley, MD, Rochester

4 "Placenta Previa," Hervey C Williamson,

M.D., New York City
5 "Experiences in the Management of Pregnancy Complicated by Heart Disease," Harold E B Pardee, M.D., New York City

SECTION ON PEDIATRICS

Chairman Vice-Chairman Secretary

Wm Henry Donnelly, MD, Brooklyn Carl G Leo-Wolf, MD, Niagara Falls John Aikman, MD, Rochester

Place of Meeting, State Armory, Washington Avenue and Lark Street

Tuesday, May 22nd, 2 30 P M

1 Chairman's Address, Wm Henry Donnelly,

M.D., Brooklyn 2 "Non-Operative Treatment of Intussusception," George M Retan, MD, Syracuse

Discussion opened by Roger Durham, MD,

Brooklyn

3 "The Medical Society's Share in Protecting the Children of Schenectady Against Diphtheria, Howard A Gilmartin, MD, Schenectady

Discussion opened by Dever S Byard, MD,

New York City
4 "Arsenical Reactions in Congenital Lues Complicated by Alkalosis," Thurman B Givan, M D, Brooklyn

Discussion opened by Henry M Feinblatt, M D , Brooklyn

5 "Early Diagnosis and Early Radical Operation in Tuberculosis of the Lymph Glands,"
John M Hanford, M D, New York City
Discussion opened by Carl G Burdick, M D,
and Fenwick Beekman, M D, New York City

6 "Poliomyelitis," A Clement Silverman,

MD, Syracuse Discussion opened by Wardner D Ayer, MD, Syracuse, and Edward S Godfrey, M D, Albany

Wednesday, May 23rd, 9 30 A.M

1 "Natural History of Asthma in Children," Stearns S Bullen, M.D., Rochester

Wednesday, in 22 3rd, 9 30 A.M

Symposium on Syphilis

1 "Should Syphilis Be Treated Only by Specialists," Walter J Highman, M.D., New York

City
2 "The Present Conceptions of the Curability
Methods" Harold N of Syphilis, Discussion of Methods," Harold N

Cole, M D, Cleveland, Ohio (By invitation) 3 "Cisternal (Suboccipital) Puncture, Further Observations" (Moving Picture Demonstration), Leo Spiegel, MD, New York City

4 "The Tubercle of Carabelli Its Relationship to Congenital Syphilis," Joseph J Eller,

MD. New York City

The first, second, third and fourth papers will be discussed together

Discussion opened by George M Fisher, MD,

Utica

Symposium on Cutaneous Neoplasms

5 "Pigmented Growths of the Skin, Their Significance and Treatment," A Benson Cannon, MD. New York City

6 "Small Benign Tumors of the Face, Histological Study," Lawrence K. McCafferty, MD,

New York City

7 "Endothermy vs X-ray and Radium in the Treatment of Neoplastic Diseases of the Skin and Mucous Membranes," George A Wyeth, MD, New York City

The fifth, sixth and seventh papers will be

discussed together

Discussion opened by Albert R McFarland, MD, Rochester

Wednesday, May 23rd, 2 30 P M

1 "Fluorescence, Clinical and Biological Significance in Dermatology," Herman Goodman, M D, New York City

Discussion opened by Gustav Bucky, MD, New York City

2 "Hair Growth A Consideration of Its Mechanical Factors," Herman Sharlit, MD, New York City

Discussion opened by Herbert H Bauckus,

MD, Buffalo

Symposium on Therapy

3 "Thallium Medication in Tinea Capitis and Other Dermatoses Requiring Epilation," Elias W Abramowitz, MD, New York City

4 "Lupus Erythematosus, Treated with Gold and Sodium Thiosulphate, Report of Thirty-two Cases," Harry C Saunders, M.D., New York City

5 "Treatment of Acne Vulgaris by Calcium,"

David Bloom, M.D., New York City

The third, fourth and fifth papers will be discussed together

Discussion opened by Jerome Kingsbury, M.D. New York City

6 "Pachyonychia Congenita," George C Andrews, MD, and Samuel Strumwasser, MD, New York City

7 "The Occurrence of Duodenal Ulcer in Pemphigus," Oscar L Levin, MD, New York

SECTION ON PUBLIC HEALTH, HYGIENE AND SANITATION

Chairman Secretary

Leo F Schiff, M.D., Plattsburg William L Munson, M.D., Granville

Place of Meeti g-State Armory, Washington Avenue and Lark Street

Tuesday, May 22nd, 2 30 P M

1 "Whooping Cough," Edward S Godfrey, M D, Albany

Discussion opened by A Clement Silverman,

MD, Syracuse

2 "The Source of Brucella Abortus Infection in Man," Charles M Carpenter, MD, Ithaca (By invitation)
3 "Sanitation of the Mississippi Flood Area,"

Albert Reed, Albany (By invitation)
4 "Public Health Work By County Medical Societies," Guy H. Turrell, M.D. Smithtown Branch

Wednesday, May 23rd, 9 30 A.M

Joint Session with Section on Medicine

1 "Heart Disease-The Broad View," Robert H Halsey, MD, New York City

2 "The Statistics and Prevention of Heart Disease," Joseph V DePorte, Ph D Chief Bu-

reau Vital Statistics, State Department of Health, Albany (By invitation)

Discussion by Alfred E Cohn, M.D. New

York City

3 "The Pathology of Heart Disease with Particular Reference of Etiology," Marcus A Rothschild, M.D., New York City, and Emanuel Lib-man M.D., New York City

Discussion opened by Ward J MacNeal, MD,

Ven York City

4 "The Clinical Signs of Heart Disease with Particular Reference to Etiology," Nellis B Foster MD, New York City

Discussion by Bernard S Oppenheimer, MD, Harold E B Pardee, MD, Louis F Bishop, MD Joseph H Bainton, MD, New York City. Hermon C Gordinier, MD, Troy, Edward C Reifenstein MD, Syracuse, Nelson G Russell, MD, Buffalo, and William H Lohman, MD Brooklyn

Internist," Frank M Sulzman, MD, Troy Discussion opened by Webb W Weeks, MD, New York City, and Gabriel Tucker, MD,

Philadelphia, Pa (By invitation)

3 "Cancer of the Lung, its diagnosis by the Bronchoscope Lantern Slide and Moving Picture Demonstration of Cases from The Chevalier Jackson Bronchoscopic Clinics, Philadelphia, Pa," Gabriel Tucker, MD, Chevalier Jackson Clinic, Philadelphia, Pa (By invitation)

Discussion, Eugene E Hinman, M D Albany 4 "The Use of Radium in Diseased Tonsils," J Coleman Scal, M.D., New York City

Discussion opened by Samuel J Kopetzky,

M D, New York City
5 "The Value of Iodized Oil in the Diagnosis of Antrumitis," George D Wolf, MD, New York City

Discussion opened by Ernest Danziger, MD,

New York City

SECTION ON NEUROLOGY AND PSYCHIATRY

Chairman Secretary

Thomas K. Davis, MD, New York David C Wilson, MD, Clifton Springs

Place of Meeting, State Armory, Washington Avenue and Lark Street

TUESDAY AFTERNOON, MAY 22ND, NO SESSION

Wednesday, May 23rd, 9 30 A M

1 "Prematurity as an Influence in the Causation of the Cerebral Palsies," Harold R Merwarth, MD, Brooklyn

Discussion by Samuel Brock, M.D., New York

2 "Landry's Paralysis Descending Type," Eugene N Boudreau, M.D., Syracuse Discussion by Angus M Frantz, M.D., New

3 "Results of Malarial Therapy in General Paresis," George H Kirby, M D, and Henry A Bunker, Jr, MD, New York City

Discussion by Sylvester R Leahy, M.D., New

York City

4 (a) "Moving Picture Demonstration of the Common Forms of Nervous Disease," E Livingston Hunt, MD, and Orrin S Wightman, MD, New York City

(b) "Hysteria following Eye Injury—Moving Picture Demonstration," W Burgess Cornell, MD, and L Prescott Brown, MD, Albany

General Discussion

Wednesday, May 23rd, 2 30 P M

Their Diagnosis and 1 "Chronic Choreas Treatment," James H Huddleson, MD, New York City

Discussion by David C Wilson, M D, Clifton

2 "Pernicious Anaemia Difficulties in Neurological Diagnosis," Nathaniel W Winkelman, MD, Philadelphia, Pa (by invitation), and John L Eckel, M D, Buffalo

Discussion by C Burns Craig, MD, and E D Friedman, MD, New York City

3 "The Convulsive State Mechanism and Exciting Factors with Remarks on Therapy," Samuel Brock, MD, New York City

Discussion by G Kirby Collier, MD, Roches-

4 "The Treatment of Psychoneuroses and Borderline Mental States," David C Wilson, M D, Clifton Springs

Discussion by George S Amsden, MD,

Albany

SECTION ON DERMATOLOGY AND SYPHILOLOGY

Chairman Secretary

Howard Fox, M.D., New York City Earl D. Osborne, M.D., Buffald

Place of Meeting, State Armory, Washington Avenue and Lark Street

Tuesday, May 22nd, 2 30 P M,

1 "Proneers in American Dermatology," Paul E Bechet, MD, New York City

Symposium on Fungous Diseases of the Skin

2 "Light from the Botanic Field upon Medical Mycology," Fred D Weidman, MD, Philadelphia, Pa (By invitation)
3 "Some Phases of Epidermophytosis," E

Wood Ruggles MD, Rochester

A "Monilia Infection of Hands and Feet," J Gardner Hopkins, MD, and Rhoda W Benham, New York City (By invitation)

The second, third and fourth papers will be discussed together

Discussion opened by J Frank Fraser, MD,

New York City

5 "Urticaria, The Search for an Underlying Agent," Ray H Rulison, MD, and Julia V Lichtenstein, MD, New York City

6 "Studies in Urticaria," Abraham Walzer,

M D, Brooklyn

The fifth and sixth papers will be discussed

Discussion opened by Louis B Mount, MD, Albany

From the Pathological Laboratories, Bellevue Hospital, Douglas Symmers, M.D., Director, and the Third Medical Division, Bellevue Hospital, John Wyckoff, M D, Director

Exhibit arranged by Clarence E de la Cha-

pelle, MD

Group I Rheumatic Heart Disease -Included in this group are those specimens illustrating the various lesions of activity and inactivity

Syphilitic Heart Disease -This Group II group includes both the specimens of myocardial involvement and those with syphilis of the aorta and its sequelae, e.g., dilatation, aneurysm, aortic valve and coronary artery involvement

Group III Bacterial Infection of the Heart -In this group are found the specimens with disease of the structures of the heart resulting from infection by the pneumococcus, streptococcus (hemolytic-and viridans) staphylococcus, gonococcus and the tubercle bacillus

The specimens of streptococcus viridans endocarditis constitute a separate subdivision under

this group

Group IV Thyroid Heart Disease —Demonstration of enlarged hearts associated with disease of the thyroid

Group V General Systemic Disease -In this group are seen the specimens of arteriosclerosis

with lesions of the aorta, coronary arteries, myocardium and endocardium. Here also are found the hearts associated with chronic nephritis, hypertension, diabetes, pernicious anemia and others

Traumatic Heart Lesions - Speci-Group VI mens of trauma to the heart and aorta

Group VII Tumors of the Heart - Demonstrations of new growths, both primary, secondary and parasitic cysts

Group VIII Congenital Developmental Defects—Exhibition of general and special anomalies of the heart

Accompanying each specimen is a description of the post-mortem findings and an abstract of the clinical data of the case With each group there are microphotographs of the outstanding lesions

A specimen of coarctation of the aorta with superimposed bacterial endocarditis

From the University of Rochester School of Medicine and the Strong Memorial Hospital, William S McCann, M D, Physician-in-Chief

Exhibit of injected human hearts showing the blood supply to heart muscle and valves

From the Laboratories of the Mount Sinai Hospital, New York City, Louis Gross, MD, Director

THEATRE PROGRAM, ADDRESSES AND DEMONSTRATIONS

Thursday, May 24th, 1928 Microphotographic Studies Lontern Slide Demonstration

10 30 A M — "Cardio-vascular Lesions Rheumatism," William C von Glahn, MD

From the Department of Pathology, the Presbyterian Hospital and the College of Physicians and Surgeons, Columbia University, New York

11 15 AM—"Blood Vessels in the Heart Valves and Their Relation to Endocarditis," Louis Gross, M D

From the Laboratories of the Mount Sinai

Hospital, New York City

11 50 A M —"The Relation of the Coronary

Circulation to Heart Disease," Joseph T Wearn,

From the Boston City Hospital

Cinematographic Studies

2.00 PM —"Heart Block," Samuel W Lam-

bert, M D
2 30 P M —"Heart Valves in Action," Robert H Halsey, MD

3 00 P M - "Cells Cultivated in Vitro-Fibroblasts, Epithelial Cells, Leucocytes, Nerve Fibres.' Albert H Ebeling, M D

By Alexis Carrel, M.D., and Albert H. Ebeling, M.D. Filmed by H. Rosenberg. From the Rockefeller Institute of Medical Research

NEW YORK ACADEMY OF MEDICINE

The New York Academy of Medicine extends the hospitality of its building and equipment at 103rd street and Fifth avenue, New York, to all physicians visiting New York City Its

representative will be at Table D, near the registration booth, ready to explain the facilities which the Academy offers to the physicians of New York State

Wednesday, May 23rd, 2 30 PM

1 "Corrections of Physical Defects in School Children in Small School Systems," David C McKenzie, M.D., Granville

2 "1928 Medical Legislation," Paul B Brooks,

MD, Albany

3 "Methods in Olympy Milk Code Adoption," Hilton J Shelley, M.D., Middletown

4 "Laboratory Control of Milk under New State Code," Morris Maslon, M.D., Glens Falls

5 "Control of Impetigo Contagiosia," Ellis Kellert, M D, Schenectady

JOINT MEETING OF ALL SECTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Wednesday, May 23rd, 1928, at 8 P. M

Dr James E Sadlier, Presiding

"Cost of Medical Care or Hospitalization of the Middle Class Economic Group," Thomas P Farmer, MD, Syracuse

"The Medical Aspects of Workmen's Compensation," William Warren Britt, M.D.

Tonawanda

"Morals of Medicine," Harry R. Trick, MD, Buffalo

"Present Status of the Practice of Medicine," Linsly R Williams, M D, New York City

"Future of the Practice of Medicine," Ludwig Kast, M.D., New York City

THE SCIENTIFIC EXHIBIT

The feature of a scientific exhibit which was instituted in 1925 will be adopted again this year. But whereas in former years the last day of the meeting was set aside for the exhibit, this year the exhibit will be on view during every day of the meeting, while the program of the last day will be devoted to papers and demonstrations

The exhibit will be on the subject of the heart and its diseases, and will be shown on the floor of the Armory, where the doctors will congregate and lounge between the scientific sessions. The place and time will afford the physicians the opportunity to study the specimens and charts at their lesisure.

CARDIAC EXHIBIT AND DEMONSTRATION

Open Every Day of the Annual Meeting

Place-Drill Floor, State Armory, Washington and Lark Streets

Monday, May 21st, 2 PM to 5 PM Tuesday, May 22nd, Wednesday, May 23rd, and Thursday, May 24th, 10 A. M to 5 P. M

Committee on Cardiac Demonstration Robert H Halsey, M D, Chairman, Joseph H Bainton, M D, Secretary, Clarence E de La Chapelle, M D, Erastus Corning, M D, Joseph A Cox, M D, Arthur C De Graff, M D, L Whittington Gorham, M D

1 Exhibition of Charts and Tables illustrating the principal factors in the study of heart disease, mortality, morbidity, etiology, diagnosis, organ-

ized care, therapy

Charts and tables loaned by the American Heart Association, the Heart Committee of the New York Tuberculosis and Health Association, and the Rockefeller Institute of Medical Research, through the courtesy of Alfred E Cohn, MD, and Homer F Swift, MD, the Bellevue Hospital Cardiac Clinic.

2 Twenty-four teleo-roentgenograms illustrating the size and contour of normal and diseased

hearts Descriptive legends
From the Department of Roentgenology, Belle-

vue Hospital Isidore J Landsman, M.D., Director

3 Copies of sixteen drawings in the Smithsonian Institute illustrating the exterior and interior of normal and diseased hearts

4 Electrocardiograms—Illustrating various irregularities and conduction defects Some records of three leads obtained synchronously with three electrocardiographs—Descriptive legends

From the Rockefeller Institute of Medical Research through the courtesy of Alfred E Cohn,

5 Charts showing results obtained by a special Committee appointed by the State Medical Society for the Study of Heart Disease in the State of New York

6 Studies in Cardiac Pathology, in Natural

Colors

Courtesy of Clarence E de La Chapelle, MD

THE PATHOLOGY OF HEART DISEASE

A demonstration of gross specimens, photographs and nucrophotographs of the various etiological types of disease of the heart and aorta.

THE COMMERCIAL EXHIBITS

The manufacturers who provide the physicians with the means of practicing medicine will be provided with booths in the center of the Armory where all the doctors will assemble daily Physicians as well as exhibitors will appreciate the easy

accessibility of the booths and the opportunity to ask and answer questions regarding the various wares that are shown. The exhibit will open on Monday afternoon and remain on view until six o'clock Thursday.

RECEPTION TO EXHIBITORS

The members of the Medical Society of the State of New York recognize the value of acquaintanceships with the exhibitors and they will therefore tender them a reception on Monday evening. This feature was successfully inaugurated

last year, to the mutual satisfaction of the exhibitors and the officers of the Medical Society of the State of New York Brief talks will be given, and an entertainment provided, and finally refreshments will be served

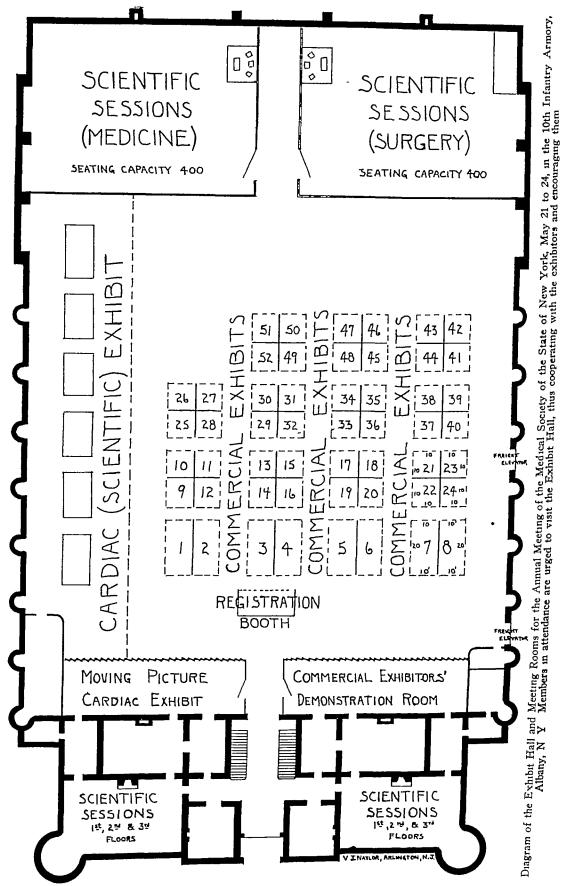
MANUFACTURERS' SECTION

The new feature of a manufacturers' section will be added to the program. A room on the main floor of the Armory will be provided with projection apparatus for showing stereopticon slides and moving pictures, and a program will

be arranged in which a number of exhibitors, probably eight, will be given the opportunity to show pictures of their products, and give talks on their uses. This program will be carried out on Wednesday, both morning and afternoon

LIST OF EXHIBITORS

B. Nuo	ooth nber		3oot mbe
Abbott Laboratories, Chicago & New		K & B Electrical Equipment Co, Inc,	
York	30		44
Betz, Frank S Company, Hammond &		Knox, Charles B Gelatine Co, Inc	
New York	32	Johnstown, N Y 37	-38
Blakiston's Pt, Sons & Co, Philadelphia,		Kny-Scheerer Corp, New York	42
Pa	51	Laboratory Products Co, Cleveland, Ohio	
	24	Livermeal Corp, New York	13
Cameron's Surgical Specialty Co, Chicago		Mellin's Food Co, Boston, Mass	27
& New York	26	Merrell-Soule Co, Syracuse, N Y	3
Campbell Electric Corp., New York	45	Moores & Ross, Inc., Columbus, Ohio	31
Davis, F. A. Company, Philadelphia, Pa	12	Mosby, C V Co, St Louis, Mo	36
Davis, R B Company, Hoboken, N I	25	Mutual Pharmacal Co, Inc, Syracuse, N Y	11
Denver Chemical Mfg Co, New York	46	N Y Academy of Medicine, New York Table	e L
Deshell Laboratories, Inc., Chicago, Ill	33	N Y Physicians' Mutual Aid Ass'n, New	_
DeVilbiss Company, Toledo Ohio	18	York Table	
Dewey, H T & Sons Co, New York	19	Phillips, Charles H Chemical Co, N Y	9
Dry Milk Company, New York	20	Poland Spring Co, South Poland, Me	21
Fellows Medical Mfg Co, Inc, New York	23 22	Pollen Filter, Inc., Cleveland, Ohio	49
Fischer, H. G. & Co., Inc., Chicago, Ill	24	Sanborn Company, Cambridge, Mass	47
Gillette Camera Stores, Inc., New York Table	, p	Saunders, W B Co, Philadelphia, Pa	50
	: Б	Sorensen, C. M. Co, Inc, Long Island City	14
Hanovia Chemical & Mfg Co, Newark, N I	4	Spencer Lens Co, Buffalo & New York	A
	-17	South F P S Sone New York	
Horlick's Malted Milk Corp, Racine, Wis-		Squibb, E R & Sons, New York	28
consin	48	Tailby-Nason Company, Boston, Mass Tiemann, George & Co, New York	2 16
Hynson, Westcott & Dunning, Baltimore	.0	United Surgical Supplies Corp, New York	34
& New York	1	Victor X-Ray Corp, Chicago & New York	7
Johnson, Mead & Company, Evansville,	_	Wappler Electric Co, Inc, Long Island	•
Indiana	35	City, N Y	6
Kalak Water Company, New York	52	Warner, William R & Co, Inc., New York	10



FOODS AND BEVERAGES

Booth 25—R. B Davis Company, Hoboken, N J, will feature Cocomalt which gives milk a delicious, creamy chocolate flavor, pleasing to both children and adults. They will drink milk without urging. At the same time Cocomalt increases the food value of the milk over seventy per cent.

Cocomalt adds to the diet the essential and necessary vitamins and mineral matter, calcium, phosphorous, iron, etc., in a form which is readily

digested and assimilated by the body

Booth 19—H T. Dewey & Sons Co, New York, pioneer manufacturers of medicinal wines, will exhibit their preparations, including Dewey's Emulsion of Cod Liver Oil, Port Wine and Irish Moss which is a product valuable for its ingredients and because it is easy to take and digest Dew-Tone and Port, a preparation recommended for elderly and anemic people will also be exhibited. It is only sold direct from their New York Store or their cellars at Egg Harbor, N. J., no Federal Prescription blanks being necessary Physicians or their patients outside of the city can order it by mail. No drug store is allowed to carry Dew-Tone and Port

Booth 20—Dry Milk Company, New York, will, as usual, be represented at the forthcoming convention, showing their product Dryco, which will this time have increased interest for the doctors, due to the fact that all Dryco is irradiated with the ultra violet ray, giving it marked antirachitic properties. It is the only milk or food product which has these new and additional properties

All Dryco has been irradiated for over a year The experimental work was started in 1924, following the disclosures of Hess and Steenbock Clinical tests made during the past two winters confirmed the laboratory tests showing that irradiated Dryco has antirachitic properties of great

potency

Booth 48—Horlick's Malted Milk Corporation, Racine, Wisconsin, will show Horlick's

Milk Modifier, a maltose and dextrin sugar for the modification of cows milk in the feeding of infants

Horlick's Chocolate Malted Milk, a blend of the original with sweet chocolate and cocoa of highest grade, is meeting with much favor as a means of inducing children to take their normal requirement of milk

Horlick's Malted Milk, natural flavor, is one of the few foods of civilization which has been taken to both the North and South Poles

Booths 37 & 38—Charles B Knox Gelatine Co, Inc., Johnstown, N Y With the growing importance of gelatine for various dietetic purposes, the Knox Gelatine Exhibit will interest physicians who are interested in dietetics. Elaborate dishes suitable for various diets will be on display and diabetic, liquid and soft diets, milk formulas, and other recipe material will be available.

Booth 35 — Mead Johnson and Company, Evansville, Indiana, will show its well known products used in infant feeding

Booth 3—Merrell-Soule Company, Syracuse N Y, qualified representatives, will be ready at all times to discuss the application of the Merrell-Soule group of products in infant feeding and adult diet. Klim Powdered Whole Milk will be served and the technique of preparing Merrell-Soule Powdered Protein Milk, Merrell-Soule Powdered Whole Lactic Acid Milk and their fat free companion products will be demonstrated Vi-Mal-Dex, a carbohydrate with added orange juice, will be featured and its applicability to certain feeding problems will be stressed

Booth 27—Mellin's Food Company, Bost n Mass The yearly meetings of the Medical Society of the State of New York offer unusual opportunities for physicians to discuss freely matters directly concerning products which they find of advantage to employ in their professional work This is an outstanding reason for the Mellin's

Food Company's exhibit.

PHARMACEUTICALS

Booth 30—Abbott Laboratories, Chicago & and New York, will exhibit some of its newer preparations, such as Ephedrine products for Asthma and Hay Fever, Amiodoxyl Benzoate for Arthritis, and the Arsenicals of the Dermatological Research Laboratories

Booth 24—Crystal Chemical Co, Inc., New York, will have an exhibit of their products, especially Z B T Baby Talcum. This product contains two per cent of stearate of zinc, mixed with boric acid and the finest imported tales. It is of great value, not only for babies but also as a protection of the skin when bandages are applied, and as a dressing for chronic ulcers and sores.

Booth 46—The Denver Chemical Mfg Company, New York, will show antiphlogistine, a poultice and dressing of wide utility in many cases of inflammation and congestion

A new booklet, "Infected Wound Therapy" has been published telling of the results of experiments with the ingredients of antiphlogistin This will be available gratis at the exhibit booth

Booth 33—Deshell Laboratories, Inc., Chicago, Ill, will exhibit Petrolagar Ask for the set of drawings by Tom Jones, of the University of Illinois, illustrating various types of constipation and bowel conditions. Sets are given free or mailed. They are helpful in consultations with patients and for comparison with roentgenograms.

BOOKS

Booth 51—P Blakiston's Son & Company, Philadelphia, Pa The Blakiston exhibit will be of special interest because of the recent publication of a number of really practical books serving to bring in closer contact the work of the specialist and the general practitioner "Atlas of Skin Diseases", "Deaver's Surgical Anatomy", "Recent Advances Series", "Gould's New Medical Dictionary", etc, all are books which should be examined

Booth 12—F. A Davis Company, Philadelphia, Pa, will exhibit a number of new books of unusual importance, including Strickler's "Diseases of the Skin and Syphilis," Drueck's "Fistula of the Anus and Rectum," Cowan's "Ophthalmic Optics," Marcovici's "Handbook on Diet," and Behrend's "Surgical Diseases of the Gall-Bladder, etc"

There will also be shown new revised edition of Ball's "Modern Ophthalmology," Bassler's "Diseases of the Intestines, Including the Liver, Pancreas and Bile Ducts," Martinet's "Clinical Diagnosis," Martinet's "Clinical Therapeutics," Blum's "Practical Dietetics," Hess on Infant

Feeding, etc., Petty on Diabetes and a number of others

Booth 36—C. V. Mosby Company, St Louis, Mo, Medical and Dental Publishers, will exhibit their complete line of publications. Included in this exhibit will be a number of new books and new editions, together with their four medical journals.

Booth 50—W. B. Saunders Company, Philadelphia, Pa, Publishers, will have on exhibit a complete line of its work totaling 250 titles. Of particular interest to those attending the convention will be the new books and new editions, which include Blumer's "Bedside Diagnosis", Pelouze's "Gonorrhea in the Male", Cecil's "Medicine", new edition of Ewing's "Neoplastic Diseases", "The Medical Clinics of North America and the Surgical Clinics of North America, "American Illustrated Medical Dictionary", Refusis' "Diseases of the Stomach", Crohn's "Affections of the Stomach", Palfrey's "Specialties in Practice", McLester's "Nutrition and Diet", Todd and Sanford's "Clinical Diagnosis", Stevens' "Therapeutics", Jackson's "Bronchoscopy", Ford's "Bacteriology", Morse's "Biochemistry"

ELECTRO-THERAPEUTICS

Booth 22—H G. Fischer & Company, Inc., Chicago, Illinois, will exhibit some entirely new developments in the field of physical therapy. The new 1928 model Low Voltage and Wave Current Generator is of marvelous simplicity, and yet makes available all of the fifteen low voltage currents, and will aso have a spendid new diathermy apparatus in cabinet and portable form

Booths 43-44—K. & B. Electric Equipment Co., Inc., New York again takes pleasure in presenting to the medical profession its latest developments for office use, principally its splendid line of ultra violet ray lamps and diathermy equipments. Also its orthodiagraphoscope for heart tracings

Booth 7—Victor X-Ray Corporation, Chicago and New York Only one who has operated one of the older type electrocardiographs can appreciate the simplicity and ease of operation, the compactness and flexibility of the new electrocardiograph By a method similar to radio amplification, it "steps up" the feeble heart current to a point where it will actuate a sturdy galvanometer, thereby eliminating the fragile quartz string required in former types because of the infinitesimal actuating current. The Victor in-

strument can therefore be moved about freely without fear of damage

No longer need a hospital be wired for electrocardiograph service. The Victor instrument being entirely self-contained, is simply wheeled to the patient's bedside or carried to the patient's home when necessary

Special technical skill is not needed to operate the Victor cardiograph, anyone can produce cardiograms of excellent diagnostic value after an hour's instruction. There will be shown a collection of Physical Therapy apparatus, and also the Victor Office and Portable X-ray Outfit.

Booth 6—Wappler Electric Co, Long Island City, N Y, will exhibit the Monex, one model of their latest development in Valve Tube X-ray Apparatus The most prominent radiologists of the country have accepted this latest invention because it has been proven a scientific advancement over the former mechanically rectified machines

It will also show a full line of physical therapy apparatus and diagnostic instruments. The Myostat, after several years of intensive study on the part of a committee of medical men, physicists, and engineers, will be shown and demonstrated. This apparatus delivers a true galvanic current, ground free, and without ripples or oscillations.

and found to be the equal of anything on the market. The Vertical Fluoroscope, Horizontal builtin bucky table, and the complete line of X-ray transformers, invite inspection

For diathermy, auto-condensation, electrocoagulation and fulgeration. The Campbell new Model C. A meets the requirements of the physician practicing electro-therapeutics.

Booth 18—The De Vilbiss Company, Toledo Ohio, will exhibit a complete line of nose and throat atomizers, nebulizers, powder blowers and steam vaporizers, both for physicians' use in the office and patients' use in the home

Table B, Opposite Registration Booth—Gillette Camera Stores, Inc., New York The Motion Picture Display is of special interest because it features the new 16 millimeter amateur equipment which is particularly adapted to use by the medical profession. Motion pictures have proved their value in graphically recording case histories and giving instruction in surgical operations. This new substandard equipment has brought the price within the reach of all. Complete outfits sell from \$130.00 up.

Booth 4—Hanovia Chemical & Mfg. Company, Newark, N J, calls attention to the new Sollux Radiant Heat Generator, embodying a uniqueness which is of vital importance in this therapeutic field, also to the standard Alpine Sun and Kromayer Quartz Lamps which meet all conditions for which quartz light therapy is indicated and used.

Staff members will welcome you and give you any data you may require on the subject.

Booths 15 & 17—Harold Surgical Corporation, New York, a consistent exhibitor at the New York State Meetings, has this year a special line of Chrome Plated Instruments and Gold Seal Syringes—Its line of physio-therapy apparatus has been enlarged—It includes the Multotherm, which has a cutting current, the Portatherm, a substantially built diathermy apparatus, the Tropico Sun Carbon Arc Lamp, and others

Booth 42—The Kny-Scheerer Corporation, New York, will exhibit, among other things, its famous Model No 3 Operating Table which can be raised, lowered, or rotated by means of one pedal, thus eliminating confusion which is likely to occur where there is multiplicity of pedals

The exhibition will feature monel metal as the outstanding material for table tops because it will not break, chip, or stain by any solution used in surgical procedure. There will also be shown an efficient but compact (multum in parvo) sterilizer for the physician's office, affording him an efficient sterilizing unit for every purpose.

Table C, Near Registration Booth—New York Physicians' Mutual Aid Association, New York Organized in 1868 Life insurance for physicians of New York State only Dr G H E Starke will be in charge Physicians are cordially invited to visit this space for full particulars of the Mutual Life Insurance.

Booth 49—The Pollen Filter, Inc., Cleveland, Ohio, will show the Polleniar Filter, a most startling advance in hay fever and pollen asthma prevention and relief. By means of this simple electrically operated device, a hay fever resort can be produced in any patient's bedroom or workshop. It maintains pollen and dust free air in his environment and prevents the inhalation of causative pollens. Full details can be obtained in Booth No. 49 where machines are being demonstrated.

Booth 47—Sanborn Company, Cambridge, Mass, cordially invite you to a complete demonstration of the Sanborn Grafic Metabolism Tester The Grafic measures and automatically records in ink the patient's oxygen consumption during a Metabolism Test. This chart record visibly tells you if the test is normal, too high (hyperthyroid), or too low (hypothyroid)

Booth 14—C. M Sorensen Company, Inc., Long Island City, N Y, will exhibit a line of compressors and aspirators, especially the famous Deluxe Equipment This equipment is endorsed by its many users, and over \$100,000 worth is serving many physicians and patients

Then there is the heavy duty large four-cylinder ether and aspirating apparatus, the new and improved Yankauer Portable, with other outfits, plus the chair and stool

Table A, Opposite Registration Booth—The Spencer Lens Company, Buffalo and New York, will exhibit its newest developments in Microscopes, research Instruments, and allied apparatus of interest to the medical men and laboratory worker. One of the outstanding features will be the new No 44 M-H, a laboratory model Microscope with new convertible dark-field and built-in mechanical stage. It will also show two new sliding Microtomes, especially the new No 860 model and the new No 7-H, the Microscope De Luxe which is the finest research instrument offered by any manufacturer.

There will also be a display of Spencer Projection apparatus, two models of which will be used in the dark room in which the Exhibitors' Section will be held

Booth 16—George Tiemann & Company, New York, pursuing its usual policy will confine its efforts largely to the showing and explanation of new instruments and devices that have come These pictures are distinctive and somewhat different from the usual anatomical drawing of the bowel in that they show the perspective

Booth 23—Fellows Medical Manufacturing Co., Inc., New York will exhibit Fellows' Compound Syrup of Hypophosphites, a concentrated mineral pabulum, possessing therapeutic properties in all wasting diseases, which have been termed "Demineralizations" by modern clinicians. It supplies the organism with these indispensable mineral elements, Manganese, Potassium, Sodium, Calcium and iron together with the dynamic action of quinine and strychnine.

Booth 1—Hynson, Westcott & Dunning, Baltimore and New York, will exhibit Mercuro-Many doctors use Mercurochrome in their practice, but few doctors use it for all the purposes for which it can be employed If you are using Mercurochrome in the eye, try it in the ear, nose and throat; if for urethritis in the male, try it for cervicitis in the female, if in accidental wounds try it in surgical wounds, if for the preparation of obstetrical cases, try the special alcohol, acetone, aqueous solution for pre-operative skin sterilization; if in erysipelas, try it in There is hardly an ineczematoid ringworm fection or infected condition in which a thorough trial of the value of Mercurochrome is not worth while

Booth 11—Mutual Pharmacal Company, Inc., Syracuse, N Y, will exhibit products of their laboratory during the Annual Meeting of the State Society

The Company maintains, as a unit of their well equipped laboratory, one of the most mod-

ern analytical departments in the State

Physicians are cordially invited to visit the booth and inspect the products shown

Booth 9—The Charles H. Phillips Chemical Co., New York & London The merit of "Phillips" Milk of Magnesia as the Ideal Laxa-

tive-Antacid is well established. It has had the unqualified endorsement of the profession for more than half a century

"Phillips" Milk of Magnesia, as well as "Phillips" Dental Magnesia, a superior tooth paste based upon "Phillips" Milk of Magnesia, will be on display at this annual meeting

Booth 28—E R Squibb & Sons, New York, will have an exhibit which include Erysipelas Antitoxin Squibb, Squibb Authorized Scarlet Fever Products, Squibb Diphtheria Products, Insulin Squibb, Squibb Arsphenamines, and other Squibb Biologicals, Chemicals and Pharmaceutical Products

Booth 2—Tailby-Nason Company, Boston, Mass, producers of Nason's Palatable Cod Liver Oil, will have a display of their "Better tasting" medicinal cod liver oil with pictures showing the conditions under which it is produced. An important part of the demonstration will be the white rats used in testing the oil for its vitamin activity.

Booth 10-William R. Warner & Co., Inc., New York, will be among the many interesting

exhibitors at Albany

Agarol has won friends among countless numbers of the medical profession Representatives will be on hand to welcome physicians to their booth and to present to those desiring them, quantities of Agarol Physicians may also obtain copies of some of the interesting literature issued by William R Warner & Company during the past year This literature includes the booklets, "Some Common Causes and Forms of Fecal Retardation," "The Rôle of Hyperacidity in the Causation of Disorders of Metabolism," "pH 7 4" and "Building Resistance"

William R Warner & Company is interested in this meeting and is anxious to cooperate with the physicians attending. They will be glad to

be of service to anyone calling upon them

SUPPLIES FOR PHYSICIANS AND HOSPITALS

Booth 32—Frank S. Betz Company, Hammond and New York, will have an exhibit in charge of Mr Karth and will display the latest line of aluminum X-ray Splints together with chrome plated instruments and special combinations of furniture. If visiting doctors will leave their names with Mr Karth he will see that our 1928 catalogue is sent them.

Booth 26—Cameron's Surgical Specialty Company, Chicago & New York Cameron's Electro-Diagnostoset will enable you to see many things without sending the patient to forty different men You have a lamp or instrument in the outfit for application in every phase of major and

minor diagnostic and surgical procedure. The lamps and instruments are out of your way, completely sterilizable, safe, always working and universally operate from battery and city current. Complete clinical demonstrations will be given daily

Booth 45—Campbell Electric Corp., New York

Physicians everywhere are refurnishing their offices with wood furniture. The modern physician's office should be free from all suggestive features. This is obtainable when furnished with Adams Period Furniture.

The Standard X-ray apparatus has been tested

CLUBS

Albany Automobile Club, Headquarters in the Wellington Hotel, 136 State Street, to the left on entering Adelphi Club, 134 State Street
Albany Club, 102 State Street.
City Club, of Albany, Inc. (for women), 1 Elk Street.

Fort Orange Club, 110 Washington Avenue. University Club, 141 Washington Avenue Woman's Club of Albany, N Y, Inc., 725 Madison Ave-

nue.
Albany Country Club, End of Western Avenue.
Colonie Country Club, Stop 23 Schenectady Road

Wolfert's Roost Country Club, Loudenville Road Schuyler Meadows Club, Loudenville, N Y

Albany Exchange Club, meets at 12 45 Wednesday, at the Ten Eyck Hotel.

Kiwanis Club of Albany, meets 12 45 Tuesday, at the Ten Eyck Hotel

Lion's Club of Albany, meets at 12 15 Wednesday, at the DeWitt Clinton Hotel

Rotary Club of Albany, meets Friday at 12 30 P M, at Hotel Ten Eyck

GENERAL INFORMATION

Chamber of Commerce headquarters, corner of Pearl and State streets, Ten Eyck Hotel Building

City Bureaus will be found in the City Hall, corner Eagle Street and Maiden Lane.

County Bureaus will be found in the County Court

House, corner of Eagle and Columbia streets

For street directory and maps consult City Directory, found in business houses, Chamber of Commerce head-quarters, Albany Auto Club headquarters, and the Registration headquarters

HOTELS IN ALBANY

•	Room, O	ne Person	Room, Two Persons	
	With Bath	Without Bath	With Bath Without Bath	
Capitol Hotel, Corner of Greene & Beaver Sts	\$2.50 & \$3.00	\$1.50 & \$200	\$4 50 \$3 50	
DeWitt Clinton Hotel, Cor State & Eagle Sts	350 to 600		500 to \$1000	
Farnham, Cor Chapel St. & Maiden Lane	2.25	1 50	3.50 2.25	
The Hampton Hotel, 38 State St	300 & 350	2.00 & 2.50	400 to 700	
Keelers Hotel, 507 Broadway	200		3.50	
New Kenmore Hotel, Cor No Pearl & Columbia	200	1 50	4 00 3 00	
Stanwix Hall, Cor of Bway & Maiden Lane	2 50	1.50	500 300 & 400	
The Ten Eyck, Cor of State & Chapel Sts	400 & up		700 & up	
The Wellington, 136 State St	275	2 00	400 to 600 300 & 400	

HOTELS IN TROY

(Distance from Albany, 9 miles)
(Auto Bus, Trolley and Train Connections)

Hendrick Hudson, 200 Broadway	350 to 500	5.50 to 700
Troy Hotel Cor of 1st & River Sts	3.50 & 400 2.50	500 & 600 400
Trojan Hotel, 43 Third St	300 200	4 50 3 00

HOTELS IN SCHENECTADY

(Distance from Albany, 16 miles)
(Auto Bus, Trolley and Train Connections)

Mohawk Hotel, 134 Broadway	300 & 400	2.00 & 300	500 & 700	4 00 to 6 00
Van Curler Hotel, Washington Ave	300 to 600	2.50 & 300	500 & սթ	400 & տր

on the market during the past year The items are too numerous to mention in this limited space, but prominent among them will be the Brady Operating light, Robertson carbon are lamp, infra-red unit, the Unger improved transfusion apparatus, Barton obstetric forceps, the Pitkin local anæsthesia outfit, Parker arthriflexometer, Smith tonsil tying forceps, Beilby goitre clamp, Nye tourniquet and Fisher stethoscope

Booth 34—United Surgical Supplies Corp. New York, will display a complete line of Surgical Instruments and Supplies, Physio-Therapy Equipment, and Surgical Diagnostic Specialities Among other new items they will show something radically different in an office examining and operating table, Carbon Arc Lamps, a new instrument for Colon Irrigation, and a new cautery and diagnostic light transformer

WATER

Booth 52—Kalak Water Company, New York, will again be represented with a suitable display and service on the exhibition floor Physicians in attendance who desire to maintain their alkali reserve to withstand the physical ravages consequent upon their strenuous activities at the meeting, will do well to call at the exhibit, as they can have all the Kalak Water they want to drink

Booth 21—Poland Spring Company, South Poland, Me —For over 70 years, Poland Water has enjoyed a reputation for therapeutic qualities,

especially in cases of nephritis. Such eminent authorities as Professor Amory Hare, Forcheimer and Osler, have recommended Poland Water in various works under their names, but it must be frankly conceded that it is extremely difficult to give a scientific explanation of these therapeutic qualities. Many other waters of international renown, labor under the same difficulty. The Poland Spring Company never relax its efforts to ascertain just why its water possesses certain virtues. It hopes that ere long they may solve the problem which has so far evaded solution.

COMMITTEES

Committee on Arrangements James N Vander Veer, M D, Chairman, Albany, N Y, William P Howard, M D, Albany, N Y, Clarence E. Mullens, M D, Albany, N Y, Joseph A Cox, M D, Albany, N Y, Daniel

B Lynch, M.D., Albany, N. Y., Augustus J. Hambrook, M.D., Troy, N.Y., Peter L. Harvie, M.D., Troy, N.Y., Charles W. Woodall, M.D., Schenectady, N.Y., Sherwood V. Whitbeck, M.D., Hudson, N.Y.

SUBCOMMITTEES

Reception and Registration Charles W Woodall, M D Hotels and Garages James N Vander Veer, M D Meeting Places William P Howard, M D, Sherwood V Whitbeck, M D

Ball and Banquet Daniel B Lynch, MD, Peter L Harvie, MD, Charles W Woodall, MD

Commercial Exhibits Augustus J Hambrook, MD
Entertainment and Publicity Clarence E. Mullens,
MD

Finance, Audit and Account James N Vander Veer, M D

Heart Demonstration Joseph A Cox, M.D.

HOSPITALS AND ASYLUMS

Albany Hospital, New Scotland and Myrtle Aves Albany Orphan Asylum, New Scotland Ave, near Lake Ave.

Albany Hospital for Incurables, Kenwood Heights
Child's Hospital, Elk St corner of Hawk St.
LaSalle Male (Catholic) Orphan Asylum, Western Ave
and Partridge St

Memorial Hospital, 161 No Pearl St

Maternity Hospital and Infant's Home of Albany, No Main Ave.

St Margaret's House and Hospital for Infants, No. Hawk corner Elk St.

St Peter's Hospital, Broadway corner of No Ferry St St Vincent's Female (Catholic) Orphan Asylum, 106 Elm St.

South End Dispensary, 2 Ash Grove Place

GARAGES

Albany Garage Company, 28 Howard Street. Albany Motor Garage, 166 Lancaster Street Armory Garage Co, 27 Sherman Street Arnink's Garage, Inc., 74 Hudson Avenue. Country Club Garage, Western Turnpike Gray's Star Garage, 27 Chapel Street. Kennedy's Garage, 43 Columbia Street. Knickerbocker Garage, 201 Jay Street. Lancaster Garage, Inc., 164 Lancaster Street. Revnolds Garage, 205 Hudson Avenue

In Emergency call Albany Automobile Club Touring Bureau, the Wellington Hotel, Main 9334, or Emergency Station (day or night), Main 498

Dr J C Walsh of the Jefferson County Sanatorium addressed the meeting on the "Tuberculosis Campaign, points of diagnosis with X-ray pictures and moving picture film"

In answer to a letter from Cattaraugus County which expressed dissatisfaction with the manner in which the Health Demonstration is being conducted by the Milbank Fund, the following resolution was passed

Resolved, that the Medical Society of the County of Jefferson holds that the interests of a community are best served when its health activities are under the direction of medical men, and therefore pledges its support to a state-wide platform for the control and direction in medical and health matters by the medical profession

Regarding the campaign for the early diagnosis of tuberculosis the following resolution was passed

Society Resolved, that the Medical of the County of Jefferson gives its unqualified endorsement to the Campaign now being carried on for the early diagnosis of tuberculosis by the National Tuberculosis Association through the activity of the Jefferson County Committee of that organization

Many of the members said that they thought this meeting had been one of the most interesting and instructive meetings that we have had in months

W S ATKINSON, Secretary

LIVINGSTON COUNTY MEDICAL SOCIETY

A regular meeting of the Livingston County Medical Society was held on Friday, March 9th, in Geneseo, New York

The scientific program consisted of a talk by Dr William I Dean of Rochester on "Infections of the hand" This paper was illustrated by interesting and instructive series of motion pictures

Drs H A Paterson and S Weingrow of the Laboratory Staff of Craig Colony presented a paper on "Some observations in connection with epilepsy and some of the diseases of childhood" The discussion was opened by Drs Wm T Shanahan, Medical Superintendent of Craig Colony (This paper will be published in this Journal)

Among the business matters that were acted upon at the meeting, the following resolution was adopted

Resolved, That it is the sense of this Society that we are opposed to any further legislation in regard to narcotics or with alterations of the present law

This Society also went on record as being

heartily in accord and endorsed the action of the Cattaraugus County Medical Society in its fight against lay interference with the care of public and personal health

The following resolution in regard to County Laboratory was unanimously adopted

Resolved, That the Livingston County Medical Society petition the Commissioner of Mental Hygiene to favor the arrangement whereby the County Laboratory work may be done at Craig Colony as the members of the Society are in need of County Laboratory service and the Craig Colony offers the only facilities available in the County

It was decided to enter into the nationwide antituberculosis campaign and in order to be adequately prepared for this a series of Post Graduate lectures on the diagnosis of early tuberculosis is to be arranged for in the near future

The meeting was well attended, about 80 per cent membership being present. One new member was elected

> LE GRAND A DAMON, Secretary-Treasurer

QUEENS COUNTY

A stated meeting of the Medical Society of the County of Queens was held at Eagle Palace, Jamaica, on Tuesday evening, January 31, 1928, at 8 30 P M The meeting was called to order by the retiring president, Dr Joseph S Thomas He introduced President, Dr Francis G Riley, who presided at the meeting

The following doctors were elected to mem-

Anchise A Cirillo, M.D., 11404 Newburg Street, St Albans, A Lopes Cardozo, MD, 10484 111th Street, Richmond Hill, Frederick Charles Courten, M.D., 9427 118th, Street, Richmond Hill, Giuseppe A W D'Andrea, M D, 10334 42nd Avenue, Corona, Benjamin Goldsmith, M D, 4206 159th Street, Flushing, Frederick C Hunt, M D, 4211 Kissena Boule-Parsons Boulevard, Jamaica, Charles W Waters, MD, Hollis Avenue and 215th Street, Queens Village

Associate Member Martin L Sowers, MD.

Crossways Apartments, Far Rockaway



NEWS NOTES



GRADUATE MEDICAL EDUCATION IN KINGS COUNTY

Graduate medical education in New York state is primarily in the hands of the County Medical Societies, but the Medical Society of the State of New York assists the county societies when their own facilities are insufficient to conduct effective courses. However, some counties such as New York, Erie and Kings, have the means for conducting not only their own courses, but also of assisting other counties in their projects.

The Medical Society of the County of Kings has arranged a course of instruction in the Kings County Hospital along the lines of a similar course given last September The Bulletin of the Medical Society of the County of Kings contains

the announcement by Dr Charles A Gordon, Chairman of the Joint Committee on Graduate Education of the Medical Society of the County of Kings and the Long Island College Hospital Medical College, that a seminar consisting of one week of intensive general medicine and surgical demonstrations will be given during the week of April 23 to 28, at the Kings County Hospital The fee for the course will be \$35, and luncheon will be served to those in attendance. The clinical material will be selected from such material as a general hospital of eighteen hundred beds affords

The daily program is shown in the following table

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8	Gynecology	Surgery	Obstetries	Surgery	Medicine	Surgery
to 10	Dr Mills	Dr Rome	Dr Duncan	Dr Rome	DR PULLMAN DR CORWIN DR MERRILL	Dr Rome
10	Medicine	Fractures	Medicine	Medicine	X ray	Obstetrics
to 12	DR CORWIN DR MERRILL DR PULLMAN	Dr Rome	Dr. Merrill Dr. Pullman Dr. Corwin	DR PULLMAN DR MERRILL DR CORWIN	Dr Rendich	Dr. Duncan
12	Pathology	Pathology	Pediatrics	Gynecology	Pediatrics	
to 1	DR HALA	Dr Hala	Dr Brockway	Dr Mills	DR BROCKWAY	
1 to 2	Luncheon	Luncheon	I uncheon	Luncheon	Luncheon	
2	Neurology	Urology	Orthopedics	Otology	Bronchoscopy	
to 4	Dr Brush	Dr Cochran	Dr. WILLIAMS	Dr. Durkee	Dr Myerson	-

NASSAU COUNTY

The regular monthly meeting of the Nassau County Medical Society was held on March 27, in the Surrogate's Court room, Mineola The following scientific program was carried out

1 "Therapeutic Abortion by Means of Deep X-ray Therapy," by N H Robin, M D, New York City Assistant Radiologist, Mt Sinai Hospital, Radiologist Nassau Hospital

2 "Current Topics in Pediatrics," by Miner C Hill, MD, Attending Pediatrician Bellevue Hospital, Consulting Pediatrician Nassau and Union County Community Hospital

Dr James E Sadlier, President of the Medical Society of the State of New York gave an address

complimenting the Nassau County Medical Society on its leadership in public health work, and setting forth the principles of the participation of the family doctors in the practice of civic medicine

Dr J S Lawrence, Executive Officer, spoke of the activities of the Committee on Legislation

The matter of establishing a county Laboratory was referred to the Public Health Committee

The plan for a permanent home for the So-

The plan for a permanent home for the Society was discussed

The coordination of outpatient clinics was also discussed

A D JAQUES, M D, Secretary

THE MEDICAL SOCIETY OF JEFFERSON COUNTY

At the regular monthly meeting of the Medical Society of Jefferson County, held at the Black River Valley Club, with forty members present, Dr S A Holling, Theresa, following

dinner, presented a paper on the "Anemias in General Practice with Demonstration of Cases and Microscopic Slides," which was very interesting "Some of the members have organized a dinner club which meets at 6 45 pm at the Whitman Hotel in Jamaica so as to give the guests a chance to practice after-dinner speaking before the regular lesson

"At the regular meetings of March 14th and March 21st, the following subjects were taken as topics for talks by various members of the class

"1 What is wrong with the practice of medicine today and how may it be corrected "2 How the medical profession can advantageously lead the campaigns for the improvement of the public health

"3 What the universal practice of periodic health examinations would mean to the medical

profession
"A Of what advantage

"4 Of what advantage is my membership in the County Medical Society?

"5 How the medical profession can protect the public from quacks and quackery"

BRONX COUNTY MEDICAL SOCIETY

A regular meeting of the Bronx County Medical Society, held at Castle Hall, on March 21, 1928, was called to order at 9 P M, the President, Dr Gitlow, in the Chair

Election of candidates being in order, it was moved and carried that the Secretary be instructed to cast one ballot for the following candidates for membership Harold R. Cronin, Nathan Solomon

Dr Rost, for the Committee on Hospitals, reported that it is the sense of the Committee that all hospitals should be partly open to all qualified practitioners of medicine with certain provisions, and recommending that letters be sent to the different Bronx hospitals asking for certain courtesies to the members of the Bronx County Medical Society. It was moved and carried that the Report be accepted

A Report was received from Dr Magid, Chairman of the Committee on Medical Economics, in regard to the subjects of counter-prescribing, and a plan of action to remedy the abuse of Medical Charity in Hospitals and Dispensaries It was moved and carried that the Report be referred to the Comitia Minora for consideration

Under New Business, the following Resolutions were introduced

"Whereas The Bronx County Medical Society having sustained a severe loss in the death of its honored associate, Eugene Monaghan, M D

"Resolved, That the Bronx County Medical Society record the sense of its loss in the death of Dr Monaghan and that a minute thereof be placed on the records of the Society, and be it

"Further Resolved, That a copy of these Resolutions be transmitted to the family of our departed member"

The above Resolutions were carried by a rising

The Scientific Program proceeded as follows Presentation of Case "Purpura Hemorrhagica (Post-partum) Treated by Radiation—Six Years Duration." A. W. Jacobs

Duration," A. W Jacobs
Papers 1, "Studies in Normal and Pathologic
Physiology of the Bone Marrow," Herman L
Frosch, 2, "Purpuras in General," Ralph C Larrabee

The above Case and Papers were discussed by Drs Carl Goldmark, William Weinberger, H J Epstein, Ginsburg, Loeb and Gitlow

It was moved and carried that a vote of thanks be extended to the readers of the Papers and the gentlemen who discussed them

Respectfully, submitted,

I J LANDSMAN, M D, Secretary

LEGISLATIVE BULLETIN

The final bulletin of the Legislative Bureau of the Medical Society of the State of New York was issued on March 27th It described the results of legislation of the last session of the State Legislation which adjourned on March 22d.

The Bulletin gives the result of the action of the Legislature on 69 bills of special interest to the medical profession Fifty-seven of the bills died in committee, among them three chiropractic bills, an osteopathic bill and one on antivivisection Eleven bills were passed and now await the action of the Governor, but none were immical to the interests of the practicing physicians

It is especially to be regretted that the bill to establish a medical advisory committee to the State Industrial Council failed to pass because of faulty drafting. The only objectional point that was raised was that no appropriation was proposed for carrying out the provisions of the Act

By transfer John M Scannell, M D, 150-11 89th Avenue, Jamaica, from the Medical Society of the County of Kings, Vincent Tarabella, MD, 453 Boulevard, Astoria, from the Medical Society of the County of Kings

Dr Volts moved the adoption of the resolution offered by the Trustees at the last meeting relative to plans of a new building and the issuing of subscription bonds to meet the

expense of the same Motion carried

Reports were then received from the following committees Committee on Graduate Medical Education by Dr Mencken, Membership Committee by Dr Victor, Legislative Committee by Dr Thomas

Dr Flemming moved that the Society go on record as opposed to the Osteopathic bill now before the legislature Motion carried Flemming suggested that the Society give a function to the legislative representatives

Committee on Publicity by Dr Smith, Committee on Medical Economics by Dr Rohr

Scientific Session

Opening address by Dr Francis G Riley 2 Presidential address by Dr Joseph S Thomas on head injuries

3 Discussion by Drs Moss, McMahon, La-

velle, Voltz and closed by Dr Thomas

Dr Charles S Prest addressed the Society on the matter of public speaking and introduced Mr Dale Carnegie, who spoke to the Society on the importance of public speaking and the purpose of instruction. He offered to give a course of instructions covering 14 weeks at \$50 per pupil in a class of 40 mem-Dr Mencken moved that the matter of an organization of a class be left to the Committee on Medical Economics Seconded, passed

Dr Prest expressed the belief that half the expense would be met by the Queensboro Tuberculosis Association (See this Journal

March 15, page 346)

Adjourned Collation Attendance 91

E E SMITH, Secretary

A stated meeting of the Medical Society of the County of Queens was held at the Eagle Palace, Jamaica, February 28, 1928, president Dr F G Riley in the chair

The following physicians were elected to membership Philip H Finkelstein, MD,

107th Street, Richmond Hill, Robert Gowanter, MD, 4705 44th Street, Woodside, Andrew J Hesser, MD, 111-44 200th Street, Hollis, John Francis Lynch, MD, 6109 39th Avenue, Woodside, Frank R. Mazzola MD, 120-66 Lincoln Avenue, South Ozone Park, Michael W Mettenleiter, M D, 62 80th Street, Jackson Heights

The following reports of Committees were received Legislative Committee, by Dr Joseph S Thomas Committee on Publicity, by Dr E E Smith Committee on Public Health and Public Relations, by Dr E J Buxbaum Committee on Library, by Dr William J La-Trustees, by Dr T C Chalmers, who reported that preliminary to the formal requests for purchase of bonds for the new building, that \$66,360 had already been pledged Committee on Medical Economics,

by Dr L M Rohr

Dr Rohr moved in connection with the compensation insurance that the Society express themselves as favoring the free choice of physician by the injured Dr Thomas moved amendment that the Assemblymen of the County be informed that the Society favored the passage of Assembly, Introductory bill No 426 by Mr Coughlin, to amend section 13, Workmen's Compensation Law, by permitting the injured employee to recover as part of the Compensation reasonably expended by him for medical or other attendance. The amendment was accepted by Dr Rohr Dr Thomas moved to amend that it read, "That the Assemblymen" and Dr Chalmers moved to further amend to include notification to the State Senators This further amendment was accepted by Dr Rohr and the motion as amended was unanimously passed

Scientific Session

(a) Paper—"Clinical Significance of Auricular Fibrillation and Heart Block," by Dr Henry Joachim, Attending Physician, Long Island College Hospital

(b) Discussion by Drs Keet and Roettiger

and closed by Dr Joachim

(c) Paper—"The Practicing Physician in Court," by Dr L Howard Moss, President of the Society of Medical Jurisprudence.

Attendance 70

A collation was served at the close of the meeting

E E SMITH, Secretary

QUEENS COUNTY

The public speaking course conducted by the Queens County Medical Society is being conducted with success and satisfaction judging by the following extract from the March Bulletin of

"The Bulletin is glad to announce that the

course in public speaking is proving very popular and that those taking the course report that they are getting a great deal from it. The regular sessions of the class are held every Wednesday evening at 8 45 o'clock, at Community House, at 164th Street and Jamaica Avenue, Jamaica, N Y

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THE DAILY PRESS



Ain't It a Grand and Colorious Feelin'?

By BRIGGS



RELIEF AT ANY COST

This cartoon from the New York Herald Tribune of March 27, 1928, tells a medical story in a manner whose forcefulness is in contrast to the triteness commonly found in health pictures

BEAUTY A NECESSITY

A lawsuit in London hinges on the answer to the question "Is beauty a necessity or a luxury?" The complaint is that a face manipulator claimed exclusive use of the slogan "Youthful appearance is a social necessity, not a luxury," and was suing another manipulator for infringing on his alleged rights. The Judge in his charge said. "A great many women who are not beautiful have become celebrated. Of course I am only speaking of those who are dead."

The New York Times of April 12, commenting editorially on the question said

"The Judge seemed to think that youth and beauty were not essential to social success. The

problem was expanded to include business and the professions. Prominent actresses were asked for their opinions. Some thought themselves unattractive, if their modest words are to be believed, and attributed their popularity on the stage to a dozen other factors—intelligence, hard work, luck, charm or personality. No men were consulted, and none volunteered. If they speak up, it is to be hoped that they will be as cautious as the Judge and confine their remarks to Cleopatra and Queen Elizabeth.

"Regularity of features and beauty of coloring are gifts of the gods not to be despised But certain irregularities and the freshness of good health



MEDICAL WARES



TOOTH PASTE

The tooth brush is the peculiar armament of civilization in the fight for the cause of health, and tooth paste is its ammunition

The mouth is an incubator, favorably adapted by its temperature and culture media for the growth of bacteria and mold. The resulting fermentation produces its most evident effects on the teeth and tongue. Caries and pyorrhea are the results of bacterial growth, while a coated tongue, formerly considered to be the result or the symptom of a derangement of the liver and other internal organs, may be the source of toxins which produce general sickness.

Cleanliness not only of the teeth, but also of the entire mouth, is a necessary health measure that is even more potent than cleanliness of the face and hands. Fortunately the same measures and methods that are used in cleansing the teeth are also the best ones for cleaning the entire mouth. The principles of cleaning the teeth apply equally well to cleansing the tongue, the gums, and the cheeks

Investigation by the Mellon Institute of Industrial Research and the University of Pittsburgh School of Dentistry has shown that the immediate cause of dental caries is lactic acid, which is a product of fermentation. If fermentation could be prevented, or the lactic acid neutralized, the teeth would not decay Tooth pastes therefore have three theoretical objects (1) the neutralization of lactic acid, (2) the prevention of fermentation, and (3) cleanliness The greatest of these are cleanliness and neutralization, for the brush cannot reach between the teeth or the acid lying in minute fissures in the teeth, no known antiseptic is harmless to the mouth, and yet at the same time is potent to kill bacteria, but cleanliness romoves, and neutralization eliminates, the harmful substances as fast as they are formed

The first tooth cleansers had soap as their base, on the theory that what would cleanse the skin would cleanse the teeth also Sozodont and rubifoam, widely advertised years ago, were liquid soaps, while many of the tooth powders which followed the liquid preparations contained powdered soap

The substance which entangles and holds dirt and bacteria in the mouth is not grease, as on the skin, but it is mucin, which is not affected by soap. Mucin is precipitated by weak acids, such as the carbon dioxide of the breath, and forms a protective coating on the teeth, tongue, and cheeks, which is desirable unless it is in excessive quantity.

An excess of mucin promotes fermentation and decay by holding the bacteria and culture media in the mouth beneath a gelatinous coating which is not readily removed by the ordinary processes of eating

Mucin is insoluble in acids. When vinegar or cour orange juice is held in the mouth for some time, the protective coating of mucin normally on teeth is penetrated by dialysis. Strong acids penetrate this mucin coating more rapidly, thereby quickly setting the teeth "on edge". All acids attack the tooth structure when they come in direct contact with it and are therefore undesirable in tooth paste.

Weak alkalies dissolve mucin and are the bases of standard tooth pastes. Anyone may demonstrate the affects of an alkali by brushing the tongue and teeth with plain water, and then repeating the process with a sodamint tablet, and noting the amount of thick mucus which will be loosed and removed when the alkali is used

The ideal alkali for a tooth paste is one which will neutralize a maximum amount of lactic acid, will act generally to loosen the mucus, and will have a pleasant taste and effect in the mouth. These conditions are most nearly met by magnesium hydroxide, which is the essential constituent of milk of magnesia. Sodium bicarbonate being an alkaline salt rather than an alkali hydroxide, is not sufficiently effective to protect the calcium of the teeth against the lactic acid, but the affinity of the acid for magnesium hydroxide is greater than that for the lime of the teeth. Moreover, the magnesium is insoluble and lodges in cracks and fissures where it will best protect the teeth.

The second desirable constituent of a tooth paste is a substance which will polish the teeth. It is undesirable to use a hard abrasive, such as powdered pumice, cuttle-fish bone, or calcium phosphate. The constant use of such abrasives may grind away the teeth at the gum line. The standard polishing substance is carbonate of calcium in the form of powdered chalk.

Tooth pastes usually contain coloring matter, and also flavorings, especially oils of wintergreen and peppermint which leave a cooling taste in the mouth

Advertisers of tooth paste stress the point of beautifying the teeth, for the appeal of beauty is stronger than that for hygiene. However, tooth pastes are as essential as soap in the promotion of health, and afford an example of a cosmetic urge resulting in health as well as beauty.



BOOK REVIEWS



INTERNATIONAL CLINICS Edited by HENRY W CATTELL, A.M., M.D., Thirty-seventh Series, Volume III Octavo of 311 pages, with illustrations Philadelphia and London, J. B. Lippincott Company, 1927

This issue of the International Clinics provides an attractive menu for epicurean readers. A battery of twenty distinguished contributors serves the courses, consisting of ten papers on diagnosis and treatment, one on medicine, one on surgery, one on obstetrics, one on neurology, one on medical history and two on post-graduate study The record of this publication for spreading good reading feasts before its subscribers is duly sustained.

MEDICAL ORGANIZATION AND MEDICAL BIOGRAPHY OF SENECA COUNTY, New YORK. Compiled by Lester W Bellows, M D Octavo of 429 pages West Henrietta, New York, Manzler Publishing Corporation, 1926

"Medical Organization and Medical Biography of Seneca County, New York" is a detailed and precise compilation, by Dr Lester W Bellows, of data on the organization and development of the Seneca County Medical Society, the lives of the physicians of that county, and historical sketches of the Willard State Hospital, Seneca Falls Hospital and Waterloo Memorial Hospital

The book is purely of local interest and yet of general medical historical value because of its brief sketches of some of the pioneers of medicine in the United State
William Rachlin

SHOULD WE BE VACCINATED? A Survey of the Controversy in its Historical and Scientific Aspects By Bernhard J Stern 12mo of 146 pages New York and London, Harper and Brothers, 1927 Cloth, \$1 50

This little book is an interesting survey of the factors which underlie the controversy over the subject of vac-

cination against small pox

The author who is an instructor in sociology at Columbia University, devotes the greater portion of his book to a careful study of the history of the question showing the relation of sociological and psychological forces in the development of the controvers. The book gives a fair hearing to both sides, and brings forward enough proof of the beneficence of vaccination to convince any open minded investigator. It is a good book for the lasty and a useful weapon for the profession to consult in dealing with the anti-vaccinationists JOSEPH C. REGAN

THERAPEUTIC MALARIA By G DE M RUDOLF, MRCS LRCP Octavo of 223 pages, illustrated London and New York Oxford University Press, 1927 Cloth, \$385 (Oxford Medical Publications)

This little volume provides an excellent resume—the first to appear in English, we believe—of the present status of the malaria treatment of neurosyphilis-in particular of course, general paralysis, since it is hardly possible to dispute the author's statement that this is the disease that has been most successfully treated by the artificial inoculation of malaria." To the reby the artificial inoculation of malaria." viewer it appears that every aspect of this mode of therapy has been dealt with by the author, that every one of the multifarious topics related to the general procedure has received at least some consideration. To find room for the large mass of detailed observations of the most varied and miscellaneous sort which have found expression in the rather extensive literature of the subject which has grown up since 1919, has been no small feat of systematic arrangement and presentation. This

the author has been successful in accomplishing, marshalling the opinions to be found in the literature upon each topic as presented, and drawing upon his personal experience where that has been apposite. The reader will find in this volume, which is provided with a very representative bibliography and an index, an entirely adequate survey of the subject of the malaria treatment HENRY A. BUNKER, IR. of general paralysis

THE NEW MEDICAL FOLLIES BY MORRIS FISHBEIN, M.D. 12mo of 235 pages New York, Bom and Liveright, 1927 Cloth, \$200

In The New Medical Follies, Doctor Fishbein, again, gives us a delightful opportimity to relax and romp with him through 235 pages of facts regarding the isms, fakes, nuts, and quacks, who, like the poor, are ever with us

Doctor Fishbein is in his best vein when he goes on a mental holiday and plys his avocation, for, surely, it cannot be work for him to yield his pen or pound his

typewriter at this task.

The book starts off with An Encyclopedia of Cults and Quackeries There follows in order chapters on The Cult of Beauty, The Craze for Reduction, Rejuvenation, Rejuvenation The Mechanical and Glandular Methods, Bread and Some Dietary Fads, The End of Electricism, Physical and Electric Therapy, Psychoanalysis-A Cult-Ethics-Medical and Otherwise, ist Movement? The Physician of the Future

This work is delightful reading and is recommended to layman and physician.

CLINICAL PHYSIOLOGY (A Symptom Analysis) IN RE-LATION TO MODERN DIAGNOSIS AND TREATMENT A text for Practitioners and Senior Students of Medi-cine. By Robert John Stewart McDowell, D.Sc., M. B. With an introduction by W. D. Halliburton, LLD., F.R.C.P. Octavo of 383 pages, illustrated New York, D Appleton and Company, 1927

This book emphasizes the importance of the physiological point of view in clinical medicine, the importance of which, although obvious, would nevertheless seem to require to be emphasized. The book is rich in its contents, but does not, of course, attempt anything like a complete presentation of physiology, nor of clinical medicine, it "is an attempt to present some of the facts of physiology and their application in general medicine of physiology and then application in general including in a form which fits in conveniently with pathological and clinical teaching. It is not too much to say that students of medicine of all ages and degrees can get pleasure and profit from reading this book. E. E. C.

APPLIED BIOCHEMISTRY By WITHROW MORSE, Ph D 2nd Edition, revised Octavo of 988 pages, with 272 illustrations Philadelphia and London W B Saunders Company, 1927 Cloth, \$700

When the first edition of this book appeared it im-When the first edition of this book appearance by the mediately captured the interest of the reviewer by the mediately captured the interest of the reviewer by the mediately captured the interest of the reviewer by the mediately captured the interest of the reviewer by the mediately captured the interest of the reviewer by the mediately captured the interest of the reviewer by the mediately captured the interest of the reviewer by the mediately captured the interest of the reviewer by the mediately captured the interest of the reviewer by the mediately captured the interest of the reviewer by the mediately captured the interest of the reviewer by the mediately captured the interest of the reviewer by the mediately captured the interest of the reviewer by the mediately captured the interest of the reviewer by the mediately captured the interest of the reviewer by the mediately captured the interest of the reviewer by the mediately captured the interest of the reviewer by the mediately captured the interest of the reviewer by the mediately captured the mediately captured the interest of the reviewer by the mediately captured the medi novel, clear and readable manner of presentation. This second edition maintains this same delightful style. In addition it adds the very latest material available on the

The carnest attempt of the authors to bring this work up to the minute is seen in their discussion of "synthalin". This substance is still comparatively unknown and even at present there is only an occasional reference to it in the current literature. Still the authors managed to include it in their book. This is an index of how well they succeeded in keeping at the very front of a rapidly advancing subject. We tender our gratitude and our congratulations BENJAMIN DAVIDSON

may be equally charming and possibly more piquant. If, as one London society leader said, it is a duty to one's fellow-creatures to look young

and handsome as long as one can, it is equally important to the community with the good looks on a foundation of sturdy well-being"

RESPONSIBILITY FOR NURSING SERVICE

The New York Sun of February 17 describes a legal case which has some medical bearing, for it involves the question of responsibility for nursing service. The case was as follows

"A steamship sent a sick person to a hospital in New York City The hospital authorities found the patient required two special male nurses, and with the sanction of the steamship company engaged them through a nurses' agency, the hospital to pay them and the steamship company to reimburse it. At the request of a hospital attaché one of these nurses sewed up certain incisions in the patient's body In so doing he pricked his index finger with the needle and infection caused loss of 70 per cent of the member The Industrial Board awarded compensation to the nurse against the hospital and its insurance carrier, the hospital having taken out compensation insurance upon its employees

"Upon appeal the hospital and its carrier

contended that as a graduate nurse the injured man was not an employee of the hospital. They argued that he was an independent contractor or that, if an employee, he was an employee of the steamship company. They held that his suturing of the incisions was a voluntary compliance with a request and was not in the line of his duties.

"The Appellate Division held that the hospital had been merely the agent of the steamship company for procuring the nurse. It cited decisions to support its judgment to the effect that the relation of employer and employee does not exist between a hospital and a special nurse. It reversed the award and dismissed the claim."

This case is referred to the delegation of the Medical Society of the State of New York for discussion in the smoking apartment while the doctors are en route to the Minneapolis meeting of the A M A

FACE LIFTING

Plastic surgery is being perverted to a surprising extent by those who pose as skilled "specialists" in reconstructive surgery. Even magazines of otherwise high class fall for the seductive promises of professional beautifiers. A recent number of a general magazine of a large circulation carried a misleading article on face lifting which may be summarized as follows.

"Esthetic surgery (face lifting) is accepted by the medical profession as a legitimate specialty. The operation is done under local anesthetic and is not followed by pain. The patient goes home at once, and after two or three days, she goes out protected by a brimmed hat, and a veil. There is no danger or pain in the operation. The only risk is that of producing a flatness of the face and a vacancy of expression for a time. The operation may have to be repeated in five years."

The medical point of view is that esthetic surgery is not an approved specialty. The permission that the patient may go home immediately after the operation involves a risk that a conscientious surgeon would be unwilling to take, however, if the patient goes home and if things go wrong, the esthetic surgeon has the alibi that the patient had not taken proper care of her face.

It is well known that wounds of the head heal more rapidly and with less risk than those of any other part of the body. The danger of infection is comparatively small and even a clumsy surgeon can cut a gore out of the skin and sew it together in such a way that the stretching flattens the folds. But physicians cannot agree that esthetic surgery is devoid of danger or that it is a legitimate specialty in surgery or that it may be practiced safely by anyone besides a trained surgeon.

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OUR NEIGHBORS



WOMEN IN HEALTH PROGRAMS

The Atlantic Medical Journal for February contains the report of an address given on October 5, 1927, by Mrs George H Hoxie of Kansas City, Mo, before the Woman's Auxiliary of the Medical Society of the State of Pennsylvania Mrs Hoxie is Vice-President and Chairman of Health Education of the Woman's Auxiliary of the American Medical 'Association—Editor's note

I have been working fifteen years with lay women's organizations which do or try to do health work on their own initiative and under lay direction, and I have come to the conclusion that the average women's club gets but meager and unsatisfactory results from its efforts,—results in no sense in proportion to the time, strength, money and enthusiasm that are put into

There are two causes for this Most lay workers have no knowledge of the enormous field of * health work, they have no notion of what constitutes a complete, well-rounded health program for their community They often become so immersed in their own specific work that, having no sense of perspective, they have no sympathy with other lines of work as important, perhaps more fundamental, than their own For the most part they concentrate on child-welfare work, be-But where fifty cause of its emotional appeal women can be induced to run well-baby stations (where the real work is done without pay by the doctors, and the women get the thrill) there may be difficulty in finding one who can be interested in sanitary waste disposal, decent housing conditions, and safe milk

To illustrate what I mean I have seen a well-children's clinic conducted within a block of a contaminated spring with a history of several typhoid cases, which the children passed and drank from on their way between the clinic and their homes, which were in dilapidated, ramshackle buildings having no connection for city water, no connections with city sewers, and where the surface privies were open to wind and flies And yet it was impossible to interest the women running the clinic in improving sanitation in the district. They were seemingly blind to the fact that upon fundamental changes in living conditions in the neighborhood depended the success of their own work.

The second cause I believe to be that women, in their health tasks, undertake work for which they have no training. Work of health promotion and disease prevention is technical, scientific work, and when it is done without the direction

of trained people it is amateurish work and can have but amateurish results

If we accept these two things as causes of much of the inefficiency of the health work of the ordinary club, our course is clear Four steps we must be willing to take

First, we must get a picture of the great field of public-health work, including the control of such problems as waste disposal, pure water, safe milk, flies, dust, housing (problems which, under urban conditions of life, the individual can not solve, for the solution of which he must look to the technically trained public-health expert, problems which, under rural conditions, must be solved largely by the individual home owner under the guidance of a trained official)

Second, we must get a vision of that other great field of health work, personal hygiene, which involves the training of people to better habits of life, teaching, prenatal care of children, proper food, rest, recreation, and the like, for which people need the guidance of the scientific physician—all that broad field in which the safety and well-being of the individual depends upon the periodic contact with the skilled physician and such confidence in his modern scientific training as to create a willingness to follow his advice about daily living, as well as about treatment when disease is already present.

Third, having got an idea of what these two great fields of health include, we should find out what official machinery experience has shown to be best adapted to developing in cities, towns, and rural districts good sanitation, prevention of communicable disease, and better personal hyperene

And fourth, we should study the official health machinery which does exist and which is or is not functioning successfully in our own state, our own county, our own township, our own city

In other words, the first task of the state auxiliary board is to study its state health conditions and the state health department and its work, and to induce each county auxiliary to undertake similar work, ending with such a study also of its own county

What more logical or fundamental work could a county auxiliary do than to study state conditions, as we had done, study their county statistics as compared with the state averages and the statistics of other counties, get the theory of he county health unit, its organization, its work, its cost, make a survey of the official and volunteer work being done in their county, and then call

(Continued on page 471-adv xvn)

(Continued from page 468)

upon the state health department for help in planning and carrying out educational work which would lead up to a widespread demand from the citizens for a full-time county health department? With the state health department eager for cooperation from the women of the state, why think up things to do on our own initiative? Why not confine ourselves to work under the direction of that department? And this became our state program

This program once decided upon, the work of the state chairman of education began came her task to induce county auxiliaries to arrange study programs for their meetings success was due to two things her willingness to work, and her recognition of the fact that many rural doctors' wives are unable to prepare papers because of lack of reference libraries She, therefore, wrote some papers, collected others, listed articles in the Journal of the American Medical Association and in Hygeia, and offered to supply educational material for county auxiliary meetings

This type of work led inevitably to contact between the county auxiliary and the state health department Further, the following year an auxiliary member working as health committee chairman in the State Federation of Women's Clubs carried this program over into that organization, and a year later another auxiliary member carned a part of it into the State Parent-Teacher Association As a result, in addition to the general health education being carried on in many counties, these three organizations—the Auxiliary, the Federation of Clubs, and the Parent-Teacher Association—have been working on two tasks assigned them by the State Health Department. first, a month's state-wide intensive educational campaign for birth registration, which was done by committees composed of members of the three organizations in each county, and second a "Six-Point Child" campaign by counties started in the fall of 1926, and to be continued indefinitely

INTRACRANIAL HEMORRHAGE IN THE NEWBORN

The March issue of California and Western Medicine contains a brief article by Dr M H Silverberg of San Francisco, on intracranial hemorrhage in the newborn, from which the following quotations are taken -Editor's note

Intracranial hemorrhage in the newborn is the most frequent and fatal injury of childbirth The incidence is high ranging from 5 to 15 per cent, with a mortality of from 40 to 50 per cent

At Mount Zion Hospital, during the year

(Continued on page 472, adv xviii)

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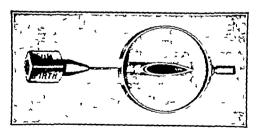
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(Continued from page 472-adv xvni)

Conclusions—1 Intracranial hemorrhage occurs very frequently, from 5 to 15 per cent in the newborn, during or immediately after delivery, and shows a high mortality

2 It occurs in normal as well as in abnormal deliveries, and is frequently overlooked. This condition occurs most in premature, breech

extraction, and in precipitate labors

3 The treatment is one of prevention

Prophylactic measures during labor and delivery should be instituted

4 Whole blood from a healthy robust donor given intramuscularly in doses of 20 to 30 cc (which may be repeated every eight hours if necessary) to any newborn child showing symptoms of intracranial hemorrhage, gives the quickest and best results

PELLAGRA IN ARKANSAS

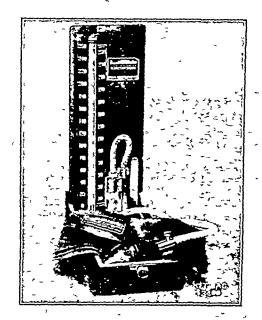
Dr Harvey S Thatcher, from the Department of Pathology, University of Arkansas School of Medicine, contributes the following article on pellagra to the March issue of the Journal of the Arkansas Medical Society—Editor's note

During the year 1927, a noticeable increase of pellagra was observed in Arkansas Arkansas State Hospital for Nervous Diseases reported 70 cases during 1926 and 123 cases in 1927 The clinic of the University of Arkansas School of Medicine reported 8 cases during 1926 from April 1st to November 1st, inclusive, and 30 cases during 1927 for the same period As these institutions received patients from various parts of the State, it is indicative that pellagra had increased. A more detailed study was made by the co-operation of the American Red Cross in Pulaski County working with the refugees in the flood-stricken area The American Red Cross reported 102 cases to November 1, 1927, 75 of which were acute and 22 of which were chronic in the flooded district in this county Five of the acute cases died The diagnoses of these pellagrins, except those which died, were confirmed

Relief work was begun in Pulaski County by the American Red Cross, April 15, 1927 The work for pellagrins began August 1, 1927 The number of refugees during the emergency was approximately 12,000 and the number of families applying for relief was 4,647. This county has a population of 145,000, which is about one-fourteenth of the population of the State.

A careful examination of the diet was made before and after the flood. The diet consisted mainly of salt meat, dried beans and syrup, which was decreased after the disaster. Dr. Paul L. Day of the Department of Chemistry,

(Continued on page 474, adv xx)



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(Continued from page 471, adv xvii)

from July 1, 1925, to July 1, 1926, in 138 clinic cases delivered on the obstetrical service, we had an incidence of 43 per cent. This incidence is quite low, but several babies having no symptoms may have been overlooked in this series, as spinal punctures were not done.

Causes—Intracranial hemorrhage in the newborn may occur during or after normal labors, only exhibiting symptoms in the severe cases

It is frequently overlooked

The chief cause is trauma The main pre-

disposing causes are

1 Prematurity of the infant, which renders it more sensitive to trauma, so that normal labors may be sufficient to cause hemorrhage.

2 Breech extraction, in which rapid or forceful delivery of the aftercoming head produces the injury

3 Precipitate labors, where there is sudden

compression of the head

4 Very difficult or prolonged labors, where there is excessive molding of the head with mury

5 Instrumental deliveries

The most frequent site of hemorrhage is in the free margin of the tentorium (usually at the juncture with the falx cerebri) with result-

ing rupture of the venous sinuses

The diagnosis is readily made when the newborn shows drowsiness, stupor, cyanosis, difficult breathing, focal signs as twitchings, poor tissue turgor, refusal to nurse, and the general symptoms of increased intracranial pressure, as separation and bulging of the cranial sutures and the fontanelles and tonic or clonic con-Early lumbar puncture is an acvulsions The coagulation curate means of diagnosis time and bleeding time should be done immediately after delivery in all cases of difficult labors or suspected hemorrhage The coagulation time in normal newborn babies is from five to nine minutes with an average of seven The bleeding time is from two to minutes five minutes with an average of three and one-Increased coagulation time or half minutes hemorrhagic disease of the newborn is one of the chief contributory factors in serious intracranial hemorrhages

As soon as there is even the slightest suspicion of intracranial hemorrhage, one should administer 20 to 30 cc whole blood intramuscularly. This may be repeated every eight hours if necessary (Large amounts of whole blood intramuscularly give the best results). Horse serum and thromboplastin have been used, but whole blood gives the quickest and best results. Where the intracranial pressure is pronounced and the symptoms fail to subside, spinal punctures should be performed to relieve the pressure

(Continued on page 473, adv xix)

(Continued from page 474, adv rx)

 τ_{ϵ} physician reported seven cases of cholera to - council, five of which were fatal g - doctors attempted to quiet public apprehenn by the opinion that the malady was only a lent form of the cholera morbus, and the mes "felt confident that there was very little inger, and had not heard of a single case where e patient had not been previously reduced by "irrhœa"

The only reliable account extant was written Dr John F Morse, ten years afterward, for Diville's Directory Doctor Morse was one of e most active and humane physicians during the evalence of the calamity, and parts of his nartive are almost too shocking for transcription the, but no one who ever knew that good man all think of calling in question his credibility, zow that he, too, has passed away

In six days from the time of its inception it as making such progress that regular burials Fere but slightly attended to and nursing and ttendance were not unfrequently entirely over-Joked Money could scarcely buy the offices of ommon kindness, and affections were so neuralized by the conflicting elements of selfishness hat but little could be done to arrest the course of the disease The victims of the malady did not seem to be confined so much to those of inremperate and irregular habits, as had been the case in almost all previous manifestations of the , isease

As soon as the daily mortality became so great as to keep men constantly employed in carrying away the dead, the citizens began to leave the -town in every direction, and in such numbers as to soon diminish the population to not more than one-fifth of its ordinary standards. In this pestilential reign of terror and dismay the most dreadful abandonments of relatives and friends Those who were willing to forget took place self and become the visitants of mercy constituted but a small and meager proportion of the many, who, following the instincts of nature, sought only to preserve themselves There were a few men, as there always will be, whose warm hearts throbbed with an uncontrollable anxiety to convey relief to the distressed and the dying, and who lingered around the death scenes of the epidemic, so spellbound by sympathy that they endured anything and everything as long as there remained a solitary hope of even palliating the agony of dissolving nature

I will mention one name, the motive for which will be readily acknowledged more as the extortion of truth than the result of partisan partiality-that of John Bigler, the present Governor This man, with strong impulses of of California sympathy, could be seen in every refuge of distress that concealed the miseries of the dving and the destitute With a lump of gum camphor

(Continued on page 476 ads xxu)



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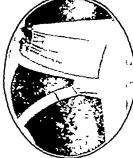
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(Continued from page 473, adv xix)

University of Arkansas School of Medicine, estimated the Vitamine B content in the dut of the acute cases which developed after the flood

Although the table represents only an approximation of the Vitamine B content of the diet, it is apparent that a large percentage of diets had this deficiency. It is also eviden that the other vitamines, as well as calcium, an lacking in the diets. The gardens were destroyed by the inundation, hence these pellagrins did not have the fresh vegetables in the markedly decreased food supply

The etiology of pellagra is obscure. Job ling and Peterson have stated that pellagra practically a disease of the unsewered area There was no sewage on the plantations when the pellagrins in the above series were studie The majority of the patients reviewed by Jol ling and Peterson had their onset during Jur and July The majority in this county hat the onset during May The dietary, or the infectious theory for the cause of pellagra hi not been definitely determined ological anatomy indicates a toxic or an ii Goldberger has recent agent stated, it is probable that a pellagra-producing diet practically always contains some of th "P-P" Vitamine, but the quantity is not enoug for the nutritional needs of some or all i these subsisting on it If this statement we correct more of the refugees would have d Pellagra did not occi veloped the disease during Civil War history or among the pi neers, and surely the diet was not rich vitamines in those periods Diet has some thing to do with the cure of the disease an probably has something to do with its caus but further search must be made for some other etiological factor

CHOLERA IN SACRAMENTO IN 1850

The March issue of California and Wester Medicine contains a description of cholera in Sacramento, California, in the year in which the State was about to be admitted into the Union The following abstracts from the article indicate the justifiable fear which the epidemic inspired—Editor's note

The cholera made its first appearance in Sac ramento on the 20th of October, 1850, when a immigrant by sea was found on the levee, in the collapsing stage of the disease

As usual in such cases the local papers endeav ored to conceal the extent of mortality, and then files of that date give no adequate idea of the fearful scourge On the 24th of October, the

(Continued on page 475, adv xx1)

THE OHIO ANNUAL MEETING

The annual meeting of the Ohio State Medical association will be held in Cincinnati, from Tuesay to Thursday, May 1-3, 1928, and its program fill be of interest to the physicians of New York state, since they are planning for their annual neeting which will be held three weeks later. The him State Medical Journal for April describes he meeting in the following editorial—Editor's cate.

All plans and preparations for the forthcoming 32nd annual meeting of the Ohio State Medical Association, Tuesday, Wednesday and Thursday, Way 1, 2 and 3, point to the establishment of a new record in attendance and interest.

Unofficially, the meeting opens Monday morning, April 30, with clinics and the eighth annual golf tournament. The golf tournament lasts throughout the day and terminates with a banquet when the various prizes are awarded. Both medical and surgical clinics will be held at the various Cincinnati hospitals. Monday morning Schedules for these clinics will be found posted on the bulletin boards of the various hotels as rearly as Sunday noon, April 29

Tuesday morning, May 1, the eighty-second annual meeting officially opens with the first general session in the ballroom of the Hotel Gibson. This will be immediately followed by the first

meeting of the House of Delegates The afternoon of the first day will be devoted entirely to the scientific programs of the six sections. All of these will be held in the Hotel Gibson. The second general session will be held Wednesday evening, when Dr. L. Bigelow, Columbus, president and Dr. Charles W. Stone, Cleveland, president-elect, will deliver the annual addresses Following this, an informal reception will be held in their honor.

The second day of the Meeting, Wednesday, is opened with the six section meetings scientific programs will take up all of the morning hours At noon, an organization luncheon will be held in the Italian room for the officers and legislative and medical defense committeemen of the various county medical societies At 1 30 P M, the second and last session of the House of Delegates will convene. During this session, resolutions introduced will be considered. officers for the coming year elected, and the place for the next annual meeting selected same time, a motion picture on malaria will be shown At 3 P M Wednesday, the annual orations will be given by Dr John H Stokes, Philadelphia, and Dr Palmer Findley, Omaha the general session Wednesday evening, the eco-

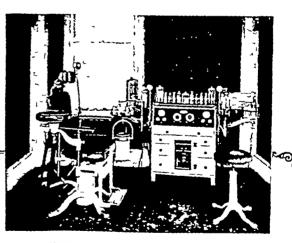
(Continued on page 478-adv xxrv)

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6No

The Publication Committee

(Continued from page 475, adv xxi)
now in his pocket and anon at his nostrile
braved every scene of danger that presented,
with his own hands administered relief to
suffering and uncared for fellow beings

The rapid spreading of the epidemic gave the physicians of the city no rest day or me As might be expected, they were falling like foremost soldiers of a desperate charge, and the cholera had subsided, seventeen of their ber were deposited in the Sandhill Cemeter our city. A professional mortality never be known, an inroad of death from which in fraction more than two in three escaped life, and not one in three from the diseasely yet, not a single educated physician turned back upon the city in its distress and threate destruction

This awful calamity lasted in its malig form only about twenty days. In the latter of the epidemic the authorities procured the of a large frame building on L. Street, where destitute cholera subjects were taken and vided for. The abatement of the disease much longer than the period of its inception increase, and commenced just as soon as the quency of death had familiarized people with frightful scenes around them, and rendered these defenseless from a paralyzing fear.

GRADUATE MEDICAL EDUCATION MISSOURI

New York is by no means the only State whe Medical Society conducts graduate medical ecation. The plan of the Missouri State Med Association is discussed in its Journal of A first in the following editorial—Editor's Note

The Postgraduate Committee invites the cocilors and county societies to take advantage the facilities the Association has established providing speakers at the meetings of the soties and councilor districts. The committee well prepared to send speakers on any topic to the members may desire to hear discussed as has a large list of members who are willing give their time to this activity. In making quests for speakers the committee should be give at least thirty days in which to make arrangements. If a special subject is desired this should be named and either the speaker mentioned left to the committee to select.

Societies are requested to make a special effortion toward obtaining a good audience for the gentlemen who are sent to them by the Postgradua Committee. This is a courtesy due the speake and we know from reports of meetings alread held that members have felt well repaid for the effort of attending the meetings. Requests for speakers may be addressed to the Chairman of the Committee, Dr. R. L. Thompson, University Club Building, St. Louis, or to the Secretary of the Association, 901 Missouri Building, St. Louis

MEDICAL PARAGRAPHS

The Nebraska State Medical Journal runs a department of editorial paragraphs The following are taken from the April issue—Editor's note

A number of cases of Malta fever are reported to have occurred

ın lowa.

Attending medical meetings is good business. It makes a better, broader and happier man

Sir Arthur Conan Doyle, famous novelist, is a physician, graduate of Edinburgh University

Doctor Take the *Journal* home to your wife She will appreciate it, whether you do or not.

The first hospital in America was erected before 1524 in Mexico City by Cortes It is still in existence

At the beginning of the Revolutionary War we are said to have had one medical book by an American author, three reprints and about twenty pamphlets

Dr John M Dodson is said to have figured out that doctors live the longest average lives, and some one rises to ask whether it is because they take their own medicine

A generation ago a Chinese quack named "Dr C Gee Woo" operated in Omaha "C Gee Woo" was recently fined \$500 in Portland, Oregon, for practicing without a license

Wonder if it is not just a little bit disgraceful for a medical man who should know enough to have his family immunized, to have diphtheria break out among the children of his own family?

Our most recent ex-president, Dr H E Potter, Fairbury, is a candidate for delegate to the Republican National Convention. It is a hopeful sign that some of our foremost medical men take an interest in politics.

Herodotus, 500 years before Christ describes I gypt, notwithstanding its fine climate, as being full of medical practitioners, who were all specialists." The ophthalmic surgeons were celebrated and practiced at the court of Cyrus

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Dr Harriet McGraw, practicing physician at Tryon, is made the heroine of a feature story in the March American Magazine. The web of the story is wound around the fact, as a nucleus, that she is the only medical practitioner in McPherson county.

The New York Academy of Medicine announces an Annual Graduate Fortnight to study the degenerative diseases of old age, October 1 to 13. It is intended to inaugurate a form of medical education unique in this country. No fees are charged. The work will be given forenoon, afternoon and evening.

It is interesting to note that a number of physicians in Nebraska have political aspirations. It is reported that one has filed for Congress and several for each branch of the legislature. The medical profession must take an active interest in state and national politics if we ever hope to get the recognition to which we are entitled.

The February IVoman's Journal contains an article "The Nurse on Horseback," giving a vivid account of the experiences of the nurse-midwife in the backward mountain districts of Kentucky where there is but one physician in a county of ten thousand people and where, under several endowments, nurses with special training in obstetrics are depended on to take care of most of the expectant mothers

The Lincoln State Journal of February 2, 1928, under Daily Drift by Bix, contains the follow-"Under our rather loosejointed system of government it is considered quite the proper thing for one legislature to undo the constructive work of its honorable predecessor It is rather suspected that next winter will see an effort made to repeal the basic science law under which people who crave to apply the healing art are required to have at least a rudimentary knowledge of man's anatomical structure, the function of the vital organs, and enough of pathology to be able to differentiate between mulligrubs and mumps Let well enough alone'

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MANUEL de CASTRO P O Box 248 CLOSTER, N. J (Continued from page 477-adv xxiii)

nomic and social aspects of medicine will be discussed by able speakers

The eighty-second annual meeting closes Thurs day noon at the termination of the last general scientific session under the joint auspices of the medical and surgical sections, at which Dr J J R Macleod, Toronto, and Dr J Shelton Horsley, Richmond, will be the speakers

More than one hundred Ohio physicians and six out-of-state speakers take part in the program.

An unusually fine exhibit is also promised for this year Most of the exhibit space has been reserved These will be worthwhile to every physician

Another part of the JOURNAL carries the de tailed program of the scientific sections. An excellent feature of this program is the abstracts of the papers

HEALTH LECTURES IN NEBRASKA

The Nebraska State Medical Journal for April has the following editorial describing how one county medical society provides popular speakers on medical topics—Editor's note

"Those interested in medical organization take a measure of pride in the constructive work of the organized units of the state. The Omaha-Douglas County Medical Society is one of the units doing things. Recently arrangements were made by the educational committee to create a speaker's bureau and make it function in a smooth and orderly manner and a schedule of topics to be discussed by the speakers has been arranged. The following will give an idea of the plan outlined.

"'1 Members of the Omaha-Douglas County Medical Society whose addresses have been au thorized by the educational committee shall constitute the speakers' bureau of the Omaha-Dougles County Medical Society

"'2 An outline of any proposed addresses shall be presented to the educational committee for approval, such outlines to consist of between two hundred and two hundred and fifty words

"'3 The subject matter of these addresses is to consist of scientific information of interest to the lay public and is to be impersonally presented In general, controversial matters must be avoided

"'4 Talks authorized by the educational committee may be prefaced by a statement to that effect'

"The topics to be discussed include under Infancy, 9, School Age, 10, Adolescence, Boys, 8, Adolescence, Girls, 4, Girlhood to Womanhood, 6, Adult Life Men 4, Adult Life, Women, 9, General topics, 27"

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MEDICAL SOCIETY OF THE STATE OF NEW YORK ANNUAL REPORTS

REPORT OF THE PRESIDENT

To the House of Delegates—Gentlemen

Introductory

In reviewing the many activities of the Medical Society of the State of New York for the year which is now drawing to a close, may I suggest that it has been a period of definite progress and advancement for your society and much has been accomplished which will elevate the science and art of medicine, and redound to the credit of the Medical Profession of the State The duties and responsibilities of your president have been lightened and made most attractive by the splendid cooperation, assistance and advice received from the officers, committeemen and various co-workers in the society

It would be difficult to conceive of a better example of team work and unity of action than has been carried on daily for the entire period since your adjournment. Your President is grateful for that change in policy which permitted him to serve as President-Elect for one year, thereby familiarizing himself in advance with the many activities and duties of the position. Your wisdom in creating this new office will be reflected not only in a greater familiarity with the position, but by more effective work done by the presidents of the future As it is now arranged, the president has a real working knowledge of his duties prior to his installation and likewise it permits him to become acquainted with the many and different conditions which exist in the various sections of the state. I regard the creation of this office as a real factor for future advancement of this organization. This has been demonstrated during the present year by the keen and active interest your President-Elect has shown in his close attendance at committee meetings and

frequent contact with District Branch and County Medical Societies

Under the wise and efficient management of our esteemed Secretary the great amount of work entailed with conducting his department has been carried on with the usual precision and exactness which has heretofore existed and indicates his active interest in the advancement of our Medical Body

Your executive officer has been a most efficient and energetic associate throughout the year Without his assistance it would be impossible to carry on our State Society activities as they are now arranged. His intense interest in our Medical Body, coupled with a willingness to sacrifice himself whenever the stress of work demands, indicates a type that is seldom found. I desire to especially call attention to his active interest in the development of the District Branch Medical Societies, the close association and contact which he has developed with the County Medical Societies and the assistance rendered to our Committee on Legislation throughout the Legislative session

Executive Committee and Trustees

Your Executive Committee has been most faithful in the performance of its many duties in handling the varied and complex questions which normally require adjustment and which not only relate to the business of your society but also to the many questions referred to it for consideration. Constituting, as this Committee does, the actual working unit of the society during the intervals when the Council is not in session, it naturally has many questions of policy and expediency to adjust. Some of these naturally carry with them the expenditure of money, a matter which must be referred to our Board of Trustees for



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333 E. 43rd ST., NEW YORK CITY programs and the discussion elicited It was evident that the President of each District Branch and his co-workers on the Executive Committee had given much time and thought to working out the details in order that the members attending could derive the greatest amount of benefit The programs were well from the meetings thought out, contained an unusual number of practical scientific facts for the general practitioner, and also dealt largely with the civic responsibilities of the physician, and the necessity, to so prepare himself that he can become a leader in all that has to do with preventive medicine and Public Health, which is becoming such an important phase of our professional life Many of the programs stressed in a most practical way, the necessity of, and the method of procedure in the examination of the apparently well,—Periodic Health Examination, which represents a refinement in the Art of Preventive Medicine that has far reaching possibilities for both patient and physician and is probably the most important outstanding contribution towards the preservation of health that has developed during recent years. It is the essential work of the family physician, and he should adopt this procedure and safeguard his patrons from endeavors upon the part of others to commercialize and preempt this field

The program of the Second District Branch was entirely devoted to the question of Civic Medicine as carried on in a most efficient way by the medical profession of the four counties of that Branch. I would urge that our State Society study most carefully the developing of the District Branch Societies to even greater usefulness, and aid them in all possible ways including, if necessary, greater financial assistance.

County Societies

Your President has, for many years, been impressed with the thought that our County Medical Societies represent the real foundation of organized medicine, and the health of the citizens of any county is largely dependent upon the efficiency of its County Medical Society and its interest, individually and collectively, in the health problems In order to obtain definite personal knowledge of the activities of our county societies and, if possible, establish a cordial relationship and personal contact between them and our parent organization, I have taken pleasure in visiting many of our County Medical Societies The duties of your President during my term are so many, varied and time-consuming that it was possible for me to attend but thirty of the county society meetings, and I deeply regret that I could not be present at one meeting in each county, if only to demonstrate to these working units our interest, as a state body, in their activities and the welfare of the medical men composing them

At every county medical society attended there

was an intensive interest in the broadening activities of the medical profession coupled with a desire to advance its knowledge along all lines can recall no audience at any regular meeting of any county society, except in the large cities, that had less than 50% of its membership present This has been made possible by good roads and present methods of transportation which have annihilated distance and allowed physicians to be more regular in their attendance Nevertheless, it was not the size of the audiences which impressed me, but rather the keen interest in the scientific papers and their discussion apparent enthusiasm over all questions which had to do with Preventive Medicine, Public Health and County Health Departments, the work of our committee on Public Health and Medical Education, all of these questions I heard discussed frequently and in such a progressive manner as to impress me that our county units are endeavoring in all ways to advance their knowledge of curative medicine and assume their responsibility in preventive medicine and Public Health three occasions when I met with county societies, at a time when they were meeting for the purpose of attending one of the lectures in a course being given by our committee on Public Health and Medical Education, there was a greater number of physicians present than practice in that county, many having come from adjacent coun-This demonstrates the favor with which these courses of instruction are being received by the physicians

County Society meetings are the normal place to discuss the various activities which would have any influence upon the health of the people or change in any way the duties of physicians recognition of this fact we are impressed favorably by the growing tendency of the profession in some of our smaller cities to disband their local Academies of Medicine and concentrate their efforts on the duties and activities of their County Medical Society Such unification of effort and responsibility is commendable and gives the organized medical profession a greater influence Every county society should have an active committee on Public Health which would be keenly alive to all activities in its particular field Likewise in each county medical society there should be a committee on Public Relations which should so coordinate the activities of the various lay organizations as to produce a harmonious cooperation and eliminate any discord or disfunc-This committee should take the leadership in developing medical programs of county agen-Inasmuch as it seems desirable, but is impossible, for the President of your State Society to visit and address each county society during his term of office I would recommend that he be privileged to designate one of the other officers to represent the State Society at some of the many meetings and that said officer, acting in the place

sanction Our Annual Budget is prepared by the Executive Committee and is referred to the Board of Trustees for its approval Hence there is a most wise and efficient safeguarding of our funds from any tendency that might develop to indulge in unprofitable or unnecessary expendi-Yet in order that there likewise should be no curtailment in the growth of the Society or limitation of its normal activities by reason of lack of financial resources, I would suggest that there should be a very close relationship between our Executive Committee and our Board of Trustees. in order that each body shall fully understand the complete purpose of any proposed expendi-Therefore it would seem most desirable that there should be rather frequent conference between these two important bodies, and especially should this be so when difference of opinion relating to policies and expenditures seem to exist Our Trustees have been most faithful and efficient in the performance of their duties in caring for the funds of the organization and dealing with its financial affairs, which constitutes the handling of a large sum of money, as is shown by our Treasurer's Report Safeguarding our finances means greater stability for the organization, and the possibility of meeting future financial requirements of the ever-increasing activities of the Society

Journal

We view with pride the progress made by our Editor, Dr Wightman, in developing our Jour-NAL to its present high standard of scientific at-The editorials which have appeared during the past year, especially those relating to Public Health and Preventive Medicine, have created much favorable discussion and approval The steadily increasing revenue from this Publication indicates that we can look forward to a time, not far distant, when it is reasonably sure to become self-supporting Officers and Committee Chairmen of the State Society and our County Societies should use the JOURNAL to a greater extent in noting their activities, thereby disseminating matters of interest to all our medical men

Directory

We recognize our Directory as an important publication, the omission of which would be a real loss to our physicians, and upon investigation I am satisfied that it must be an annual issue in order to be effective. Our closer fellowship with the New Jersey State Medical Society, developed through our Tri-State Conference and our neighborly and very friendly association and common interest with the Connecticut State Medical Society, prompts me to suggest that it might be possible to make it more definitely the official publication of the three State Medical Societies thereby reducing the expense to our organization I would advise your consideration of this question to the extent of planning for the appoint-

ment of a committee to meet with committees from the Medical Societies of New Jersey and Connecticut to formulate a plan for improvement of the *Directory* and to make it official for the three states

District Branches

Your eight District Branch Medical Societies constitute liason organizations between our State Medical Society and its sixty county societies, and therefore they occupy a strategic and midway position and should be developed to a greater extent than has existed in prior years Fortunately this has been recognized by your society and the officers of the District Branches, so that for the past several years there has been an increased activity and interest in these organizations as shown by a steadily increasing attendance at meetings and an improved attention to the detail of their responsibilities during the intervals between meetings I am pleased to report that the meetings of these societies were exceptionally well attended during the past year, and the combined attendance at the eight meetings quite equalled the number registered at any annual meeting of the State Society A very accurate registration of the attendance in five of the eight District Branch meetings determined that there was a definite increase in attendance over the preceding year of 85% of the membership in the counties comprising those districts We are satisfied that this increase also appertains in the three districts where we did not have an accurate regis-One District Branch—the Fourth—had fully 30% of its membership in attendance We attribute the marked increase in attendance to the enthusiasm and energy of the Presidents of the District Branches and the more frequent meetings of their Executive Committees, coupled with the stimulation received from having with them at such meetings our Executive Officer, who in all possible ways endeavored to be of assistance. This plan of frequent meetings of the Executive Committees of these organizations, composed as they are of the District Branch Presidents and the President of each county society in his district, was started by my predecessor in office and has been of immense value in stimulating interest in the District Branch meetings as well as in considering the many problems the medical men have If we are to meet in their respective districts to assume our normal position as the leaders in civic medicine, we must increase the usefulness and responsibilities of our District Branch Medical Societies, all of which give evidence of the presence of great undeveloped, potential resources, the proper employment of which will greatly enhance the usefulness of the State Medical Society, both to the practicing physician and

It was my pleasure and privilege to attend the eight District Branch meetings and I was impressed by the excellence of the scientific theless, the result obtained in enforcement of this law leads us to believe that in a reasonable measure of time the state will be freed from the menace of the illegal practitioner, and through the operation of the Grievance Committee there will be investigation of alleged improper practices of licensed physicians

Conference on Medical Education

The modern standards of medical practice demand that there shall be an early recognition of incipient disease and an active interest in public health and disease prevention Some of us have considered that the recent graduates in medicine are not taking the interest that they should in the practice of preventive medicine and especially in the periodic examination of the apparently well After discussing this subject with a number of prominent physicians and surgeons throughout the state it was deemed wise to hold a conference with the Deans of the Medical Colleges located within our borders Hence on January 11, 1928 such a conference was held in New York City and was participated in by most of the Deans of our Medical Colleges, representatives from the Department of Education and a representative group of medical men from our State Medical Society At this conference the present methods of Medical Education were discussed and reviewed in detail, likewise the necessity for the practicing physician to be so grounded in the science and art of public health and prevention of disease that he can assume his responsibility as a leader of such activities in his com-It was demonstrated that the Colleges are taking an active interest in teaching these newer branches of medicine and that in the future we can hope for a very active participation by our recent graduates This Conference disclosed the great value of representatives from our medical organization meeting in conference, with representatives of our medical schools and the Department of Education for interchange of thought, the result of which can not help but be of mutual benefit to the schools, the medical profession and the public Your President would suggest that such conferences be continued throughout future years with the hope that there will result a closer bond of union between the State Medical Society the Medical Colleges and the Department of Education

County Departments of Health

During the year much thought has been given to the subject of County Health Departments and the method of their development. This forward looking movement emanated from our State Department of Health and permissive laws were enacted whereby any county having such Health Department will be reimbursed from the state to an extent of 50% of the money expended in such Public Health Program. Whilst only one county

in the state-Cattaraugus-had adopted this plan, it was noted that several others were considering Hence your Committee on Public Health and Officers of the Society felt that it was proper to study the subject and determine what attitude the State Medical Society should take and how far it should go in furthering the devel-A Conference was held coment of these units with the State Department of Health, State Charities Aid Association and State Health Officers It was decided that the movement Association in any particular county should emanate from the Organized Medical unit of that county, viz The County Medical Society, that each County Medical Society should study the subject and decide whether it was for the best interests of the people to have such a County Health Department Your Committee on Public Health has appointed a subcommittee to make a study of this subject. Three County Medical Societies are known to have given this subject careful consideration and are favorably inclined toward adopting this new Public Health measure It would seem that this important question should receive most careful consideration by each of our county units, in order that the adoption of new Public Health measures shall emanate primarily from the Medical Body The educational work necessary to secure its enactment could well be relegated to others

Committee on Legislation

The Committee on Legislation again this year maintained its record for good work. Most of its efforts were extended in preventing the passage of immical legislation, of which there seemed to be more than our ordinary share, but the Committee is to be congratulated for its zeal in having prevented any of it from coming up for serious consideration.

Legal Department

The service rendered by our counsel, Mr Lloyd Paul Stryker, has been of that same conscientious, unselfish and distinctive type which has characterized his dealings with this Society during past years. This bespeaks for us a standing in court which demands respect as well as give to our profession an increasing prestige in all affairs that have to do with questions of law Only those intimately associated with the daily routine of affairs in our Society can appreciate the great amount of work done by our counsel and his associates who have worked, throughout the year with your officers in a most harmonious and cooperative manner To realize fully the advantages of this service and the amount of work it entails one must be acquainted with the fact that somewhere in the neighborhood of one hundred and twenty suits for malpractice are instituted each year against our members articles in our Journal are a continuous source of information and advice relating to legal matof the President, shall have his necessary expenses for such service paid by the State Society In this way it would be possible to utilize the President-Elect and the Vice-Presidents in assisting in the work of acquainting our county societies with the State Society activities and at the same time establish that cordial relationship which is only developed by intimate association through frequent contact

Present day diagnosis and treatment of disease necessitates the hospitalization of an increasing proportion of our sick In no other way can they be surrounded by a proper environment and facilities for adequate study of the condition which. many times, requires much laboratory investigation and the utilization of a vast amount of apparatus and methods which are not possible in the The nursing problem and the economic situation both bespeak an increasing necessity for the patient to be treated in the hospital rather than home I have noted hospital conditions at present existing throughout the rural and small city sections of our state, and it is a source of pride in the profession to recognize the great advancement that has taken place and the fine type of hospitals found in most localities, and likewise note that they represent the central point of medical activities in their respective communities This is as it should be and will mean future better care of the sick Nevertheless, I am 1mpressed with the fact that there are four counties in the state that are devoid of any hospital facilities and there are at least six other counties that are madequately supplied with such This condition necessarily implies that the medical men of those counties are practicing the Art of Medicine under most difficult and deterrent conditions Can we, The State Medical Society, do anything to assist these counties in formulating some plan by which they may be able to succeed in obtaining for their county or community proper hospitals? Such rural hospitals would add much that must be lacking in the care of patients, and would furnish centers of medical education to the physicians in attendance at such hospitals, and likewise would furnish an impetus to the study of disease prevention and public health in such localities Therefore I would suggest that you authorize the appointment of a Special Committee which might be known as "The Committee for Development and Advancement of The Hospital Condition in the State of New York" Such Committee should make a survey of existing conditions, determine the sections that are devoid of or madequately supplied with hospital facilities, after which said Committee could aid the physicians of such counties and communities in any feasible way to procure and develop hospitals An activity of this kind would indicate medical leadership and forestall the assumption of such work by organizations less fitted to assume such Such Committee should responsibility financed by having its necessary expense account

paid by our organization and each District Branch should, in my judgment, have membership upon the committee

Relation to County Societies—A few County Medical Societies have assumed the leadership in the practice of public health and civic medicine, other societies are making tentative plans of leadership, and all now have an attitude of receptivity to the discharge of civic duties by the local physicians The fact must be recognized that the entrance of physicians into the practice of public health is only recent, and that standards of its practice are not yet fully evolved. Moreover the physicians have found the field of public health already occupied by voluntary lay agencies with whose methods physicians have often differed The past year has seen a discussion of public health practice by the physicians of New York State to an extent greater than that of all previous years Every side of the question has been discussed, and many plans have been suggested that were obviously impractical in the opinion of those who were experienced in public health matters But the officers and committees of the Medical Society of the State of New York have given sympathetic consideration to the problems of County Medical Societies, and have advised the local physicians regarding the proper course to pursue in assuming their leadership in all forms of the practice of medicine including the branches of public health and civic medicine Your President recommends that this attitude of sympathetic consideration and advice toward the County Medical Societies be continued as the policy of the Medical Society of the State of New York

Medical Practice Act

The operation of our Amended Medical Practice Law has demonstrated the wisdom of the Act. That it is accomplishing as much, if not more, than was to be expected, we have definite knowledge Through registration of practicing physicians we have at our command the essential basic factor for determining who are actually the licensed physicians of the state, thereby lessening the difficulties in administration of the law adequate reason to believe that the Act has been the means of driving from our state a large number of illegal practitioners, probably at least one thousand, who prefer to practice where the law is less stringent. This negative phase is a very important feature of the actual operation of the From a positive standpoint we know that during the first year of operation of this Act there were 103 arrests for illegal practice of medicine of which there were 30 convictions, and 58 cases are pending trial There were 12 acquittals and dismissals In all, 728 cases were investigated during the year Prosecution in the large cities, where cases are tried in General Sessions, are naturally more effective than in rural and small city sections where jury trial prevails

would care to avail themselves of such facilities, were they brought out, was the problem that your committee at that time undertook to solve. The wisdom of that activity is so apparent and its benefits are already so far reaching, that no justification of it need be undertaken at any time. It is a great pleasure, therefore, to call your attention to the splendid report submitted by the chairman of that Committee this year.

I hope you thoroughly realize the great amount of labor that this Committee has accomplished in order that so many lecture courses could be arranged and properly executed has entailed so great a sacrifice from each member that I suggest that in the future, it will be necessary to give the Committee facilities for employing a full time assistant. those counties where some physician was in a position to give a large amount of time to advertising them properly and to stimulating the physicians to attendance, the courses were most successful In not a few instances, physicians have developed an interest and sought membership in the County Society through having attended the lecture courses

This work is still in its infancy. The Committee has plans for its development that they could not inaugurate this year. The hospitals and the medical schools will be asked to take a greater share in the work in the future. The Academy of Medicine of New York City has sought, through its proper committees, to cooperate more intimately with your Standing Committee. The deans of the Medical Schools, in the conference which I have mentioned in another part of this report, expressed great interest in this particular line of work and manifested a willingness to assist more extensively if the opportunity is given them.

Committee on Medical Economics

It is with much pleasure that I call your attention to the splendid report submitted by this Committee Medical Economics is a subject which concerns us all most intimately, especially that part of it which refers to the operation of the Compensation Law men have for years felt that they have not been given proper consideration in the development and enforcement of the Compensation Law, and it is to the great credit of your present Committee on Medical Economics that, finally our State Society has achieved a standing with the Labor Department of such character as to warrant that in the report to the legislative committee making an investigation of labor, there is a section providing for the construction in the Department of Labor of a medical advisory council. A bill was prepared and submitted to the last legislature providing for the creation of such a council, and as a reflection of the superior quality of the work of your Committee, it is my pleasure to report that no opposition was presented to the passage of that bill, and its failure of enactment was due entirely to faulty drafting. With legal representation in the Council of Labor, we can expect an early solution and correction of many of the problems and injustices with which the law now abounds

Committee on Immunization of Children Against Diphtheria

The immunization of children against diphtheria, an activity which originated in the State Medical Society two years ago, has gone forward in this state with such remarkable progress that in spite of the fact that 1927 was a diphtheria year and that the United States Public Health Service reported an increase of 17 per cent in mortality, this state has shown but a 4 per cent increase. No other public health activity has met with such instantaneous approval and support, or has been so far reaching in so short a time The five-year limit for the eradication of diphtheria, which was adopted as a slogan two and one-half years ago, does not seem anywhere nearly so impossible today as it did when your Committee first considered it Credit for the phenomenal success must be given to the wisdom and tireless activity of the Committee which has been functioning all this while I urge your careful reading of the report which Dr Van Etten the chairman of that Committee has submitted

Curriculum for Nurses

The Committee on Nursing, which a year ago secured the enactment to the law which provided for the licensing of nurse registries and also provided a means of identifying nurses, is continuing its work with profit. As it will show in its report, the amendment to the law has been a real contribution and the Committee is now engaged in what proves to be a very difficult problem, that of assisting the proper authorities in revising the curriculum for nurse training schools. If our Committee succeeds in securing a revision which will be generally approved and adopted by a majority of the states, it will have achieved another great medical victory.

Committee on Public Relations

The Committee on Public Relations which you authorized, should become a permanent Standing Committee, continuing the work started by the Special Committee of the same name last year As you have seen from its report, it has begun a series of conferences with the Department of

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About 58 per cent of our membership is insured in the Group Plan against liability in the practice of their profession. This system of protection should be adopted by a much greater percentage of members. One wonders how so many dare to assume the personal liability incurred by not being protected in this way. Perhaps it is due to lack of familiarity with this excellent plan adopted by our Society.

Tri-State Conference

The Tri-State Conference has held three sessions this year, one in each of the states from which the representatives come The subjects discussed at the Pennsylvania conference were Medical Publicity and Immunization against Diph-Medical Publicity, it was agreed, is one of the most important subjects that can engage the medical organization of today because of the wide-spread activity taken by official and voluntary agencies in promoting public health propa-It was agreed that the three Medical ~ Societies should become more actively interested the public health propaganda of their several arm in order that the public may not be misled assuming, because the Medical Society as h rarely figures in publicity, that, therefore, the physicians have no interest in the promotion of education in matters of public health

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During the discussion it was brought out that some of these small hospitals are doing unethical work, as well as poor work. The Conference decided to appoint a committee from the three states to make a searching study of conditions as they exist at present and to recommend at some future time to the Conference, action that can be referred commonly to the three State So-

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The third conference was held in New York City, where the committee from your Society functioned as host Expert Medical Testimony was the subject considered Discussion was introduced in a splendid paper by our legal counsel, Mr Lloyd Paul Stryker, which has appeared in the March first JOURNAL This is an important subject and the three states are considering what action they can take to make the custom uniform in this section of the medical world

The importance of this Conference to organized medicine has become such, that other groups of states are adopting a similar procedure, for instance, the states of New England have organized a Conference Committee somewhat along the lines that we have initiated And they have gone a step further in that the Boston Medical and Surgical Journal has been taken over by the conference and will henceforth be the common journal The practice for the six state medical societies of medicine is no longer a matter of the individual physician, as we have learned very concretely from affairs in our state. It is not even confined to the County Society, but the District Branch must take a more active part than it The state organization will have problems that it alone must solve, and in such a thickly populated center as that included in the three states of New Jersey, Pennsylvania and New York, where each shares in the great metropolitan district, there will be problems peculiar to these three states and their union, therefore, seeking a solution is highly desirable. Of course, the Tri-State Conference is an unofficial body, in that the several State Societies have authorized their representatives only to confer The findings or resolutions that the Conference may develop must be reported to the respective Societies as observations or recommendations for their acceptance or rejection The need for such conference is so imperative that I hope its continuance will be assured

Committee on Public Health and Medical Education

The Chairman of your Committee on Public Health and Medical Education three years ago conceived the idea of carrying the facilities for scientific advancement and clinical research found in the larger cities to physicians residing outside those districts. Many physicians, prior to that, had established the practice of visiting the metropolitan district at intervals in order to familiarize themselves with the recent advances in the practice of medicine, but, obviously, that number was limited and whether facilities for such study could be successfully transported to more remote sections of the state and whether a sufficient number of the physicians residing outside the larger cities

would care to avail themselves of such facilities, were they brought out, was the problem that your committee at that time undertook to solve. The wisdom of that activity is so apparent and its benefits are already so far reaching, that no justification of it need be undertaken at any time. It is a great pleasure, therefore, to call your attention to the splendid report submitted by the chairman of that Committee this year

I hope you thoroughly realize the great amount of labor that this Committee has accomplished in order that so many lecture courses could be arranged and properly executed has entailed so great a sacrifice from each member that I suggest that in the future, it will be necessary to give the Committee facilities for employing a full time assistant. those counties where some physician was in a position to give a large amount of time to advertising them properly and to stimulating the physicians to attendance, the courses were most successful. In not a few instances, physicians have developed an interest and sought membership in the County Society through having attended the lecture courses

This work is still in its infancy. The Committee has plans for its development that they could not inaugurate this year. The hospitals and the medical schools will be asked to take a greater share in the work in the future. The Academy of Medicine of New York City has sought, through its proper committees, to cooperate more intimately with your Standing Committee. The deans of the Medical Schools, in the conference which I have mentioned in another part of this report, expressed great interest in this particular line of work and manifested a willingness to assist more extensively if the opportunity is given them.

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Personal Appreciation

Throughout the year I have been deeply impressed by your confidence and trust in having elected me as your President. As a consequence I have considered it a duty as well as a pleasure to give to this organization my best thought and

effort In so doing I have been loyally supported by your officers, your committeemen, and all other members of the Society with whom it was my privilege to work

JAMES E SADLIER, President

April 15, 1928

REPORT OF THE SECRETARY

To the House of Delegates— Gentlemen

Another year has gone by and for the third time your Secretary has the honor of submitting an annual report

The Secretary being also Secretary of the subsidiary bodies of the Society and a member of the standing committees much of his work has been of a nature not ordinarily included in secretarial duties. As the Executive Committee of the Council is the business committee of the Society, its Secretary necessarily becomes the business officer or, in business parlance, the Executive of the Society, and it is from that standpoint that he presents his report

The Society in General

The year has shown a wonderful growth of interest and enthusiasm in the endeavors of the Society to solve its educational and economic problems and promote the welfare of the profession. In this work considerable progress has been made and the way paved for greater advancement in the future.

Although many have taken active part in this work, and the Chairmen of the Committees have shown their eminent fitness for the duties entrusted to them, special mention should be made of the President, whose excellent judgment, untiring zeal, and self-sacrificing efforts brought many an issue to a successful culmination. In these matters he received able assistance from the Executive Officer

In former reports, the Secretary has taken occasion to criticise, in a friendly and constructive manner, the rather loose system under which the organization was run. He is pleased to report that there exists today an almost harmonious correlation of all the elements and component units that comprise the corporate body, a considerable lessening of the overlapping and encroachments of duties of officers and committees and a sincere cooperation of all toward the upholding of the ideals and purposes of the Society. It is not yet perfect and probably never will be but decided advance has been made.

The Society's Office

The improvement in the business efficiency continues. As each little fault or discrepancy shows itself, the Manager is quick to rectify it and no opportunity is lost in installing any method or appliance that might tend to greater efficiency and facility of work

No better proof of the growth of the activities of the Society can be found than in a comparison of the Secretary's office of today with that of years ago. Then, dingy quarters with insufficient help, now, four large airy rooms and seven permanent employees besides the extra Directory clerks, together with an Editorial Department of two offices and three employees.

With all this there is still room for improvement as to space. An office that could be devoted to meetings of the Council and of the various committees and conferences constitutes a need that sooner or later must be met. When meetings of this character take place there is almost a total cessation of important office work, the stenographers and clerks having to leave their desks and gather in a small back office. This was particularly evidenced during the conferences on the Cattaraugus situation when the office routine was virtually suspended during several days.

In former reports, the Secretary has advocated the separation of the activities into certain departments and, last year, a move was made toward this end by the establishment of the Editorial Department. He is still of the opinion that a Publication Department and a Financial Department will have to be organized in the future, but, despite the fact of the wonderful success of the Editorial Department, he feels that the time has not yet come at which any further division can be made advantageously

The Directory continues to be handled in the office by the Manager, and the Secretary, after careful examination into, and study, of the subject, believes that the plan now followed should be continued. To make any other than an annual publication of it would be to render it valueless and it would have to be abandoned altogether. The plan of joint publication with the States of Connecticut and New Jersey advocated by Editor Wightman a year or so ago has its ments

Health, looking toward a closer cooperation of the practicing physician and the Department of Health It also lent assistance to the Cattaraugus County Society in its effort to correct the situation that prevails there between the practicing physicians and the Health Demonstration From other reports you have learned of efforts that were made to help the Cattaraugus County Society secure an alleviation of the undesirable conditions into which they were drifting through the manner in which the Health Demonstration I have given a great was being administered deal of my time to the study of the situation which exists there It is to be hoped—and we have many reasons to believe—that the situation will be satisfactorily adjusted and the conditions which brought it about, which may in one form or another exist in other parts of the state, will be eventually corrected or eliminated

Cardiac Committee

Our Cardiac Committee has carried on a most commendable piece of research work which ultimately should be of worth to the great cause of preventive medicine study to be of real value must be continued over a considerable period of time and involve the expenditure of money to an extent which cannot be determined in advance, but we trust the ultimate result will sufficiently warrant such an investment of funds is definitely research work. Many may feel that this organization should not indulge in such investigation, nevertheless, it seems correct that this great medical body should carry on one definite piece of research work, such as is our investigation of Cardiac Disease In doing so we should limit our study to that particular field until something has been accomplished or until the research study has advanced to a position where it would be acceptable to some Foundation established for research purposes This would at least show our interest in the value of original investigation

Centralized Home

One cannot help being impressed by the steadily increasing development of our medical body and the great number of its activities. In the course of time we may be compelled to seriously consider a centralization of our work and the establishment of a permanent home, such as has been done by our neighboring state of Pennsylvania. In view of such possible future commendable ambition I would suggest that from our financial resources we now establish a sinking fund for the ultimate purpose of having, at some future period, a centralized home, the property of the State Medical Society, such sink-

ing fund to have allocated to it such proportion of our income as the judgment of our Board of Trustees would suggest

The New York Academy of Medicine

The cordial attitude of the New York Academy of Medicine to the Medical Society of the State of New York deserves special men-The Academy has been the landlord of the State Society for twenty years, and when the new building was constructed at Fifth Avenue and 103rd Street, rooms were assigned to the State Society at a nominal rental The Academy has accorded to the State Society the use of all its facilities, especially those of the Library and the Bureau of Clinical Information, thereby rendering it possible for physicians visiting New York City to utilize any available time and take advantage of the immense clinical resources to be found in that city, or to attend some of the many scientific meetings that are so important a part of the activities of the Academy I would especially call your attention to the editorial in the New York State Journal of Medicine, Feb 1, 1928, page 158, entitled "The New York Academy of Medicine" and which defines the liberal attitude of those in charge of this great center of medical activity members of the State Society are indebted to the Academy for this offer of personal hospitality to visiting physicians from every part of New-York State

The Practice of Preventive Medicine

Developments during the past year in the special field of Public Health and Preventive Medicine in this state demonstrate, in no uncertain manner, the fact that physicians, individually and collectively, must assume their responsibilities in all activities that have to do with preventive and curative medicine. The work of disease prevention and disease treatment have become so closely related that it is impossible to separate the two, we cannot leave unoccupied this field of prevention without seriously imperilling the very foundation of our medical profession

Let us cooperate with and utilize the lay organizations for the service they can render along various lines, such as stimulating and educating the people to seek the physician's services in both preventive and curative medicine, to provide facilities for the better practice of medicine and, in such ways as seem desirable, to assist the physician in his many and complex duties. But on the other hand, it is the duty of the medical man to recognize that, by education and professional attainments, he is the one to whom all lay bodies should look for guidance and leadership in all that has to do with the health of the people

Reports and Communications

There still remains one great defect that mars the smooth running of our affairs, and may tend to future legal troubles and complications

There is no complete file of reports and communications in the office of the Society That which may be a small matter today may become a matter of moment tomorrow and it should be understood through action of the House that all reports and official communications should go through the regularly organized channel—the Secretary's office. This does not apply to legislative matters which should be sent to the Legislative Bureau in Albany, nor to matters directly pertaining to the duties of any officer or committee which may be sent direct

The files show that this neglect is nothing new but has existed for years. The Secretary having called the attention of the necessity of such requirement both in reports and through the mail without apparent effect submits the following recommendations to the House

That, in order to expedite business, all reports of officers and committees should be sent to the office and be in the hands of the Secretary not later than twenty-four hours before the meeting of the Body to which they are to be presented

That, for the purpose of preserving correct records, all official communications should go through the Secretary's office

That all correspondence to the State Society from any subordinate body or County Society should be sent through the Secretary's office

That all present or former officers having in their possession papers pertaining to the Society should immediately forward them to the Secretary for filing

That all standing and special committees should make a monthly report of their proceedings to the Executive Committee

Furthermore, the Secretary recommends that all resolutions and motions offered in the House of Delegates should be in writing and in duplicate and

That some plan should be devised whereby the work of the reference committees could be so handled as to expedite the business of the House and avoid the jamming through of amendments and important business at the last minute

He stresses the importance of the House finishing all business and abandoning the habit of referring to the Council matters which more properly belong to the larger Body

Membership	Statistics
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Membership, December 31, 1926 1 New Members, 1927 Re-instated Members, 1927	0,459 706 402	
-		11,567
Deaths Resignations	180 60	
Resignations		
~		240
		11,327
Dropped for non-payment of due December 31, 1927	S	321
		11,006
Members elected after October 1, and credited to 1928	1927,	213
Membership January 1, 1928		11,219

The list of honor counties whose membership shows all dues paid for the year is as follows Chemung, Columbia, Delaware, Essex, Greene, Jefferson, Nassau, Oneida, Ontario, Schoharie, Schuyler, Steuben, Tompkins, Warren, Wyoming, Yates

The Secretary cannot close his report without extending his thanks to the various officers and members whose aid and support have enabled him to bear the burden of his office

He especially thanks the Manager, Miss L D Baldwin, and publicly voices his appreciation of her faithful, untiring work and executive ability. She has been indeed the Secretary's right hand

He thanks the Executive Officer for his support and cooperation, for the many friendly offices he has performed and expresses his appreciation of the work done for the Society

He thanks the members of the Executive Committee and of the Board of Trustees for their courteous consideration of him as Secretary of those bodies

The Secretary has spoken elsewhere of the work of the President It is no exaggeration to say that he has left a record that few will ever equal, even to his old friends he has been a revelation. He has taken as his motto "He that would of the best of life, must give to life his best"

Many hours of labor and some of pleasure has the Secretary spent with him. He has met him as President, as travelling companion, as host and as friend and has ever found him the same gracious gentleman. For all his acts of kindness and friendship, he thanks him

Respectfully submitted,

DANIEL S DOMGHERTY, Secretary April 15, 1928 and its extreme difficulties and should not be entered into without thorough deliberation and intensive studies from many angles

The Secretary feels that he cannot leave the subject of the office without a word of commendation for his efficient, willing and obliging staff

Financial Department

The Society is to be congratulated upon the state of its finances, not only from the fact of the surplus shown by the financial reports but also from the standpoint of efficient management

As Secretary of the Board of Trustees and liason officer between the Board and the Executive Committee, the Secretary is in a position to observe and form a fairly accurate opinion of the work and worth of the Board and of the Treasurer's office and he unhesitatingly states to the Delegates that the most important and beneficial action of the House in late years was the establishment of a Board of Trustees

The Treasurer has been this year a member of the Executive Committee and has attended by invitation the meetings of the Trustees His keen insight and interest in the financial matters of the Society has been of great assistance in the work of these bodies and it is earnestly recommended that he be made a permanent member of both

The bookkeeping still remains a part of the Secretary's office and the new system adopted last year has established its worth but there is need of a more accurate, understandable and modern monthly accounting This will doubtless be taken care of by the Trustees

Legal Department

To many of the members the title "Legal Counsel" conveys only the thought of mal-practice defense, although the handling of these cases is but a portion of his duty He maintains a very important part in the economy of the Society being the retained Counsel of the corporation As such, his judgment and assistance saves us from many a pitfall and his legal knowledge and skill keeps our activities in strict accord with the laws governing us, whether statute, corporation or those of our own Constitution and By-Laws He sits with the Council and the Executive Committee as their legal advisor and attends the sessions of the House of Delegates in the same capacity Through his department in the Journal he keeps us informed of legal matters in general and his comments on special cases and legislation are of great value The Secretary is especially grateful to him for his generous advice in conducting many a difficult piece of correspondence

Public Relations Committee

Your Secretary has no wish to comment upon

the work of this or of any committee believing that duty a perogative of the President

He feels, however, that having attended several sessions of this special committee, one at midnight after a wild mountain ride, and having sat in conference for about five days, he is competent to judge of its worth. He, therefore, strongly urges the adoption of the amendment establishing it as a standing committee and expresses the hope that the personnel will consist of men of vision and broad minds, who, by reason of knowledge gleaned from professional practice, know the needs of the public and whom experience has taught the wisdom of safeguarding the rights of the profession without neglecting or losing sight of the rights and welfare of others

The Constitution and By-Laws

Although refusing to accept membership on the Special Committee on Revision of the Constitution and By-Laws, the Secretary at the request of the President consented to act in an advisory capacity

A study was made, therefore, of the laws governing the Society for some years past, of the various changes made in them from time to time and, when possible, the reasons for such changes. The tentative amendments were also studied from the viewpoint of their adaptability to our scheme of organization and of their influence on its efficiency. The results of this study were discussed with the Committee and with the Legal Counsel.

Having taken part in the revision the Secretary cannot well urge its adoption but he expresses the sincere belief that the Society would benefit thereby

District Branches

In company with the President, the Vice Speaker and the Executive Officer, the Secretary visited the annual meetings of the District Branches

The attendance at the meetings showed an increase over former years, the programs were of a high class and, judging from the interest shown, well adapted to the audience

The program of the Sixth District was distinctly unique as it entirely featured industrial medicine while that of the Second District was devoted to the economic phases

The Secretary sincerely regrets that he was unable to attend the meeting of the Eighth District. He thanks the officers and members of the different Districts for their courtesy and hospitality

BALANCE SHEET AT DECEMBER 31, 1927 Assets Current Assets Cash Cash in Banks \$15,741.79 Petty Cash 29.96 Accounts Receivable Journal Advertising Directory Advertising Directory Sales 476.00 Directory Sales 476.00 Investments 45,896.51 Accrued Interest on Investments Inventory of Directories 525.00 Total Current Assets Deferred Charges, Annual Meeting, 1928 Trust Fund Investments Union Dime Savings Bank Lucien Howe Prize Fund (30.45) Current Liabilities 34,3120.00 Committee on Medical Research 465.47 Total Current Liabilities 53,7120.00 Total Current Liabilities 53,7120.00 Trust Funds Lucien Howe Prize Fund (1,380.45) Dr. J. A Coles Benevolent Fund 118.30 Total Trust Funds Surplus Balance, January 1, 1927 Excess Income over Expenses 17,947.64 Total Surplus Total Surplus Total Surplus Total Surplus Total Surplus Total Surplus \$69,380.74 Total Surplus Total Trust Funds \$4,407.09 Fixed Assets Furniture and Fixtures (33,679.49) Less—Reserve for Depreciation 367.95 Net Value of Fixed Assets 3,311.54	Dr	REPU	RT OF THE	E TREASURER—Continued	Cr.
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Accrued Interest on Investments		476 00		Dr J A Coles Benevolent Fund	
Deferred Charges, Annual Meeting, 1928 100.75 Total Surplus \$69,	Accrued Interest on Inventory of Direct	45,8 Investments tories	896 51 556 95 525 00	Surplus Balance, January 1, 1927	
Union Dime Savings Bank Lucien Howe Prize Fund \$1,158.34 Merritt H Cash Prize Fund 630 45 Guarantee Mortgage Certificate 2,000 00 Liberty Bonds 599 34 Interest Benevolent Fund 18 96 Total Trust Fund Investments \$4,407 09 Furnd Assets Furniture and Fixtures \$3,679 49 Less—Reserve for Depreciation 367 95 Net Value of Fixed Assets 3,311.54 Total \$77,200 12 Doyle & Carpenter, Accountants and Auditor STATEMENT OF INCOME AND EXPENSES, FOR THE YEAR ENDED DECEMBER 31, 1927 Annual Dues, Arrears \$539 00 Committee on Legislation \$4,560 39 Annual Dues, 1926 4,658 00 Committee on Medical Economics 2,327 50 Annual Dues, 1927 85,736 00 Committee on Public Health 4,571 90 Interest on Investments 1,533.35 Committee on Public Relations 459 42 Committee on Public Relations 459 42 Committee on Scientific Work 68,94 District Branches 2,961 30 Miscellaneous Expense 369 32 Telephone Printing and Stationery 552,21 Postage 538 66	Deferred Charges, Ar	nnual Meeting, 192	8 100 75	Total Surplus	\$69,207 56
Total \$77,200 12 Doyle & Carpenter, Accountants and Auditor STATEMENT OF INCOME AND EXPENSES, FOR THE YEAR ENDED DECEMBER 31, 1927 Income Expenditures Annual Dues, Arrears \$539 00 Committee on Legislation \$4,560 39 Committee on Medical Economics 2,327 50 Annual Dues, 1926 4,658 00 Committee on Public Health 4,571 90 Interest on Investments 1,533.35 Committee on Public Relations 25 00 Interest on Bank Balances 667 14 Committee on Public Relations 459 42 Committee on Public Relations 459 42 Committee on Heart Disease 1,115 31 Committee Worl-men's Compensation 115 17 Committee Worl-men's Compensation Committee Worl-men's Compensation 115 17 Committee on Scientific Work 68.94 District Branches 2,961 30 Miscellaneous Expense 369 32 Telephone 163 50 Printing and Stationery 552.21 Postage 538 66	Lucien Howe Pri Merritt H Cash Guarantee Mortgag Liberty Bonds Interest Benevolent Total Trust Fu Fixed Assets Furniture and Fixt Less—Reserve for I	ze Fund \$1, Prize Fund 6 e Certificate 2, Fund 1 ind Investments cures \$3, Depreciation \$1,	630 45 900 00 599 34 18 96 \$4,407 09 579 49 367 95		
STATEMENT OF INCOME AND EXPENSES, FOR THE YEAR ENDED DECEMBER 31, 1927 Income Annual Dues, Arrears Annual Dues, 1926 Annual Dues, 1927 Secondary Second	Total				\$ 77,200 12
Annual Dues, Arrears \$539 00	STATEMENT	OF INCOME A			
Rent 2,900 04 Insurance 10.29 Annual Meeting Expense 380.57 Legal Expense 14,464 09 Honorarium and Expenses, Secretary 2,141 67 Salaries, General 12,390 74 Dr Philips' Dinner Expense 304.55 Traveling Fyense, General 4,550.26 Traveling Fyense A M A 409.12	Annual Dues, Arrears Annual Dues, 1926 Annual Dues, 1927 Interest on Investment	1ncome \$3 4,0 85,7	539 00 558 00 736 00 533.35 567 14	Expenditures Committee on Medical Economics Committee on Medical Economics Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Worl-men's Compensation Committee Worl-men's Compensation Committee on Scientific Work District Branches Miscellaneous Expense Telephone Printing and Stationery Postage Auditing Rent Insurance Annual Meeting Expense Legal Expense Honor-trium and Expenses, Secretary Salaries, General Dr Phillips' Dinner Expense Traveling Expense, A M A Executive Officer, Salary Fxicutive Officer Expense Office Supplies Office Supplies Office Supplies Office Txpense Tri-State Conference Countil Luncheon Cost of Journal Cost of Directory Total Expense	\$4,560 39 2,327 50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961 30 369 32 163 50 552.21 538 66 410 00 2,900 04 10.29 380.57 14,464 09 2,141 67 12,390 74 304.55 4,550.26 408 12 8,000 00 1,563 02 532 90 255 49 135.20 618 84 367 95 86 00 7,704 86 132.64 \$75,185.85
Executive Officer, Salary 8,000 00 Fxicutive Officer Expense 1,563 02 Office Supplies 532 90 Office Expense 255 49 Tri-State Conference 135.20 County Secretaries' Luncheon 618 84 Depreciation on Furniture 367 95 Council Luncheon 86 00 Cost of Journal 7,704 86 Cost of Directory 132.64			\$93,133 49	and the second of	\$93,133 49

REPORT OF THE TREASURER

CHARLES GORDON HEYD, Treasurer, In Account	with THE MEDICAL SOCIETY YORK	of the State of Cr
CASH RECEIPTS, YEAR ENDED DEC 31, 1927 86,592.71	CASH PAYMENTS, YEAR EN Salaries, General and Directory Traveling Expenses, General Traveling Expenses, General Traveling Expenses, General Traveling Expenses, A M A Telephone Annual Meeting Expense, 1927 Annual Meeting Expense, 1928 Directory Postage Directory Postage Directory Printing Directory Expense Journal Publication Journal Commission Journal Postage Journal Flephone Honorarium, Editor-in-Chief Executive Editor's Salary Executive Editor's Traveling Expense Literary Editor's Salary Journal Furniture and Fixtures Journal Subscriptions Journal Expense Dr Phillips' Testimonial Dinner Committee on Legislation Committee on Public Relations Committee on Public Relations Committee on Public Relations Committee on Nurses' Problems Committee on Nurses' Problems Committee on Scientific Work Committee Workmen's Compensation District Branches Printing and Stationery Rent Including Journal Office Postage Furniture and Fixtures Legal Expense Auditing Honorarium and Expenses, Secretary Executive Officer's Salary Executive Officer's Expenses Office Supplies County Secretaries' Luncheon Office Expense Tri-State Conference Investment Bonds Purchases Petty Cash Disbursements, Journal Total Disbursements, General Petty Cash Disbursements, General Petty Cash Disbursements, Journal Total Disbursements	\$16,601 70 4,836 82 407 26 162 50 3,460.25 100 75 584 05 11,996 25 834 65 1,338.10 106 00 30,265 12 7,682.88 3,255 19 4,799 90 165.52 500 00 5,000 00
Total JOURNAL ACCOUNT FOR THE	YEAR ENDED DECEMBER 31, 1	927
Advertising \$39,644 87 Sales	Publication Printing and Cuts Postage Rent Office Salaries Commissions Discounts Honorarium, Editor-in-Chief Executive Editor's Salary Executive Editor's Traveling Expense Literary Editor's Salary Office Expense Office Expense Office Supplies Stationery Subscriptions Telephone Miscellaneous Expense Traveling Expense, Advertising Agent	\$29,730 11 3,236 40 1,657 92 4,799.90 9,160 54 1,450 44 500 00 5,000 00 509 11 1,200 00 188 11 159.20 122.50 267.94 166 15 309.33

Dr REPORT	OF THE	TREASURER—Continued	<u>Cr</u>
D	IRECTORY	ACCOUNT	
Advertising S5,025 00		Expenditures	
Sales 3,444.25		Publication—Printing Salaries	\$11,762.96 4,200.76
Income from Dues 10,717 00	\$19,186.25	Commissions	834 65 187.21
Cost of Directory	132 64	Discounts . Delivery	1,338 10
•		Stationery	160.25
		Postage Miscellaneous Expense	529.84 305 12
D.1. (1707)	\$19,318.89		\$19,318 89
Assets	SHEET AT	DECEMBER 31, 1927	
Current Assets		Current Liabilities Liabilities	
Cash Cash in Banks \$15,741 79		Advance Dues, 1928	\$3,120,00
Petty Cash 29.96		Committee on Medical Research	465 47
Accounts Receivable \$15,771.75		Total Current Liabilities	\$3,585 47
Journal Advertising \$3,319.53		Trust Funds Lucien Howe Prize Fund	\$2,908.34
Directory Advertis- ing 2,835 00		Merritt H Cash Prize Fund Dr J A Coles Benevolent Fund	1,380 45
Directory Sales 476 00		-	118.30
6,630.53 Investments 45,896.51		Total Trust Funds	\$4,407 <i>0</i> 9
Accrued Interest on Investments 556 95 Inventory of Directories 525 00		Surplus Balance, January 1, 1927	\$51,259 92
Total Current Assets	\$69,380.74	Excess Income over Expenses	17,947 64
Deferred Charges, Annual Meeting, 1928 Trust Fund Investments	100 75	Total Surplus	\$69,207 56
Union Dime Savings Bank			•
Lucien Howe Prize Fund \$1,158.34 Merritt H Cash Prize Fund 630.45			
Guarantee Mortgage Certificate 2,000 00)		
Liberty Bonds 599.34 Interest Benevolent Fund 18 96			
Total Trust Fund Investments	\$4,407 09		
Furniture and Fixtures \$3,679 49	}		
Less—Reserve for Depreciation . 367 95	<u> </u>		
Net Value of Fixed Assets	2 211 64		
	3,311.54	Total	\$ 77,200 12
Total	\$77,200.12	Total Dovle & Carpenter, Accoun	\$ 77,200 12 tants and Auditors.
STATEMENT OF INCOME AND E	\$77,200.12	Doyle & Carpenter, Accoun	tants and Auditors.
STATEMENT OF INCOME AND E Income Annual Dues, Arrears S539 00	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECL Expenditures	tants and Auditors. EMBER 31, 1927
STATEMENT OF INCOME AND E Income Annual Dues, Arrears Annual Dues, 1926 Annual Dues, 1926 A,658 00	\$77,200.12 EXPENSES,	DOYLE & CARPENTER, ACCOUNT FOR THE YEAR ENDED DECLE Expenditures Committee on Legislation Committee on Medical Economics	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327,50
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1.533.35	\$77,200.12 EXPENSES,	DOYLE & CARPENTER, ACCOUNT FOR THE YEAR ENDED DECLE Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90
STATEMENT OF INCOME AND E Income Annual Dues, Arrears Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00	\$77,200.12 EXPENSES,	DOYLE & CARPENTER, ACCOUNT FOR THE YEAR ENDED DECLE Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Nurses' Problems Committee on Public Relations	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECI Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Nurses' Problems Committee on Public Relations Committee on Heart Disease	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECLE Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee on Scientific Work	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31 115 17 68.94
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECI Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31 115 17
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECI Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee Workmen's Compensation Committee on Scientific Work District Branches Miscellaneous Expense Telephone	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961.30 369 32 163.50
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECL Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee on Scientific Work Committee o	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961.30 369 32 163.50 5552.21 538 66
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECL Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee Workmen's Compensation Committee on Scientific Work District Branches Miscellaneous Expense Telephone Printing and Stationery	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961.30 369 32 163.50 552.21 538 66 410 00
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECL Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee Workmen's Compensation Committee Workmen's Compensation Committee Workmen's Compensation Committee Branches Miscellaneous Expense Telephone Printing and Stationery Postage Auditing Rent Insurance	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961.30 369 32 163.50 552.21 538 66 410 00 2,900.04 10.29
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECI Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Nurses' Problems Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee Workmen's Compensation Committee Branches Miscellaneous Expense Telephone Printing and Stationery Postage Auditing Rent Insurance Annual Meeting Expense Legal Expense	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961.30 369 32 163.50 5552.21 538 66 410 00 2,900.04 10.29 380.57
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECL Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee on Scientific Work District Branches Miscellaneous Expense Telephone Printing and Stationery Postage Auditing Rent Insurance Annual Meeting Expense	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961.30 369 32 163.50 552.21 538 66 410 00 2,900.04 10.29 380.57 14,464 09
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECL Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee on Scientific Work District Branches Miscellaneous Expense Telephone Printing and Stationery Postage Auditing Rent Insurance Annual Meeting Expense Legal Expense Honorarium and Expenses, Secretary Salaries General	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961.30 369 32 163.50 552.21 538 66 410 00 2,900.04 10.29 380.57 14,464 09 2,141 67 12,390.74
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECI Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee on Public Relations Co	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961.30 369 32 163.50 552.21 538 66 410 00 2,900.04 10.29 380.57 14,464 09 2,141 67
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECI Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee on Scientific Work District Branches Miscellaneous Expense Telephone Printing and Stationery Postage Auditing Rent Insurance Annual Meeting Expense Legal Expense Honorarium and Expenses, Secretary Salaries General Dr Phillips' Dinner Expense Traveling Fypense, General Traveling Expense, A. M. A	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961.30 369 32 163.50 552.21 538 66 410 00 2,900.04 10.29 380.57 14,464 09 2,141 67 12,390.74 304.55 4,550.26 408.12
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECI Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee on Public Health Committee on Public Relation Committ	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327,50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961,30 369 32 163.50 552.21 538 66 410 00 2,900.04 10.29 380.57 14,464 09 2,141 67 12,390.74 304.55 4,550.26 408.12 8,000 00 1,563 02
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECI Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee on Scientific Work District Branches Miscellaneous Expense Telephone Printing and Stationery Postage Auditing Rent Insurance Annual Meeting Expense Legal Expense Honorarium and Expenses, Secretary Salaries General Dr Phillips' Dinner Expense Traveling Fypense, General Traveling Fypense, General Traveling Expense, A. M A Executive Officer, Salary Executive Officer, Expense Office Supplies Office Expense	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961.30 369 32 163.50 552.21 538.66 410 00 2,900.04 10.29 380.57 14,464 09 2,141 67 12,390.74 304.55 4,550.26 408.12 8,000 00 1,563 02 533.90
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECI Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee on Scientific Work District Branches Miscellaneous Expense Telephone Printing and Stationery Postage Auditing Rent Insurance Annual Meeting Expense Legal Expense Honorarium and Expenses, Secretary Salaries General Dr Philips' Dinner Expense Traveling Expense, General Traveling Expense, A. M. A Executive Officer, Salary Executive Officer, Expense Office Expense Tri-State Conference	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961.30 369 32 163.50 552.21 538 66 410 00 2,900.04 10.29 380.57 14,464 09 2,141 67 12,390.74 304.55 4,550.26 408.12 8,000 00 1,563 02 532.90 255 49 135.20
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECI Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee on Scientific Work District Branches Miscellaneous Expense Telephone Printing and Stationery Postage Auditing Rent Insurance Annual Meeting Expense Legal Expense Honorarium and Expenses, Secretary Salaries General Dr Phillips' Dinner Expense Traveling Expense, A. M. A Executive Officer, Salary Executive Officer, Expense Office Expense Tri-State Conference County Secretaries' Luncheon Depreciation on Furniture	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961.30 369 32 163.50 552.21 538 66 410 00 2,900.04 10.29 380.57 14,464 09 2,141 67 12,390.74 304.55 4,550.26 408.12 8,000 00 1,563 02 532.90 255 49 135.20 618.84 367 95
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECI Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee on Scientific Work District Branches Miscellaneous Expense Telephone Printing and Stationery Postage Auditing Rent Insurance Annual Meeting Expense Legal Expense Honorarium and Expenses, Secretary Salaries General Dr Phillips' Dinner Expense Traveling Expense, General Traveling Expense	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961.30 369 32 163.50 552.21 538.66 410.00 2,900.04 10.29 380.57 14,464 09 2,141 67 12,390.74 304.55 4,550.26 408.12 8,000 00 1,563 02 532.90 255 49 135.20 618.84 367 95 86 00
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECI Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee on Scientific Work District Branches Miscellaneous Expense Telephone Printing and Stationery Postage Auditing Rent Insurance Annual Meeting Expense Legal Expense Honorarium and Expenses, Secretary Salaries General Dr Phillips' Dinner Expense Traveling Expense, General Traveling Expense Traveling Expense Traveling Expense	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327,50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961,30 369 32 163.50 552.21 538 66 410 00 2,900.04 10.29 380.57 14,464 09 2,141 67 12,390.74 304.55 4,550.26 408.12 8,000 00 1,563 02 532.90 255 49 135.20 618.84 367 95 86 00 7,704 86 132.64
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECI Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee on Scientific Work District Branches Miscellaneous Expense Telephone Printing and Stationery Postage Anditing Rent Insurance Annual Meeting Expense Legal Expense Honorarium and Expenses, Secretary Salaries General Dr Philips' Dinner Expense Traveling Expense, General Traveling Expense Office Supplies Office Expense Tri-State Conference County Secretaries' Luncheon Depreciation on Furniture Council Luncheon Cost of Journal Cost of Directory Total Expense	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961.30 369 32 163.50 552.21 538 66 410 00 2,900.04 10.29 380.57 14,464 09 2,141 67 12,390.74 304.55 4,550.26 408.12 8,000 00 1,563 02 532.90 255 49 135.20 618.84 367 95 86 00 7,704 86 132.64
STATEMENT OF INCOME AND E Income Annual Dues, Arrears \$539 00 Annual Dues, 1926 4,658 00 Annual Dues, 1927 85,736 00 Interest on Investments 1,533.35	\$77,200.12 EXPENSES,	Doyle & Carpenter, Account FOR THE YEAR ENDED DECI Expenditures Committee on Legislation Committee on Medical Economics Committee on Public Health Committee on Public Health Committee on Public Relations Committee on Public Relations Committee on Heart Disease Committee Workmen's Compensation Committee on Scientific Work District Branches Miscellaneous Expense Telephone Printing and Stationery Postage Auditing Rent Insurance Annual Meeting Expense Legal Expense Honorarium and Expenses, Secretary Salaries General Dr Phillips' Dinner Expense Traveling Expense, General Traveling Expense Traveling Expense Traveling Expense	tants and Auditors. EMBER 31, 1927 \$4,560 39 2,327.50 4,571 90 25 00 459 42 1,115 31 115 17 68.94 2,961.30 369 32 163.50 552.21 538 66 410 00 2,900.04 10.29 380.57 14,464 09 2,141 67 12,390.74 304.55 4,550.26 408.12 8,000 00 1,563 02 532.90 255 49 135.20 618.84 367 95 86 00 7,704 86 132.64

REPORT OF THE COUNCIL

To the House of Delegates— Gentlemen

The Council has the honor of submitting the following report which includes those of the Executive Committee and the Committee on Publication

Four meetings have been held, May 11, June 16, December 8, 1927, and February 3, 1928

In accordance with the provision of the By-Laws governing the constitution of an Executive Committee, the following members of the Council were elected to serve with the President and the Secretary as such committee George M Fisher of Oneida County, John A Card of Dutchess, Charles Gordon Heyd of New York, George W Cottis of Chautauqua, and Joshua M Van Cott of Kings

Dr Orrin Sage Wightman was appointed Editor-in-Chief for the ensuing year, and Joshua M Van Cott of Kings, James Pedersen of New York, and Daniel S Dougherty of New York were appointed a Committee on Publication

A cordial invitation was extended to the President-Elect and to the Assistant Secretary to attend the meetings of the Executive Committee

The meeting adjourned to meet in New York

City on June 16th

At the adjourned meeting the principal business transacted was the appointment of the members of the various committees and a discussion of the tentative plans presented by the Presidents of the District Branches and the Chairmen of the Standing Committees

The following appointments made by the Presi-

dent were confirmed

Committee on Public Health and Medical Education—George W Kosmak, George F Chandler, William Groat, Stanhope Bayne-Jones, John O Polak, Edwin MacD Stanton, Chalmer J Longstreet, Clayton W Greene

Committee on Medical Economics—Henry B Doust, Homer J Knickerbocker, Arthur S Chit-

tenden, C Ward Crampton

Committee on Scientific Work - Harlow

Brooks

Committee on Public Relations—George M Fisher, O W H Mitchell, Thomas J Walsh, Terry M Townsend, Austin G Morris

William D Johnson has since been substituted for Dr Walsh, and George W Cottis added to

the Committee

Committee on the Revision of the Constitution and By-Laws-Samuel J Kopetzky, Horace M Hicks, John E Jennings, John A Card, J Richard Kevin

Committee to Study the Nursing Problem-N B Van Etten, Andrew Sloan, George W Kosmak, George E Beilby, Walter Conley, E Eliot Harris, J Richard Kevin, George R Critchlow, A B Chittenden

Commuttee on Toxin Anti-Toxin-N B Van

Etten, Linsly R Williams, Charles E Gordon, Frederic E Sondern, William H Ross, Matthias Nicoll, Jr, George F Raynor, W Warren Britt, Herman G Weiskotten

Committee to Study Heart Disease—Robert H Halsey, Bernard S Oppenheimer, Louis F Bishop, Edward C Reifenstein, William H Lohman, John Wyckoff, Harold E B Pardee, Hermon G Gordinier, Nelson G Russell

Dr Joseph H Bainton was later appointed to

take the place of Dr Wyckoff, resigned

The meeting of December 8th was devoted mainly to routine work and listening to reports

On February 3, 1928, by order of the President a special meeting of the Council was called for the purpose of discussing and considering the situation in Cattaraugus County with a view of devising means to solve the problem regarding the health demonstration in that County meeting was held in Executive Session at the end of which the following resolution was adopted

Resolved, That the Council propose their willingness to aid Cattaraugus County in the solution of its problem, by the appointment of an arbitration committee to be composed as follows Five members of the Council, to include the President, the Secretary, the Chairmen of the Public Relations Committee, and two other members of the Council to be chosen by the Cattaraugus County Medical Society, five members of the Cattaraugus County Medical Society, and five members of the State Charities Aid Association and the Trustees of the Milbank Fund jointly

And be it further resolved that all parties to this agreement be informed that the findings of this Committee will not be binding on any of the parties and that its purpose is that solely of attempting to compose differences and arrive at an agreement satisfactory to all concerned

Conference on Cattaraugus Situation

The first session of the conference was held in the rooms of the Society on Thursday, February 16th, at 10 30 A M, there being present Drs Sadlier, Dougherty, Cottis, Booth and Ross representing the Medical Society of the State of New York, Drs Linsly Williams, Livingston Farrand, Herman G Weiskotten, Mr Canfield and Mr Folks, representing the State Charities Aid Association and the Milbank Fund, Drs Garen Morris, Hillman, Atkins and Bourne, representing the Medical Society of the County of Cattaraugus, Commissioner Nicoll of the State Department of Health was also present by invitation

The session continued until 5.30 P M when an adjournment was taken until Friday, March 2nd, at 10 30 A M, a sub-committee composed of Drs Sadlier, Ross, Garen, Williams and Mr

Folks having been appointed to deliberate fur-

ther and report at that time.

On Friday morning, March 2nd, the second session of the Conference was called to order by Dr Sadher, all three groups being represented. The report of the Sub-Committee was presented by Dr Ross and given careful consideration, being discussed freely and fully by the interested groups. No final conclusion having been reached the session adjourned at 6.30 to meet the following week.

The third session was called to order Friday, March 9th, at 10.30 o'clock, the Cattaraugus County Society not being represented, Dr Garen having a death in his family and the others being busy professionally. A telegram was received asking that Dr Ross be designated as

the representative of this group

After a review of the salient points of the previous sessions, a tentative plan was drafted which was agreeable to the State Charities Aid and Drs Booth and Ross were appointed a committee to proceed to Olean and present it to the Cattaraugus County Society at its meeting Adjournment was taken at three o'clock subject to the call of the Chair

On April 10th, the Council Committee of five met and heard the report of Drs Ross and Booth and on April 12th made a tentative report to the

Executive Committee

As these sessions lasted about thirty-five hours, to make a full detailed report would be an almost impossible task. The Committee reports, therefore, only on the work accomplished

Summary

The following general principles for the government of the conjoint work of the medical profession and the voluntary public health agency were agreed upon

- 1 The essential part of public health work being preventive medicine, there should be no failure on the part of official and unofficial health and welfare organizations to recognize the importance of the local practicing physician
- 2 Ail those associated in the conduct of public health activities must recognize fully that preventive medicine is the doctor's rightful field and that laymen must at all times look to the medical man for guidance and leadership therein

3 Public health work within a county involves three participating factors, lay organizations, official governmental agencies, and the mem-

bers of the county medical profession

The evolution of a county health program should be the evolution of medical forces within the county. It is the duty of the local physicians to assume leadership in the organization and management of a county health department.

5 The function of lay organizations and employees of the county health organizations, acting under the leadership of the practicing physicians of the county, includes assistance in educational work, in helping those who are unable to carry out the doctor's advice, and in providing means whereby the public health program may be carried out

Lay organizations are needed in the county Their cooperation is to be welcomed by the physicians. They are needed for the great educational work they can do, for their influence on public opinion, legislation and laws, and in many other ways. But preventive medicine must be controlled and guided by

the medical men of the county

7 As the function of the county health officer is not to exercise the function of the physicians of the county but to explain the facilities and stimulate the use of these facilities by the citizens, therefore, before any innovations are put into effect by a demonstration or other agency, they should first be thoroughly studied and discussed by the medical society and the professional membership of the county board of health

8 All local publicity should be of fact and simply to inform the people of the county of public health work which is being done, why it is being done, and why it should be done

The following points were also agreed upon

1 That physicians be appointed on each of the nursing committees

2 That the County Board of Health invite the County Medical Society to appoint an advisory committee to meet with the health officer and with the Board of Health

- 3 That an advisory committee of the County Medical Society be appointed to advise the Cattaraugus County Board of Health in the preparation of rules and regulations for controlling the activities of the public health nurses
- 4 That the object of all publicity should be simply to inform the people of the county of the public health work which is being done, why it is being done, and why it should be done

That there should be a representative of the County Board of Health, the County Medical Society and the County Tuberculosis Asso-

ciation to visé publicity material

6 That a larger number of physicians should be placed on the Executive Committee of the Cattaraugus County Tuberculosis Association and that its meetings are to be held at times and places convenient to the physicians

7 That Mr Folks promised to use his best influence to bring together the President and the Executive Secretary of the Cattaraugus County Tuberculosis Association and the President of the Cattaraugus County Medical Society to arrange these matters

The following resolutions were subsequently adopted by the five members of the conference representing the State Society

Resolved, That the members present representing the Medical Society of the State of New York urge upon the Cattaraugus County Medical Society the acceptance of these concessions and urge that the Cattaraugus County Medical Society cooperate insofar as it can to further the proper administration of the public health activities of the county, and be it further

Resolved, That Drs Ross and Booth be appointed a sub-committee to convey these resolutions to the County Society, and to meet with

its representatives in person

At the meeting between Drs Ross and Booth and the Cattaraugus County Medical Society, it was agreed that a joint committee of fourteen, seven from the Council and seven from the County Society, should be appointed to endeavor to determine so far as possible the future of the demonstration. As the members of the Council to serve on this committee, the names of Drs Sadlier, Trick, Dougherty, Card, Booth, Madill and Ross were suggested.

In accordance with this suggestion the members above named were nominated by the President and confirmed by the Executive Committee

at its meeting on April 12th

Executive Committee

The Executive Committee has held nine meet-

ıngs

As in former years, the work of this Committee has been mainly routine in character providing for the proper and efficient carrying on of the business of the Society. The most important of this work being the regulation of the work of the various committees and receiving reports thereon, the appointment of necessary special committees, the receiving of applications for special appropriations and transmitting them with recommendations to the Board of Trustees, the preparation of the budget and in short acting as a business committee, and as an ad inferim council.

Special mention may be made of the following actions. The appointment of Dr Frank Overton as Executive Editor, the renewal of the contract with Dr Joseph S Lawrence as Executive Officer, the appointment as a budget committee of Drs Fisher, Card and Dougherty, and as a Committee on Publication of Drs Van

Cott, Pedersen and Dougherty

Also the appointment of Dr George W Cottis as Acting Chairman of the Committee on Public Relations during Dr Fisher's absence, the appointment of Drs Lucien Howe, John E Jennings and Thomas E Curtin as Special Committee on Prize Essays and the appointment of a Medical Research Committee under the Chairmanship of Dr Frederic E Sondern The place of the Annual Meeting and the

selection of the Chairman of the Committee on Arrangements having been referred to the Executive Committee by the Council, the Committee unanimously elected Dr James N Vander Veer as Chairman of the Committee on Arrangements and decided that the meeting should be held in the City of Albany on May 21, 22, 23, 24

Assistance was rendered the District Branches by recommending a special appropriation for their executive meetings and raising the allowance for the annual meetings from \$100 to \$250

Committee on Publication

This Committee has held a number of conferences with the Editor at which reports have been received from the Executive Editor and the Advertising Manager The Committee feels that the Society is to be congratulated upon the work done by the Editorial Staff and that the thanks of the Society should be extended to them

Journal

The following shows the 1927 receipts and expenses exclusive of stenographers' salanes, rent, incidentals, etc

Receipts

Advertisements and Sales \$40,091 02 Income from dues 10,717 00

Expenses

Salary of Editors \$ 6,700 00
Printing, postage, mailing 32,966 51
Commissions 9,160 54

The cost of the *Journal* to the Society shows a decrease in 1927 over 1926 of \$11,474.62 This decrease is due to an increase in receipts from advertisements and sales of \$11,085.85 and to the crediting \$1.00 of every member's dues to the receipts of the *Journal*

Directory

1927 Receipts and Expenses, exclusive of stenographers' salaries and incidentals

Receipts

Advertisements and Sales \$ 8,469.25 Income from dues 10,717 00

Expenses

Printing, postage and delivery \$13,630 90 Commissions \$34 65

The actual cost, of the Directory, in spite of an increase in the edition of five hundred copies, and thirty-six pages in the size of the book, shows an increase of only \$109.44. The amount received from sales is practically the same as in 1926, but the receipts from advertisements show a decrease of \$714.00. \$1.00 of every member's dues has been credited to the receipts of the Directory, the same as with the *Journal*

Respectfully submitted,

Daniel S Dougherty, Secretary

April 15, 1928

REPORT OF THE BOARD OF TRUSTEES

To the House of Delegates—Gentlemen

The Board of Trustees has held nine meetings since the last annual meeting of this Society

In June, 1927, the Board approved the Annual Budget, prepared and submitted by the Executive Committee. It approved the bond of the Treasurer and appointed a public accountant to audit the accounts of the Society

In accordance with Section No 32 of the By-Laws, all resolutions or recommendations of the House of Delegates, Council and Executive Committee pertaining to the expenditure of money have been submitted to the Board of Trustees for approval and have been acted upon. While the Annual Budget contained the chief items to be approved, yet from time to time during the year, added requests for funds for various projects were submitted by the Executive Committee for approval

It has been the effort of the Board of Trustees to limit such expenditures to amounts consistent with our resources and commensurate with the importance of the project to the Society, and in all cases to be assured that such expenditures were permissible under the restrictions of our constitution

The financial condition of the Society has been scrutinized at each meeting of the Board. This involved a consideration of the monthly report of the Treasurer and Auditor, a survey of current expenses and the condition of funds granted to standing and special committees, and a discussion and action on all requests for funds submitted by the Executive Committee. In addition to the above routine, a special committee of two of the Trustees and the Treasurer has made frequent reports to the Board on the status of investment and trust funds. This special committee has consulted conservative bankers and investment

specialists regarding the character of the securities owned and purchased by the Society. It is gratifying to note a substantial advance in value of our securities over the purchase price

The Board respectfully refers the members of the House of Delegates to the Treasurer's report for a detailed account of the financial condition of the Society Under the heading of assets will be found an item of Trust Fund amounting to \$4,407 This consists of funds which have been given to the Society for Under same heading of assets specific uses will be seen an item marked investments amounting to slightly over \$50,000 at the date This represents sums which of this report were saved from time to time over and above the actual expenditures of the Society Two and one half years ago the total sum under this item amounted to only \$8,000 Your Board of Trustees during the past year was able to add \$15,000 to this fund Your Board urges the desirability of the continuance of this policy of building up a permanent investment fund to a substantial figure

The Board of Trustees would particularly call attention to the mounting costs to the Society entailed by the action of the House of Delegates in recommending special committees on research and investigation, especially those requiring extensive clerical help, printing and traveling expenses. Due regard for the ability of the Society to sustain the expense ought to enter into the consideration of these projects, worthy as they may be

Respectfully submitted,
ARTHUR W BOOTH, Chairman

April 15, 1928

REPORT OF THE BOARD OF CENSORS

To the House of Delegates—Gentlemen

The Board of Censors has held but one meeting during the year

Pursuant to the call of the President, the Board convened on March 7, 1928, to hear the appeal of Dr F C Conway from the action of the Medical Society of the County of Albany in declaring certain ballots cast at its annual election not valid by reason of their containing the names of less than three candidates for delegates to the State Society and thereby disfranchising litteen members of the Society

The meeting of the Board was held in the rooms of the State Society, 2 East 103rd Street, New York City, a quorum consisting of Drs Sadlier, Dougherty, Barton, Post and Cottis being present Dr E A Vander Veer, Councillor of the Third District, was also present but, being a member of the Albany County Society, took no part in the deliberations and did not vote. In the proceedings Mr L P Stryker, Counsel for the State Society, acted as Counsel for the Board of Censors and Dr J F Rooney for the appellant, the Society resting its case upon submitted data

After a public hearing lasting three hours the Board went into Executive Session and found for

the appellant, the appeal, however, being sustained in modified form, the Board not deeming it necessary to order a new election

The findings were based on the following facts First As the By-Laws of the Society state that elections shall be by ballot with no qualifying clause as to form or manner, the resolution that a ballot on which three names are not voted for

delegate shall be rejected took the form of an amendment and was enacted illegally

Second The resolution was against precedent as established by the House of Delegates in various elections

Third The House of Delegates in 1922, by advice of legal counsel, ruled that a By-Law of like tenor, offered upon the floor by the Reference Committee on By-Laws, was illegal

The motion therefore, being itself null and void, the rejected ballots should be regarded as valid and so counted

In accordance with this ruling the sealed box of ballots received from the President of the County Society was opened and the ballots counted, the result of the recount being that Drs Hinman, Mullens and Bedell were declared elected delegates The recount for officers and alternate delegates merely showed an increase in the number of votes cast for them

Respectfully submitted,

Daniel S Dougherty, Secretary April 15, 1928

REPORT OF COMMITTEE ON LEGISLATION

To the House of Delegates—Gentlemen

Your Committee on Legislation takes pleasure in submitting the following report of its activities for the past year

Early in the autumn, anticipating that chiropractic and other undesirable legislation would be proposed at the next meeting of the legislature, we continued the plan which we followed in the two previous years of stimulating lay and public interest in opposing legislation that would be inimical to the practice of medicine. Directly after election we communicated with the chairmen of our County Committees, recommending that they get in touch immediately with their Senators and Assemblymen and assure them that the Medical Society would expect them to support any legislation that might be proposed which would benefit the public, and that they should as vigorously oppose proposals that did not have such qualifications

At the opening of the session we promptly reestablished the contacts of previous years with the chairmen of the committees in the legislature and with the leaders of both houses. We kept the chairmen of the County Committees informed of what was transpiring in Albany by regular bulletins sent out at weekly intervals. Twelve bulletins were prepared and distributed

We are pleased to report that no legislation adverse to the practice of medicine was enacted this year, in spite of the fact that numerous attempts were made. Three chiropractic bills were introduced, but none of them emerged from the initial committee. The anti-vivisectionists, the anti-vaccinationists and the birth control propagandists all endeavored to have their pet legislation enacted, but none was more successful than in previous years. The osteopaths reintroduced their bill of last year in both houses, but were

unable to get it out of committee. The bills that have a tendency toward state medicine, namely, health insurance and cancer clinics, both failed to emerge from their committees Several particularly undesirable bills were introduced late in the season, one which would have changed the penalty for violation of the drug addict law from misdemeanor to felony, another which would make injuries received by a child before and during birth have the same standing in law as though they were received by the child subsequent to birth, another that would have made it possible for any relative to prevent an autopsy, and another that would have extended the period for the beginning of suits in malpractice. All of these failed to receive the approval of the committees to which they were referred

Of the 3,391 bills introduced in the legislature this year, all of which had to be carefully scanned by the Legislative Bureau, 67 had a more or less direct bearing upon some phase of the practice of medicine Of these 67, 25 were particularly obnoxious and their passage was heartily opposed. Twenty-eight had nothing about them to recommend them particularly for our support and, yet, as they were drafted, were not particularly objectionable We maintained a close watch over them to see that in their progress they were Most of these failed not undesirably amended of passage Fourteen were considered beneficial and the Bureau did what it could to advance their progress Of this number five were enacted into law and nine have failed. Among the last, the one that received our heartiest efforts was the bill introduced by the committee to investigate labor, creating in the Department of Labor a Medical Advisory Board Unfortunately in drafting this bill provision was not made for an appropriation to cover the expenses of the Medical Council, which it indicated should be paid. Aside from

this there was no opposition to the bill and we are confident that when corrected and reintroduced next year, it will have an uneventful career

Your Committee takes great pleasure in stating that the Executive Officer found his work among the legislators this year unusually congenial. He was called upon in an advisory capacity by committee chairmen much more frequently than in any previous year, and the requests and suggestions of your Committee, as transmitted by him, were always given sincere consideration. We cannot help but feel that the legislators, by their readiness to consult with the representatives of organized medicine, are reflecting the true sentiment of the public and a growing desire on its part to trust its matters in the practice of medicine and public health to the judgment of the physicians

The Committee wishes to take this occasion to express its gratification for the hearty cooperation it has received from the legislators, especially the two Public Health Committees, whose chairmen are Senator Webb and Dr Lattin

On February 14th your Committee held a conference in Albany with the County Chairmen Twenty-five County Societies were represented The bills that had been introduced up to that time were considered and future action outlined We had as honor guest at the luncheon Senator Truman, chairman of the legislative committee that

has been making a study of labor conditions in the last two years. He in his address assured us that his committee was very appreciative of the support that the Medical Society had been giving them and he hoped the bill which they were proposing to introduce, creating a medical advisory council in the department of labor would receive our support. I regret to say that at the time of the conference I was "hors de combat" and obliged to spend the time in the hospital Dr Aranow, at my request, presided

Your Committee has also been interested in assisting the representatives of the American Medical Association in their efforts to secure favorable legislation in Washington. We have written several letters to our Senators and Congressmen, stating our position on bills that were before them, and on several occasions we have done the same to chairmen of special committees having important legislation under their consideration.

We cannot close our report without expressing our sincere appreciation of the splendid cooperation we have had from the officers of the State Society and the chairmen of the County Committees. We feel that to a great degree the success of our work hinges upon such prompt and effective cooperation as we have had in the last year

Respectfully submitted,

HENRY L K SHAW, Chairman

April 15, 1928

REPORT OF COMMITTEE ON SCIENTIFIC WORK

To the House of Delegates— Gentlemen

On behalf of the Committee on Scientific work, the Chairman takes pleasure in presenting the following report

In addition to the usual Scientific sessions, the programs of which speak for themselves, there will be this year a joint meeting of all sections on Wednesday evening

This meeting will be presided over by the President of the State Society, and will include addresses on the Cost of Medical Carc or Hospitalization of the Middle Class Economic Group Medical Aspects of Workmen's Compensation the Morals of Medicine the Present Status and the Future of the Practice of Medicine—subjects which are of five interest to physicians

The scientific demonstration will be devoted to the study of Cardiac Diseases, and will be open the entire meeting, from Monday to Thursday— The last day, Thursday, being devoted to a lantern slide demonstration

The Chairman wishes to express to the Section officers his most sincere appreciation of the splendid cooperation which they have given him to Dr Halsey and his Committee for the valuable demonstration which has been prepared by them, and to the President of the State Society for the interest and assistance which he has so freely given the Committee

Respectfully submitted,
Samuel J Kopetzka, Chairman
April 15, 1927

REPORT OF COMMITTEE ON ARRANGEMENTS

To the House of Delegates—Gentlemen

The Chairman of the Committee on Arrangements and his Committee beg leave to make the following partial report to the House of Delegates relative to the annual meeting to be held in

Albany, May 21st to 24th inclusive

In the beginning it may be said that very little precedence was at hand in print relative to the actual planning for such a large meeting as the annual meeting has now become, so that a careful review of the situation dictated to the Chairman the getting out of a bulletin with all of the minutiae necessary in such an undertaking

A copy of this bulletin was furnished to the office of the State Society with the hope that in a measure it may act as a partial guide and help

to future Chairmen

There exists in Albany now no large floor space save in the State Armory for the adequate presentation and maintenance of commercial exhibits and meeting rooms such as are required Hence through the kindness of the Commanding Officer of the State Armory the same has been obtained for the meeting, and here will be held the commercial exhibits and the meetings of the Scientific bodies

The House of Delegates will meet in the Ten Eyck Hotel, and the social functions will also be

held there

This covers the physical parts of the meeting Your Committee has entered into contracts with one of the large firms that deal in putting on of expositions for the constructing of the booths and the maintenance of the electrical

operations in the Armory

A trucking contract is necessary and contracts tor furnishing stereopticons, moving picture machines and projectors for the various scientific meetings. In this connection it is recommended that the Society purchase a suitable number of stereopticons and several moving picture machines as there has been great embarrassment found in providing a sufficient number of these for the various scientific sessions owing to the fact that many of the speakers are booked for the sametime on the same days in the various scientific meetings, thus necessitating a number of these machines to be used at one and the same time

In view of the fact that there are certain insurance restrictions relative to the use of such lanterns only those licensed by the Insurance

Underwriters should be purchased

Should the Society purchase a sufficient number it would seem that these can then be used from year to year without embarrassment to future Chairmen and in the interim could be used on loan by various County Societies, District Branches, etc, for meetings which they might desire

This recommendation was immediately for-

warded to the Executive Committee of the Society and more may be heard from them or the Trustees relative to the recommendation

Your Committee has also found it difficult to get a sufficient number of blackboards, as there is need now of some twelve in the various scientific rooms, in the House of Delegates and at the information desks

It would respectfully recommend that fifteen roll type, cloth blackboards be purchased, which can be done at nominal expense, and these can be utilized from year to year, tacking them to beaver board and giving required usage at the least expense

This recommendation also went forward to the Executive Committee and probably will be heard

from later

In view of the fact that contracts call for the furnishing of chairs and tables to each booth for the use of exhibitors, said tables to be of approximately a certain size, it has been found very difficult to obtain the same, but finally they were rented from Odd Fellows Hall through the kindness of the Trustees of the same, where an adequate number can be gotten. When it is realized that some eighty tables are necessary for commercial booths and other purposes it can be well seen how difficult a matter it is to handle such a problem in the future

It would seem wise that hereafter the contracts with the commercial exhibitors call for their furnishing of their own tables

These are the difficulties which have first been encountered and which your reference committee is asked to act upon to relieve in a measure the embarrassment of future Committees on Arrangements since the meetings of the Society have now grown to such a degree as to limit the meeting places apparently to certain cities

Your Chairman has divided the duties of the individual members under various heads as follows, the same to be known as sub-committees

- 1 Committee on Reception and Registration—This Committee in general has to do with the reception and registration of delegates in cooperation with the office of the State Society and has to see that all proper provision is made therefor in connection with the office of the State Society, and has been assigned the duty of caring for the general meeting to be held on Wednesday evening, and for the Delegates' Dinner on Monday following the afternoon session
- 2 Hotels and Garages—This sub-committee has provided a list to be printed in the notices sent out from the State headquarters of the hotels and garages in Albany, Troy and Schenectady, together with the various charges and accommodations that can be furnished therein
- 3 Meeting Places This sub-committee has to do with the meeting places of the Scientific work

In general for this meeting the meeting places are all under one roof in the State Armory

The minor details are many relative to the setting up of each room for the Scientific Sections in relation to seating capacity, signs for directing the members to the different rooms, providing lanterns, screens, blackboards and the like for each room, containers for the convenience of those who smoke, drinking water facilities, and the like

- 4 Banquet, Annual Meeting and Ball—This sub-committee has entire charge of the banquet and the annual meeting to follow the same which will be held in the Ten Eyck Hotel, and has to do with the menu, reception of guests, speakers, orchestra, tickets, and the like, together with the final arrangements for whatever dance is to take place later
- 5 Commercial Exhibits —This sub-committee has one of the hardest duties and perhaps the most tiring, for this has to do with seeing that the exhibits are properly received for some days before the meeting opens in the Armory and the proper construction of the booths and whatever there is with the commercial exhibits in the Armory, with the registration booth, and the necessary details as to telephone, drinking water, messengers, clerks, tables, signs for exhibitors' booths, and so on, which are very minute. In this connection it has been necessary to enter into a contract with a trucking company in order that the business of the meeting may be kept within proper lines.

Under the sub-chairman there is also delegated to him the registration of the members in the Armory which is carried out in conjunction with the office of the State Society

6 Entertainment and Publicity—This subduty of the Committee on Arrangements has always been a problem since it entails the caring for the ladies who attend the annual meeting, physicians as well as wives and others of the delegates and members of the Society, and also the proper entertainment of such members who do not wish to participate in the scientific sessions

For this meeting it is hoped that the same have been covered sufficiently to warrant praise when the meeting is over

7 Finance, Audit and Account—In our Constitution and By-Laws there have recently been instituted certain provisions whereby no money can be expended without the aproval of the Board of Trustees

While in this instance it has not led to any embarrassment on the part of your Chairman of the Committee on Arrangements yet it is recommended by the Committee on Arrangements that some manner of leeway be given to the Chairman of the Committee on Arrangements to enter into certain contracts, mostly of minor import,

without consultation with the Board of Trustees, or at least with the approval of the President of the Society or some accredited officer, without liaving to call together hurriedly the Trustees to obtain their signatures

A great deal of responsibility is placed upon the Chairman of the Committee on Arrangements and as the cost of a meeting is now in rough figures some \$5,000 it can well be seen that the larger part of this must be contracted for in advance, the main items of course being rental of hall, construction of booths, rental of meeting place for House of Delegates, provision for seating, provision for lanterns, and such matters as could well embarrass a Chairman did he not get at his work early and place it before the officers of the Society in Council

Your Chairman is happy in the fact that he has received unstinted help and cooperation from the officers of the Society in his various suggestions relative to the expenses to be incurred, and in the majority of instances has had to take upon himself the making of contracts in consultation only with the President and Secretary of the Society and such other officers as he could come in touch with, and yet this shows up a matter which should be settled by the Council and Board of Trustees relative to the next annual meeting

It is to be understood that certain of the subcommittees, through the Chairman of the general Committee, must also expend money in advance which it is to be believed will be returned to him on proper vouchers. But there is no provision for such except the appropriation that is made in the usual manner, now all too small for the conducting of a meeting

There should also be some definite arrangements made whereby there should be credited to the Committee on Arrangments a sum of money which they are now compelled to expend for other committees to whom appropriations have been made.

It would seem proper and is recommended by your Committee on Arrangements to the House of Delegates that a Committee be appointed from the House at this meeting to study the question of the annual meeting in all of its phases and to draw up certain general rules for guidance relative to the conduct of coming annual meetings. Such a report from a Committee who honestly studies the matter would be of great value to the Society in the future and would give to the members of the Society an idea as to the importance and expense of their annual meeting

8 Heart Demonstration—This year, as in former years, there is to be a demonstration by a special committee on a special subject

The conduct of this demonstration so far as the Committee on Arrangements is concerned consists in the allocation of proper space for the demonstration and setting up of the paraphernalia desired to conduct the same Here again the Committee on Arrangements has to expend from its small appropriation (which was sufficient in previous years but has now been outgrown) monies for that which comes really within the province of the Scientific Committee or a special committee working under the direction of the Council, and as such again touches the subject of proper expenditures by your Committee on Arrangements

From a survey of the plans as made out in the bulletin and as criticised, and suggestions made by others than those on the Committee on Ar-

rangements it is hoped that the details of this meeting will be found to be complete in all ways and that suggestions or criticisms of the manner in which this meeting is conducted so far as the arrangements are concerned will be sent to the undersigned, the Chairman, in order that they may be incorporated in his final report, which, of course, will not be made until after the meeting is over

Respectfully submitted,

James N Vander Veer Chairman April 15, 1928

REPORT OF COMMITTEE ON PUBLIC HEALTH AND MEDICAL EDUCATION

To the House of Delegates— Gentlemen

Your Committee on Public Health and Medical Education begs leave to submit the following re-

port for the current year

Graduate Education —As in the past, graduate education has continued to be the major activity of the Committee This is undoubtedly to be expected, for as has been mentioned before, this particular piece of work constitutes the most important single activity which organized medicine can contribute to public health Furthermore, the necessity for such work, as has been, and is now being accomplished through the courses given by the County Medical Societies, becomes more imperative as the field of Public Health work ex-This is particularly so, if the death rates of degenerative diseases and cancer are to be lowered as a result of greater concentration on individual health problems It should be a source of gratification to the Medical Society of the State of New York that the demand for these courses continues unabated

Courses in Pediatrics in Montgomery, Otsego and Schoharie Counties, and a course in Obsterics in Oneida County—definite dates for which were announced in the last Annual Report of this Committee—were successfully concluded before the last meeting of the House of Delegates. The following courses were in actual progress, or arrangements completed for, at the time of the last Annual Meeting Pediatrics—Rockland, Chautauqua and Tioga Counties, Obstetrics—Cayuga and Livingston Counties, Syphilis—Washington and Warren Counties (one course combined), Gastro-Enterology—Jefferson County, Heart Disease—Albany County, Diseases of the Heart and Lungs—Columbia County, and miscellaneous course at St Lawrence County. All of the above courses were completed under the direction of Dr Gordon, Chairman of last year's Committee

It should also be reported that the County of Saratoga planned and conducted most successfully its own course on Diseases of the Chest,

which began April 21, 1927 This work was done without any aid, financial or otherwise, from the State Society

With the beginning of the work for the current year certain difficulties immediately arose. The State Department of Health, which hitherto had provided the funds in addition to caring for the details of administration of the courses given in Obstetrics and Pediatrics, which subjects represented the major efforts of the Committee, informed the Chairman that the balance of the appropriation for this purpose was insufficient to finance more than five courses, and that no further appropriation was expected Furthermore, as courses in these particular subjects had been given in most of the counties in the State, it was apparent that other subjects would have to constitute the courses to be given in the future This condition not only made necessary the most economical use by the Committee of the funds appropriated by the State Society for its use, but an increased appropriation for the current year as well, and also a material increase in the amount of detail and office work carried on by the Chair-The formulation of a more definite man's office program of expansion of the work in graduate education became an imperative need The later problem has been the harder because it has had to be accomplished, while at the same time fulfilling the request of County Societies for actual courses

During the fall of 1927, courses in Diseases of the Heart were given in Herkimer, Cayuga and Chenango Counties, Metabolism and Nephritis in Clinton and Sullivan Counties, and miscellaneous courses in Wayne and Orange Counties. These courses were financed, organized and directed solely by the State Medical Society. In addition, through the efforts of the Committee, courses in Obstetrics were given by the State Department of Health in Montgomery, Broome and Cortland Counties, and a course in Pediatrics in Oneida County

With the completion of the fall courses, the Chairman adressed a letter to several medical

teachers throughout the State informing them of the purpose and scope of the State Society's work in graduate education, and requesting that they outline for the Committee courses in subjects in which they were considered to have had large teaching experience. They were also asked to select lecturers willing and capable of giving the The response to these various talks suggested requests was most gratifying considering the fact that the letters were sent at a time when most of these men were very busily engaged by reason of both professional and teaching duties replies were received from fifty-six enquiries Several replies contained outlines for more than The Committee has now on file one course outlines for the following courses Internal medicine (including gastro-enterology, heart disease, diseases of the blood, and miscellaneous) 7 courses, surgery, 9 courses, orthopedic surgery, 3 courses, pediatrics, 2 courses, obstetrics and gynecology, 2 courses, neurology, 2 courses; physiotherapy, 2 courses and dermatology and syphillology 1 course

The above outlines have aided greatly in preparing the work which the Committee has carried on as its spring program. These outlines offered to the County Societies a large and varied group of courses from which they were able to make most satisfactory selections. It is hoped that in the future these outlines can be offered to the County Societies in published form which it is believed will still further facilitate the selection of courses. Time and expense have prohibited

doing this before now

The following courses will have been completed before the Annual Meeting of the House of Dele-Internal Medicine—Albany, Schenectady and Chemung Counties, Heart Disease-Saratoga and Greene Counties, Diseases of the Heart and Blood-St. Lawrence and Jefferson Counties, Neurology-Montgomery County, Physiotherapy-Tompkins and Columbia Counties A course in Internal Medicine-consisting of six lectures, given once a month—has started in Cortland County Courses in the following Counties will be given immediately after this meeting, Internal Medicine—Fulton, Otsego, Schoharie and Tioga Counties It is also expectèd that a course in Obstetrics will be given in Allegany County, and plans are being made for a course in Internal Medicine in Onondaga A course in Internal Medicine in Ontario County, with which it is expected one or more nearby counties will join, and a course in Internal Medicine and Surgery in Monroe County, all of which will be given in the Autumn should be noted that an attempt has been made to have none of these courses in progress at the time of the Annual Meeting of the State Society, and in arranging the Autumn courses the same attempt has been made to prevent these conflicting with the meeting of the district branches

It is our opinion that the future of the State

Society's work in graduate education is a subject which should receive most serious consideration from the House of Delegates. The three years of its existence have produced an increasing demand for courses by County Societies. The courses have stimulated physicians to further study and have produced more active interest in the work of the County Societies. As a result the work so far carried on would seem amply to justify being continued.

The principal questions for consideration, are: First To what extent the State Society feels it can appropriate money for this work, and, second, how expansive should be the scope of the work? Reference has already been made to the contribution of both money and services of the State Department of Health during the first two years the work was carried on, the State Society supplying but a small part of the cost during that For the present year the customary appropriation of \$5,000 to the Committee was made by the Board of Trustees, and recently \$4,000 more has been made available should it be needed. During the present year twenty-six separate courses will have been given, of which twentytwo will be paid for from State Society fundswhile only four have been financed by funds from the State Department of Health in marked contrast to the experience of the previous two years during which time only eight courses were financed by the State Society It is expected that the work of this Committee for the present year will not exceed \$8,000, which includes besides the cost of the twenty-two courses, the cost of administration and other general purposes, also payment for some of the courses given under last year's program but completed after the last Annual Meeting It is apparent, therefore, that the State Society should be prepared to appropriate at least \$10,000 annually if its work in graduate education is to be continued as at present, and a larger sum if the work is to be made more efficient

The preparation of a course for a County Medical Society demands a large amount of time upon the part of the Chairman and the members of the Committee. A large volume of correspondence has to be carried on with the representatives of the County Society before a definite choice of a course is made. This has to be followed by several letters to the various lecturers. obtaining their consent to serve, and then arranging dates satisfactory to all concerned The progress of a course demands constant supervision, and reports must be obtained after the completion of the lectures, vouchers for their expense must be prepared, and checks sent to those to whom the Committee is indebted A considerable amount of traveling is required. A trip to the County is far more satisfactory than correspondence in making preliminary arrangements is also desirable to have as often as possible a member of the Committee visit each course once

How long it will be possible to depend on volunteer aid for this detail work is problematical, though it is fair to assume our members will be glad to contribtue their services in furthering this work just as long as possible. This point is discussed simply to indicate that should such a paid service become necessary it would add greatly to the cost of the work, probably an amount equal to the cost of the actual course.

Among several methods of aiding the Treasury of the State Medical Society in financing this work, three have suggested themselves

- 1 Charging a small registration fee to those attending the courses
- 2 The acceptance of funds from private sources
- 3 A growing tendency for the larger County Societies to sponsor their own graduate education, and especially when in conjunction with Medical Colleges within their own County they can offer more extended courses to their own members and those of nearby County Societies as well

While the first method has much to recommend it, outside of the funds it might produce, it is not believed that the time has yet arrived for its adoption except for purely registration purposes. The advantages and disadvantages of the second method should be thoroughly discussed before coming to any final decision Assuming the adoption of this method, the State Society should reserve for itself final decision and absolute authority over all matters concerned with its While it is more than probable that the approval of such a method would be denied by a large majority of the Society's members, nevertheless, it is conceivable that it would be perfectly proper to accept funds from organizations committed to the control of some particular disease, for courses in that particular subject, particularly when that organization raises its funds by popular appeal and has more money than it can adequately and judiciously expend The third method, it is believed, offers the most reasonable hope for aid

For some time graduate education has been continuously carried on in Kings and Queens Counties Nassau, Erie and Saratoga Counties have also sponsored their own courses, and in New York City the Academy of Medicine offers medical lectures to the profession, and the County Society lectures in preventive medicine for the public Kings County has had the most ambitious program which should serve as a stimulus to other County Societies with the same facilities at their disposal If all the larger County Societies were to adopt such programs graduate Education would be in constant existence in several centers of the State, and the State Society would be relieved of providing courses except in Counties at some distance from these centers The duties of

its Committee would become largely advisory, and that of acting as a general correlating agent. The scope of the work could naturally be greatly expanded under such a plan Except in such cases where the County Society conducts its own courses, and then usually in affiliation with a closely located Medical College, the Committee feels that the scope of the work—the purpose of which is really to take graduate education to the physician without any great loss of money or time on his part-should not be too expansive and should be broadened only under the conservative advice of medical teachers of large experience. It is felt that while the courses should deal with the progress and advance of modern medical science, they should be given in a most practical way

Lecturers should be selected with the greatest of care Knowledge, experience and teaching ability being the qualifications for such selection. The type of lecturers now being used in the State Society's work is indicated by the fact that the list of contributors to a most recent Medical Publication contains the names of twelve men who are serving this Committee. No attempt should be made on the part of the State Society to enter the field of extensive and highly specialized postgraduate study.

Other Activities—The Committee provided a talk on Bacteriology for Columbia County and has assisted several County Societies in obtaining speakers for their regular meetings. Because of the large number of lecturers and subjects listed in the Committee's offices it is able to make suggestions to County Societies at all times along This service can be greatly increased if all County Societies will mail to the Chairman's office bulletins and announcements of programs of their meetings. The Chairman of the Committee gave talks at the 5th, 7th and 8th District Branch meeting and before the Societies of St Lawrence, Ontario and Queens Counties Dr Longstreet represented the Committee in a talk to the Allegany County Society The Chairman has attended courses in Wayne and Chinton Dr Chandler represented the Committee at the course given in Sullivan County, and Dr Longstreet at the course given in Broome The President of the State Society also kindly attended the courses in Clinton and Sullivan Counties The Chairman has attended executive meetings of several District Branches, the conference of County Society Secretaries, and various meetings of other Committees conferred with health agencies, both official and un-official, and in addition he has held four conferences in different parts of the State with representatives of County Societies for the purpose of planning courses for the later half of the year This method proved more satisfactory for arranging the details of courses than by correspondence

The Committee has had two regular meetings The first meeting was held in Albany on September 22nd, and the second was held in New York on December 15th At each meeting all but one member attended. In addition there were present at the meetings various officers of the State So-At these meetings the following subjects were thoroughly discussed Graduate Education, Diphtheria Immunization (especial attention being paid to the work which the Schenectady County Medical Society is doing in their county, and to which the Committee has given official endorsement), the establishment of County Health Units, Periodical Physical Examinations, Child Health Consultations, Variations in Maternal Death Rates between rural and urban districts A sub-committee composed of Dr Kosmak, Dr Polak and Dr Farmer, has been appointed to study the later problem The State Commissioner of Health has been notified of the appointment of this Committee and its services placed at his Another sub-committee composed of Dr Stanton, Dr Chandler, Dr Longstreet and Dr Farmer has been appointed to make a study of County health Units and it is expected that this Committee will be of considerable service to County Medical Societies located in Counties where the establishment of County Health Departments is being considered

At the request of the Director of the Division of Tuberculosis of the State Department of Health, the Chairman of the Committee sent a letter to each County Society urging their cooperation in the campaign for early diagnosis of Tuberculosis sponsored by the National Tuberculosis Association. The response to this request has been most gratifying, and as a result twentytwo societies have, or are arranging meetings at which this particular activity will be considered. Undoubtedly, several societies have failed to notify this Committee of such action, and several county societies which hold infrequent meetings, are yet to be heard from It is therefore reasonable to suppose that the actual number is greater than the figures here reported

It cannot be too greatly stressed that it would tend for the best interests of the State Society if its Committee on Public Health and Medical Education received complete reports at all times of any accomplishments of the State Society itself, or the various County Societies in these fields. It is unfortunate that many County Societies have rather mactive Public Health Committees, while in a few County Societies no such Committee exists. These conditions should be properly corrected. Many County Societies fail absolutely to acknowledge any communications while other Counties with which the Committee has had considerable correspondence regarding special subject fail to make final reports.

Likewise, although a statewide campaign for immunization of all children against diphtheria is being carried on with the official endorsement of this Society your Committee has no knowledge concerning the progress of the work because it has received no information concerning it, though large reports of its activity have been given wide It is undoubtedly true also that much more is being accomplished in the various Counties in diphtheria immunization than we absolutely know, and County Medical Societies should adopt some means of making these reports more accurate and complete On the other hand, the Committee has received most excellent reports from the representatives of the Schenectady County Medical Society which indicate that four times as many children have been immunized in private practice as have received this treatment in While the total immunization in public clinics Schenectady County has not been large in comparison with other places where the "drive" method has been adopted, it is only fair to bear in mind that a large proportion of the immunization has been among pre-school children, and that the effort there is a much more sustained one than in places where the work is carried on That the result must be fairly satisfactory is indicated by the fact that there were no deaths from diphtheria in the City of Schenectady during the year 1927

Organization—The physical properties of the Committee were transferred to the office of the Chairman in Syracuse on July 1st Office space has been provided for the society gratuitously Stenographic service has been obtained on a part time basis for the greater part of the year With the exception of a small contingency fund for stenographic hire and other minor office expenses, the disbursement of funds for activities of the Committee has been made directly through the State Treasurer upon presentation of vouchers submitted to him by the Chairman of the Com-The expenses entailed by the lecturers in accepting an assignment from the Committee have been paid, and in addition the same honorarium fees as in the past have been presented to them as a mark of appreciation

The Committee has continued the plan of keeping a record of attendance and other data concerning the various lectures, and it is also getting information from the lecturers as to their opinion of the work after each lecture. From a review of the various activities engaged in by County Societies, it is the feeling of the Committee that organized medicine in the State of New York, as represented by the State Society, is taking a most active part in Public Health work and is well prepared to assume its rightful leadership in this direction.

The Chairman of the Committee is under deep obligation to the members of the Committee who have served during the present year. The gratitude of the State Society should be expressed to the various lecturers who at all times have been most willing to fulfill these obligations, and espe-

cially to the members of the profession, who by their advice and counsel have aided in outlining courses for the Committee to organize. The amount of time which many members of the profession have given to this work would surprise those who are unfamiliar with it. The Committee wishes to thank the officers, the Council and the Board of Trustees for the support and en-

couragement which has been given The Chairman is especially indebted for the cordial aid which he has received at all times from Dr Sadlier, Dr Dougherty and Dr Lawrence.

Respectfully submitted,

THOMAS P FARMER, Chairman

April 15, 1928

REPORT OF COMMITTEE ON MEDICAL ECONOMICS

To the House of Delegates— Gentlemen

The work of the Committee on Medical Economics has been concerned with

- 1 The activities of the Compensation Conference
- 2 The study of problems arising from the Workmen's Compensation Laws
- 3 The further development of Periodic Health Examinations among general practitioners

The Compensation Conference, established at the suggestion of the Industrial Survey Commission, and representing all the interests involved in the compensation situation, including the State Federation of Labor, the Associated Industries, representing employers, the Self-Insurers Association, representing self-insured employers, stock casualty companies, mutual casualty associations, the State Insurance Fund, organized medical societies, and the general public, has met at regular intervals since it was established in January, 1927, and has initiated various matters by way of improving and regularizing the compensation practice

The monthly meetings of these representatives, sitting around the common council table, discussing frankly and in confidence the various problems arising in their daily contacts cannot help but create a helpful influence and result in a better and more wholesome atmosphere surrounding the administration of the Workmen's Compensation Law

It was mevitable, therefore, that in such meetings matters relating to legislation should arise, and many meetings of the Conference have been devoted largely to consideration of proposed amendments to the compensation law

The Conference also has given much thought and study to the operation and effects of the medical provisions of the Workmen's Compensation Law Due to various conditions the practices under the law are not-satisfactory to the medical profession generally, nor always to the satisfaction of the employer or of the employee These conditions have undergone various changes

from time to time as the administration of the law has progressed, and it is believed that changes and new practices will take place with developments in the future

In order that the Industrial Commissioner and the Industrial Board may have the benefit of the counsel and advice of trained and experienced medical men, representative of the medical profession generally, and in order that the law and practices thereunder may be better understood by the medical profession generally, and by employers and employees, the Conference unantimously agreed to recommend to the Industrial Survey Commission an amendment to the Labor Law, whereby there shall be created in the Department of Labor, as an adjunct to the existing Industrial Council, a Medical Advisory Commistee composed of five physicians to be appointed by the Governor

It was the unanimous opinion of the Conference that such a Medical Advisory Committee could render important service in a truly advisory capacity by advising the Commissioner or the Industrial Board or Industrial Council on all matters of administration connected with the practice of medicine, by recommending such changes of administration or procedure from time to time as they might deem important and necessary from the medical viewpoint, and to consider the qualifications of all applicants for, or persons being considered for appointment in the Department of Labor in positions involving the practice of medicine.

This amendment as submitted was approved by the Industrial Survey Commission, and the bill was introduced in the Senate by Senator James S Truman, and in the Assembly by Assemblyman Edmund F Cooke The measure went safely through the Senate, but was killed in the Assembly Rules Committee during the last hours of the session. The reason presented for its defeat was a clause in the bill which entitled the members of the Medical Advisory Committee to the same compensation as members of the Council together with their traveling expenses, and that no provision had been made to appropriate a sum of money to cover these expenditures.

It is the opinion of your Committee that if this bill is redrafted and introduced early in the next session of the Legislature, it will become a law

In studying the problems arising from the Workmen's Compensation Law, a number of other amendments were proposed. Among those unanimously approved and recommended by the Conference to the Industrial Survey Commission, which relate to the practice of medicine, were the following

To define a reportable accident so that only those accidents which cause a loss of time or require medical treatment need be reported

To determine the proportionate loss of an arm or leg in case of amputation between the wrist and the elbow or the ankle and knee, so that in case of amputation at or above the wrist or ankle the loss shall be proportioned to the loss of arm or leg

To extend the time within which to file a claim for compensation in certain cases

To provide a new method of establishing the annual average earnings where the worker is injured in a seasonable employment

To include "Benzol Poisoning" among the occupational diseases

To make more certain the application of the occupational disease provisions to certain occupations involving the handling of such poisonous substances

To extend the limit of time within which a compensable occupational disease shall have been contracted

To enlarge the time within which notice of contracting of an occupational disease shall be

given to an employer

Through these Conference meetings your Committee has discussed with representatives of labor, industry, and the insurance companies many of our problems pressing for solution, and amicable agreements have been arrived at

The development of Periodic Health Examinations has been stimulated and accelerated through talks given at District Branch meetings by Dr C Ward Crampton, accompanied by a demonstration of the diagnostic procedure on a living subject. The value of Dr Crampton's work has been evidenced by continuous inquiries for literature and health examination blanks.

Your Committee recommends (a) that the Council of the State Medical Society appoint a Committee of Eight, to be composed of one physician from each District Branch Society to study more intimately the problems of the Workmen's Compensation Law and the necessity for the creation of a Medical Advisory Committee, (b) continuation of demonstrations at District Branch meetings of the proper methods of examining the apparently well

Respectfully submitted,

W WARREN BRITT, Chairman

April 15, 1928

REPORT OF THE COMMITTEE TO MAKE A STUDY OF HEART DISEASE

To the House of Delegates— Gentlemen

Your Committee reports further progress in the study of heart disease as affecting the public health of the State. The departments of the State dealing with various phases of statistics, with public health and with the supervision of hospitals have cordially cooperated and the Committee desires to express its appreciation of that very real assistance.

The information collected and presented in the studies is of the utmost importance to the physicians of this Society, as well as to the people of the State, in that it points the way to better care of those with heart disease. The application of standards for nomenclature and classifications will make for clarity of thought and action

The attention of the Committee has been directed particularly to the status of heart disease in the State with a few references to the United States Registration Area as a whole, in order to provide the background necessary and available for the proper realization of our own situation

The material gathered is presented under seven headings, as follows

A The study on mortality includes tables, charts and maps—forty-two in all

B Other diseases of the heart—eight tables and charts

C Heart diseases among the Foreign Born in New York State exclusive of New York City five tables and charts

D Hospitalization of heart cases in New York State showing cost per patient, morbidity and mortality

E Morbidity from heart disease in New York State

F Criteria 1 Nomenclature for diagnosis

2 Clinical diagnosis

3 Pathologic criteria for cardiovascular disease

4 Filing nomenclature.

G Recommendations

Following the general plan outlined in the

Resolution of the Council, December 9, 1926, your Committee has made some progress has accomplished certain definite studies, has planned certain others which will be mentioned, and has prepared recommendations for the action of the House of Delegates of the Society

There were enumerated in the Resolutions nine topics for study, as follows

- 1 Mortality from heart disease during the past twenty-five years
 - 2 Distribution of cases geographically
 - 3 Distribution of cases occupationally
- 4 Types of cardiopathy according to death certificates
- 5 Types of cardiac disease diagnosed in hospital patients of entire State in any one year
 - 6 Etiology
 - 7 Therapy Medicinal, Physical, Occupational
 - 8 Prognosis
 - 9 Recommendations

The topics have been considered and studied as follows

1 Mortality of heart disease in the State, exclusive of New York City, has been studied from original sources in the records of the Division of Vital Statistics in the State Department of Health Reference is made to the study of mortality for the City of New York published by the New York Tuberculosis and Health Association The two studies are not wholly comparable as the method of tabulating the data differ Comparison may be made directly with similar material gathered by the American Heart Association since the method of recording and tabulation is the same

The statistics previous to 1915 have not been analyzed since they were not recorded or tabulated in a comparable manner

The studies of mortality include the following Exhibit A, Tables and Charts I to XI

Death rates from ten numbers of the International List of Causes of Death, 1917 to 1926

Mortality rates of the four numbers of the International List grouped as "heart disease" contrasted with the mortality rates of six other numbers of allied causes of death for ten years In this way the trend of these causes of death was shown

The rates of the ten chief causes of death, compared with the rates of the four numbers of heart disease considered as one

The death rates of heart disease by months for the ten years, 1916 to 1927, contrasted with the death rates from respiratory diseases and deaths from all causes for the same periods

The deaths by small (five year) age groups of 1915 and 1925 for six leading causes of death

The deaths from heart disease and those from all causes by small age groups for both sexes

The cumulative distribution of age groups by five year intervals of heart disease for 1915 and 1925 with all deaths and the population for 1925

The heart disease deaths and death rates for 1925 with average annual deaths and rates for five year periods, 1916 to 1920 and 1921 to 1925

Deaths and death rates from heart disease by age groups for 1915 and 1925 with per cent change in the ten year period

The average annual deaths and rates for two five year periods with the per cent change

Deaths and rates per 100,000 from heart disease by sex for ten years, 1916 to 1925

Death rates from heart disease by age and sex for 1916 and 1925

The percentage distribution of types of heart disease by age groups for 1925

These thirteen studies show many important details of which the following may be empha-

Of the four titles under which deaths considered as due to heart disease are tabulated—two, Angina Pectoris and Other Diseases, show definite and persistent increases, while Pericarditis and Endocarditis and Myocarditis Acute show Pericarditis accounts for 03% steady declines of the deaths from heart disease, Endocarditis and Myocarditis (Acute) account for 38%, and Angina Pectoris accounts for 74% That is, all three together account for only 115% of the deaths from heart disease, while 885% are in the "scrap basket," Other Diseases of the Heart. This uneven distribution shows the need of a revision of the methods of the classification Grouped together, these four titles are described as Heart Lisease and form the leading cause of death in the State It accounts for 21% of the deaths in the State, and its death toll exceeds the combined mortality of cancer and tuberculosis In the United States Registration Area only fitteen per cent (15%) of deaths are charged to heart disease New York State stands next to Vermont at the top of the list of States in the death The proportion of deaths rate of heart disease charged to heart disease in the State is five per cent greater than in the country as a whole and has been increasing in proportion each year dur-The death rate of respiing the past ten years ratory diseases in the same period has been de-Heart disease is the leading cause of creasing death in the school age, 5 to 14, and is exceeded in the ages 14 to 34 by tuberculosis per cent of the deaths from heart disease occur before age of 45 and fifty per cent of the deaths Half the from heart disease before age 70 deaths from All Causes occur under age 60 That is, half the deaths from heart disease do not occur until ten years later than half of all deaths During the past ten years there has been a definite increase of deaths from heart disease in the older age groups This is particularly true

after age 40 There is some evidence to show that the rate of deaths of males is increasing and at a greater rate than the death rate of women

2 The distribution of mortality by geographical units has been shown by

Exhibit A Tables and Charts XII to XVII Rates in urban and rural districts of the State

Death rates per 100,000 for cities of over 25,-000 population

Death rates of Counties of the State between 1917 and 1926

Death rates by Counties with per cent change between 1917 and 1926 arranged by order of changes

Mortality from heart disease in each Borough of the City of New York

Deaths from heart disease as per cent of all deaths by counties in order of rank

Death rates per 1,000 population from All Causes by Counties 1916 to 1925

The small number of deaths in the population units does not permit of extended inferences from the actual figures. This study should be extended by a careful study of the local conditions in each County as to age, sex, race and occupation.

- 3 There is little material available on the morbidity Exhibit C and E, or mortality in industry, but what small fragments from the various age groups there are, show a rather high incidence Time has not permitted the study of a large sample of population for the morbidity and for the racial groups by age and sex. Employers of labor should find a way to institute the physical examination of all employees, not only for the protection of the industry, but also for the better placement of the heart-impaired laborer. In this manner the individual will be assisted to continue self-supporting and not become an economic burden on family or community
- 4 and 5 The types of cardiopathy according to death certificates and as diagnosed in hospital patients, Exhibit D of any one year are the same and are designated in terms devoid of any indication of the etiology. The structural defects and chronic inflammatory changes account for over 75% of the diagnoses of heart disease. This is shown in Exhibit B the Study of "90 Other Diseases of the Heart". Because of these findings the Committee has recommended the general adoption of standards of nomenclature diagnostic criteria and pathological findings—Exhibit F

In order that the standard diagnoses may be recorded and tabulated so as to be available for further study, it has been recommended that the hospitals adopt the suggested amendments to the procedures of history or case filing already in use. To better understand the relation of the etiology of heart disease to the public health, it is essential to guther more facts and knowledge. It is

urged that physicians state the etiology together with other elements of the diagnoses in order that the Bureau of Vital Statistics may record and tabulate the same for future report and study

The records of hospital autopsies offer a source of information on etiology, a comparison of diagnoses, both clinical and pathological, and a possible proportionate relation to the death certificate mortality as tabulated in statistical departments.

- 6 It was not possible with the limited funds to initiate the study of the etiology of the various groups and the methods of prevention of heart disease
- 7 As to the therapy of heart disease, attention is called to the importance of an early diagnosis of the etiology and its thorough and prolonged treatment. This is particularly applicable to the specific treatment of lues. The prolonged treatment is also applicable to the rheumatic infections of the heart. More beds are required for the rest treatment of rheumatic heart disease and for the relief of the permanently incapacitated. These may become available if tuberculosis continues to decrease and beds in the present tuberculosis hospitals are then used for heart disease.
- 8 As to prognosis in individual cases, no suggestions are available at this time, but the outlook from the public health viewpoint is, that more deaths each year are being charged to heart disease. The majority of deaths from this disease has a central age of 70 years. This exceeds the middle point of death from All Causes by ten years. It is suggested from the study that with the increasing life expectancy more people live to die in more advanced ages from chronic changes in the heart. The discovery and application of methods effective in slowing this process will further postpone death and add to the number of deaths in the older age groups.
- 9 Recommendations See Exhibit G of this Report

Exhibit G-Recommendations

a In order to have a common viewpoint there was evident need of having accepted criteria for diagnosis by clinical evidence, therefore, after review, the criteria devised by the New York Heart Committee were adopted Exhibit F-1 and 2

The Committee recommends That the House of Delegates approve this action of the Committee and urge the members of the Society to employ the criteria Exhibit F-1, 2, 3 and 4

b The study of death certificates as filed reveals the necessity of using standard criteria and the Committee, therefore, recommends That, the House of Delegates urge the members of the Society and the profession throughout the State to fill out death certificates with a statement of the etiology, changes in anatomical structure and physiological function, as well as the condition of

the process as active or inactive, acute or chronic

In order that certificates made in the manner suggested shall be tabulated it is recommended to the House of Delegates to request the Bureau of Vital Statistics of the State Department of Health to devise a method by which death certificates containing a statement of the etiology of the heart disease may be tabulated under the proper headings

The review of the method of tabulating the death certificates as filed developed the fact that there are certain deficiencies in the present classification and the Committee, therefore, recommends That, the House of Delegates request the United States Census Bureau to consider the present classification of the group numbers relating to heart disease in the International List of the Causes of Death and devise a method more in keeping with the present knowledge of etiology and pathology *

The effort to study heart disease as occurring in those employed in the industries of the State developed the fact that few observations are made and few recorded in a way to be of use in such a research, the Committee, therefore, recommends That, the House of Delegates urge the members of the Society and others engaged in industrial medicine to record observations on employed persons in a systematic manner and to adopt a method of estimating and classifying the ability of the individual with heart disease to

The replies from the hospitals of the State to the questionnaire in only a few instances gave the etiology of the heart deaths. As the hospitals of the State employ usually one of three methods of tabulating diagnoses of patients, these methods have been reviewed and revisions suggested It is, therefore, recommended That, the House of Delegates urge Attending Physicians of hospitals to include the etiology of cardiac condition in the official diagnosis in order that the recording

office of the hospital may tabulate the etiology and the interne staff may insert the etiology in the death certificates

All of which is respectfully submitted by the Committee

> JOSEPH H BAINTON, Louis F Bishop, HERMON C GORDINIER. WILLIAM H LOHMAN, Bernard S Oppenheimer. HAROLD E B PARDEE, Edward C Reifenstein, Nelson G Russell. ROBERT H HALSEY, Chairman

Titles at present used in Inter-national List of 1920

Revision of titles proposed by the Committee to Make a Study of Heart Disease of the Medical Society of the State of New York.

87 Pericarditis Pericarditis Acute or chronic rheumatic etc.)

88 Endocarditis and myocardi tis (Acute)

88 Pericarditis
(a) Rheumatic.
(b) Other types.

(D) Other types.

Sendocarditis and myocarditis (Acute)

(a) Rheumatic.
(b) Bacterial.
(c) Other forms

Other forms

Valvular Diseases of heart.
(a) Rheumatic heart disease.

(b) Other types heart dis

91 Angua Pectons
(a) Angua Pectons.
(b) Coronary disease.
(c) Aortic disease.
(d) Other types
92 Other Diseases of the Heart.
(a) Fibrosis of myocardi

90 Other diseases of the heart

89 Angina Pectoris.

um. (Chronic myocarditis) (b) Other forms.

91 Diseases of the arteries

(b) Other 10111293 Ancuryam.
(a) Ancuryam.
(b) Aortitis
94 Arterio sclerosis and other diseases of arteries.
(a) Arterio-sclerosis
(b) Other diseases of arteries arteries

REPORT OF COMMITTEE ON MEDICAL RESEARCH

To the House of Delegates-Gentlemen

The Committee on Medical Research desires to report, that during the current session of the Legislature Mr Vaughan introduced Assembly Bill Int No 33 to amend the Penal Law to prevent experiments of any kind on living dogs

Your Committee induced public spirited citizens as well as educators generally to protest its enactment The hearing on the proposed measure was held in Albany on February 14th, and our position was made clear to the Codes Committee by Dr Sunon Flexner of the Rockefeller Insti-

tute, Dr Horatio B Williams of the College of Physicians and Surgeons, and Dr J E Sweet of Cornell Medical College, who kindly consented The bill died in Comto render this service mittee

Federated anti-vivisection societies of the United States are sponsoring a bill to be introduced in Congress much like the one previously Your Committee has made every efmentioned fort to date to place on record the reasons for our objection to its passage

Respectfully submitted, FREDERICK E SONDERN, Chairman April 15, 1928

 $^{{}^{\}bullet}$ Revision suggested by the Committee shown in parallel columns, as follows

REPORT OF COMMITTEE ON PUBLIC RELATIONS

Γο the House of Delegates— Gentlemen.

Your Committee on Public Relations begs leave to offer the following report of its activities for the past year

It has been in conference five different times The first conference was in during the year June, soon after the annual meeting mittee was organized and a tentative program for the year adopted It also considered the work of your special committee last year and decided to follow the suggestions made in that committee's report It proposed to ask every County Society to organize a Committee on Public Relations, and outlined what the duties and functions of such a This outline it directed its committee might be secretary to send to the Secretary of each County Society As a program for the year it proposed to confer with representatives of the State Department of Health, Education and Mental Hygiene, of the Red Cross and of the Association for the Prevention of Cancer At that same meeting there was considerable thought given to the type of publicity that emanates from lay agencies concerning public health activities In all of these the work of the private physician has never been properly evaluated nor described thought that probably the Committee could, in its discussions with lay agencies, find a way of suggesting how their reports might be more considerate of the aid rendered them by the resident practising physician

On September 27th a special meeting of the Committee was called in Hornell for the purpose of conferring with a representation from Cattaraugus County on the situation that had arisen between the physicians of the County Society and the officers of the Milbank Demonstration Committee was much impressed by the representatives from Cattaraugus County with regard to the seriousness of the situation into which the practice of medicine had been thrown by the demonstration in public health, and it was resolved that a conference should be arranged by your Committee with representatives of the State Charities Aid Association for the purpose of having the disagreeable conditions prevailing in the county removed Unfortunately, great difficulty was experienced in putting into concrete form the many facts of unpleasantness and unfairness experienced by the physicians of Catta-The result of this joint conferraugus County ence was not very fruitful and the Committee decided to call a third conference, to which representatives of both the State Charities Aid Association and the Cattaraugus County Medical Society should be invited. This conference was held

in Olean in early November We regret to say that our efforts here were attended with no better success than in the two previous conferences Your Committee was seriously handicapped in its effort to unearth and correct the difficulties which were interfering with the practice of medicine in that county by the decision of the representatives of the County Society not to confer with the representatives of the State Charities Aid Associa-Your Committee again heard representatives of both sides individualy, but to no advan-It was a great disappointment to every member of your Committee that it had not been successful in bringing the two organizations together It has always had the greatest sympathy for the members of the Cattaraugus County Society and has felt that they have been mistreated in a number of ways, but it proved impossible to make its services appear valuable to the representatives of the County Society

Your Committee, realizing that it could go no further, suggested to the President of the State Society that the matter be considered at a special meeting of the Council, from which time the situation has been a special consideration of the Committee of the Council

The Committee on Public Relations, in addition to the joint conferences already mentioned. held a conference in June with the representatives of the State Charities Aid Association for the purpose of confirming the work that the special committee of the previous year had done with this Association, and in December the Committee conferred with Commissioner Nicoll with regard to the promotion of a closer cooperation and a more definite mutual interest between the Department of Health and the practising physician. At this conference the subjects of the county health unit and the child welfare clinics were discussed. The Commissioner assured the Committee that it was his ambition to have the activities of his Department closely related with the work of the practising physician, realizing that in this way the public would receive the maximum of public health service. Other subjects were named that were to be discussed at a future conference

Owing to the unsettled condition in Cattaraugus County and the far reaching effect that an adjustment there might have on the relations of the Medical Society with other units in the State, further conferences were indefinitely postponed until the disturbing factors there should be satisfactorily eliminated

Your Committee has received much encouragement from the County Societies It is not aware of the actual number of County Societies that have created Committees on Public Relations, but believes that quite a large number have done so

the process as active or mactive, acute or chronic.

In order that certificates made in the manner suggested shall be tabulated it is recommended to the House of Delegates to request the Bureau of Vital Statistics of the State Department of Health to devise a method by which death certificates containing a statement of the etiology of the heart disease may be tabulated under the proper headings

d The review of the method of tabulating the death certificates as filed developed the fact that there are certain deficiencies in the present classification and the Committee, therefore, recommends That, the House of Delegates request the United States Census Bureau to consider the present classification of the group numbers relating to heart disease in the International List of the Causes of Death and devise a method more in keeping with the present knowledge of etiology and pathology *

The effort to study heart disease as occurring in those employed in the industries of the State developed the fact that few observations are made and few recorded in a way to be of use in such a research, the Committee, therefore, recommends That, the House of Delegates urge the members of the Society and others engaged in industrial medicine to record observations on employed persons in a systematic manner and to adopt a method of estimating and classifying the ability of the individual with heart disease to

The replies from the hospitals of the State to the questionnaire in only a few instances gave the etiology of the heart deaths. As the hospitals of the State employ usually one of three methods of tabulating diagnoses of patients, these methods have been reviewed and revisions suggested It is, therefore, recommended That, the House of Delegates urge Attending Physicians of hospitals to include the etiology of cardiac condition in the official diagnosis in order that the recording

office of the hospital may tabulate the etiology and the interne staff may insert the etiology in the death certificates

All of which is respectfully submitted by the Committee

> JOSEPH H BAINTON. Louis F Bishop. HERMON C GORDINIER. WILLIAM H LOHMAN, BERNARD S OPPENHEIMER, HAROLD E B PARDEE. Edward C Reifenstein, Nelson G Russell, ROBERT H HALSEY, Chairman

Titles at present used in Inter-national List of 1920

Revision of titles proposed by the Committee to Make a Study of Heart Disease of the Medical Society of the State of New York.

- 87 Pericarditis Acute chronic rheumatic, etc.)
- Endocarditis and myocardi tis (Acute)
- 88 Pericarditis
 (a) Rhenmatic.
 (b) Other types.
 - Endocarditis and myocardi
- tis (Acute)
 (a) Rheumatic.
 (b) Bacterial.
 (c) Other forms.
 90 Chronic Endocarditis and Valvular Diseases of heart.
 (a) Rheumatic heart disease.
 - (b) Other types heart dis
- 89 Angina Pectoris.
- 90 Other diseases of the heart.
- 91 Angina Pectoris
 (a) Angina Pectoris
 (b) Coronary disease.
 (c) Aortic disease.
 (d) Other types.

 92 Other Diseases of the Heart.
 (a) Fibrosis of myocardi
 - - um.
 (Chronic mrocarditis)
 (b) Other forms.
 - 93 Aneurysm.
 (a) Aneurysm.
 (b) Aorthis.
- 91 Diseases of the arteries.

(b) Aorthis.

94 Arterio-sclerosis and other diseases of arteries.

(a) Arterio sclerosis

(b) Other diseases of arteries.

REPORT OF COMMITTEE ON MEDICAL RESEARCH

To the House of Delegates-Gentlemen

The Committee on Medical Research desires to report, that during the current session of the Legislature Mr Vaughan introduced Assembly Bill Int No 33 to amend the Penal Law to prevent experiments of any kind on living dogs

Your Committee induced public spirited citizens as well as educators generally to protest its enactment The hearing on the proposed measure was held in Albany on February 14th, and our position was made clear to the Codes Committee by Dr Simon Flexner of the Rockefeller Insti-

tute. Dr Horatio B Williams of the College of Physicians and Surgeons, and Dr J E Sweet of Cornell Medical College, who kindly consented to render this service. The bill died in Committee

Federated anti-vivisection societies of the United States are sponsoring a bill to be introduced in Congress much like the one previously Your Committee has made every efmentioned fort to date to place on record the reasons for our objection to its passage

Respectfully submitted, Frederick E Sondern, Chairman April 15, 1928

^{*}Revision suggested by the Committee shown in parallel columns as follows

In 1926 one Trustee shall be elected for five years, one for four years, one for three years, one for two years and one for one year and thereafter, one trustee shall be elected annually for a period of five years and in the event of a vacancy a Trustee shall be elected for the unexpired term

ARTICLE VII

Censors

The President, the Secretary and eight district councilors shall be known as the Board of Censors of the Society

Five Censors shall constitute a quorum The President and Secretary shall be the President and Secretary, respectively, of the Board but without vote

The Board of Censors shall meet upon the call of the President The Secretary shall prepare and submit the report of the Board of Censors to the House of Delegates

ARTICLE VIII

Meetings

The Annual and the Intermediate Stated Meetings of the Society or of the House of Delegates shall be held at the time and the place designated by the House of Delegates The Council for sufficient cause, may change the time and the place of such meetings, provided the House of Delegates is not in session

ARTICLE IX.

Funds

Funds shall be raised by an annual per capita assessment on each component county society at a uniform per capita rate throughout the State Funds may also be raised in any other manner approved by the House of Delegates or by the Council when the said House of Delegates shall not be in session. No funds of the Society shall be expended for any purpose except by the authority of a resolution of the Board of Trustees nor shall any indebtedness be incurred by any officer, Committees or members of Committees of the Society as a charge against the Society until the same shall have been approved by the Board of Trustees

ARTICLE X Referendum

At any annual or stated meeting of the Society or of the House of Delegates a majority of the members present may order a referendum on any question consistent with the Constitution and By-Laws and in accordance with such regulations respecting the submission of the question as the House of Delegates or the Council may prescribe. The members shall vote thereon

by mail The poll shall be closed at the expiration of fifteen days after mailing the question, and if the members voting shall comprise a majority of all the active members of the Society, a majority of such vote shall determine the question and be binding on the Society and the House of Delegates

ARTICLE XI

District Branches

Sec 1 The membership of the Society shall be divided into eight district branches, as follows

The First District Branch shall comprise the members of the Medical Societies of the Counties of New York, Bronx, Westchester, Rockland, Putnam, Orange, Dutchess and Richmond

The Second District Branch shall comprise the members of the Medical Societies of the Counties of Kings, Queens, Nassau and Suffolk

The Third District Branch shall comprise the members of the Medical Societies of the Counties of Albany, Rensselaer, Schoharie, Greene, Columbia, Ulster and Sullivan

The Fourth District Branch shall comprise the members of the Medical Societies of the Counties of St Lawrence, Franklin, Clinton, Essex, Hamilton, Fulton, Montgomery, Schenectady, Saratoga, Warren and Washington.

The Fifth District Branch shall comprise the members of the Medical Societies of the Counties of Onondaga, Oneida, Herkimer, Oswego, Lewis, Madison and Jefferson

The Sixth District Branch shall comprise the members of the Medical Societies of the Counties of Otsego, Delaware, Chenango, Cortland, Tompkins, Schuyler, Cheming, Tioga, Broome and Steuben

The Seventh District Branch shall comprise the members of the Medical Societies of the Counties of Monroe, Wayne, Cayuga, Seneca, Yates, Ontario and Livingston

The Eighth District Branch shall comprise the members of the Medical Societies of the Counties of Erie, Niagara, Orleans, Genesee, Wyoming, Allegany Cattaraugus and Chautauqua

Sec 2 Each District Branch may adopt a constitution and by-laws for its government and may amend the same, but before becoming effective they shall be approved by the Council They shall be consistent with the Constitution and By-Laws of this Society

ARTICLE XII

County Societies

The terms county medical society and component county medical society shall be deemed to include all county medical societies now in affiliation with this Society or which may hereafter be organized and chartered by the House of Delegates It also has been informed that some of these have already justified their existence in the value of the work they have done

On the whole, the Committee believes that the practice of medicine and the practitioner are both receiving greater consideration from the public

today than they have enjoyed in recent years, and the Committee feels that, in some measure, it has contributed to the promotion of this condition

Respectfully submitted.

George M Fisher, Chairman

April 15, 1928

REPORT OF THE COMMITTEE TO REVISE THE CONSTITUTION AND BY-LAWS

To the House of Delegates—Gentlemen

The Committee appointed by the President to Revise the Constitution and By-Laws in accordance with the resolution of the House of Delegates, May 9, 1927, begs leave to submit the following

Respectfully submitted,

Samuel J Kopetzky, Charman

April 15, 1928

CONSTITUTION

ARTICLE I

Purposes of the Society

The purposes of the Society shall be to federate and bring into one compact organization the medical profession of the State of New York, to extend medical knowledge and advance medical science, to elevate the standard of medical education, to secure the enactment and enforcement of just medical laws, to promote friendly intercourse among physicians, to guard and foster the material interests of its members, and to protect them against imposition, and to enlighten and direct public opinion in regard to the great problems of medicine

ARTICLE II

Membership

The membership in this Society shall be divided into three classes (a) active, (b) retired, and (c) honorary

ARTICLE III

House of Delegates

The House of Delegates shall be the legislative body of the Society, shall be charged with the general management, superintendence and control of the Society and its affairs and shall have such general powers as may be necessarily incident thereto, except as otherwise specifically provided by the Constitution or By-Laws It shall pass upon the credentials and qualifications of delegates and shall finally decide who

are entitled to be members of the House of Delegates It shall have power and authority to suspend or otherwise discipline its own members, district branches, component county medical societies or any member of the Society, charged with special duties for and under authority of the State Society It shall provide for a division of the scientific work of the Society into appropriate sections, for the organization of the District Branches, for rules and regulations for its own government and for the administration of the affairs of the Society may delegate any of the affairs of the Society to the Council with power and authority to act thereon while the House of Delegates is not in session

ARTICLE IV

Council

The Council shall be composed of (a) officers of the Society, (b) chairmen of the standing committees, (c) the Editor-in-Chief, (d) the retiring President for a term of one year after his term of office expires

ARTICLE V

Officers

The officers of the Society shall be a President, a President-elect, two Vice-Presidents, a Secretary, an Assistant Secretary, a Treasurer, an Assistant Treasurer, a Speaker and a Vice-Speaker of the House of Delegates, five Trustees, and one Councilor from each District Branch, who shall be the President thereof He shall be elected by the District Branch in which he resides for a term of two years. The officers, except the councilors, shall be elected for one year or until their successors have been duly chosen. They shall take office at the termination of the annual meeting.

ARTICLE VI

Trustees

The Board of Trustees shall consist of five members elected as such Trustees and the President, the Secretary and the Treasurer shall be members of the Board of Trustees with voice but without vote Sec 5 It shall provide for the issue of charters to county societies in affiliation with the Society

Sec. 6 It shall have authority to appoint special committees from among members of the Society

Sec 7 The following shall be the order of business at the sessions of the House of Delegates

- 1 Calling the meeting to order
- 2 Report of Reference Committee on Credentials
- 3 Roll call by the Secretary
- 4 Reading of the minutes of the previous meeting
- 5 Address of the President
- 6 Address of the Speaker
- 7 Report of the Council
- 8 Report of Trustees
- 9 Report of the Board of Censors
- 10 Report of the Secretary
- 11 Report of the Treasurer
- 12 Report of Councilors
- 13 Reports of the standing committees
- 14 Reports of the special committees
- 15 Reports of reference committees
- 16 Unfinished business
- 17 New business

CHAPTER III

Election of Officers

Sec. 1 The officers, Trustees and chairmen of standing committees of the Society, to be elected by the House of Delegates, shall be elected at an adjourned session of the annual meeting of the House of Delegates, which adjourned session shall be held at a convenient hour on the first day of the annual meeting of the Society. No member of the Society shall be eligible for any office, or entitled to vote for any officer, Trustee, chairman of standing committees or delegates, who is in arrears for county dies and State Society per capita assessment.

Sec 2 The first order of business on the day designated in the preceding section shall be the nominations for officers, trustees, chairmen of standing committees, delegates to the American Medical Association and the appointment of a sufficient number of tellers by the Speaker After all nominations shall have been made the Secretary shall cause to be displayed in full sight of the delegates a list of nominees for each office arranged in alphabetical order, and shall also cause to be distributed a sufficient number of blank ballots for the use of the House of Delegates These ballots shall have printed or stamped thereon the appropriate headings for

each office with spaces thereunder in which may be written the name of the candidate or candidates to be voted for.

Sec 3 All elections for such offices shall be by ballot, each member depositing his ballot on roll call individually. In the event of a single nominee only for any office, a majority vote without ballot shall elect. In case no nominee for an office receives a majority of votes on the first ballot the nominee receiving the lowest number of votes shall be dropped and a new ballot taken for that office. This procedure shall be continued until one of the nominees receives a majority of the votes cast when he shall be declared elected.

Sec 4 The following method shall govern the election of delegates to the American Medical Association. Nominations shall be made for not less than double the full number of delegates to be elected, and the delegates shall be declared elected in the order of the highest number of votes cast until the allotted number shall have been chosen, a corresponding number in the next highest order of votes cast shall be declared alternate delegates.

Sec 5 The delegates to the American Medical Association shall be elected in the calendar year preceding the meeting of the House of Delegates to which they are elected and in accordance with the Constitution and By-Laws of that body Delegates may be elected to other medical societies or similar bodies as the interests of the Society may require, and credentials shall be issued to all delegates, signed by the President and Secretary

Sec. 6 A delegate shall not be considered in good standing or entitled to vote in the House of Delegates if the component county medical society by which he was chosen is in default in the payment of any dues or assessments imposed by the House of Delegates or if such component county medical society shall at the time be under sentence of suspension imposed by the House of Delegates, or if such delegate is not in good standing in this Society, or in the component county medical society to which he belongs. The term of a Delegate elected by a County Medical Society shall begin at the first annual meeting of the House of Delegates subsequent to his election.

CHAPTER IV

Council

Sec 1 The Council shall meet at the close of the annual meeting of the House of Delegates to organize for the ensuing year and shall continue in office until their successors are elected and qualified

Sec. 2 It shall meet twice a year, the time and place to be selected by the President, and it

There shall be but one county medical society in each county affiliated with this Society

ARTICLE XIII

Amendments

Amendments to this Constitution, except such as are obligatory by law, shall be made only at an annual meeting of the House of Delegates

Notice of the proposed amendment shall be given at a previous annual meeting of the House of Delegates, and before the same can be acted upon, it shall be published once before the annual meeting in the official publication of the Society

A two-thirds vote of the delegates present and

voting shall be necessary for adoption

Amendments made necessary by law shall be made either by the Council or House of Delegates whenever such necessity exists

BY-LAWS

CHAPTER I

Membership

- Sec 1 The active members shall be all members in good standing of the component county medical societies A copy of the roster of such members certified to be correct by the Secretary of such county society shall be evidence of the right of the members whose names appear therein to membership in this Society No applicant shall be eligible to membership until he has established that he is of good moral and professional character and reputation, and that admission would not be prejudicial to the best interest of the Society No member who has been dropped from the roll of a component county society by reason of failure to pay dues shall be accepted by another society except by regular transfer after reinstatement in the original so-
- Sec 2 Any member suspended or expelled from a component county society shall likewise be suspended for the same period or expelled from this Society. Any member suspended or expelled from this Society shall likewise be suspended for the same period or expelled from a component county society. His right of appeal to this Society shall not be impaired nor shall such appeal prevent the carrying out of the judgment of the county society pending such appeal. Any member not in good standing in his county society shall not be a member in good standing in this Society, and any member ceasing to be a member of his county society shall also cease to be a member of this Society.
- Sec 3 Retired members of this Society shall be active members of component county societies, seventy years of age or over, who have applied for such retired membership. All such

applications shall be signed by the President and the Secretary of the county society of the applicant and then sent to the Secretary of this Society for presentation to the House of Delegates for approval Retired members desiring to become active members shall apply for such membership to the component county society in the county of the residence of the applicant Such applications shall be governed by the constitution and by-laws of the component county society relative to active membership

Sec 4 The honorary members of the Society shall be all persons now on the roster as such and in addition such distinguished physicians residing outside of the State of New York as may hereafter be elected. All nominations for honorary membership must be endorsed by three members of the Society and forwarded to the Secretary for presentation to the House of Delegates, which by a two-thirds vote of the delegates voting shall be declared elected honorary members of this Society, provided the nomination shall have been made at a previous annual meeting.

Sec 5 Honorary and retired members shall be entitled to the privilege of attending and addressing the meetings of the Society, but shall not be accorded the other rights and privileges of membership or be subject to assessment

CHAPTER II

House of Delegates

- The House of Delegates shall be composed of (a) Delegates elected by the component county medical societies, (b) officers of the Society, (c) chairmen of standing committees, and (d) the past presidents and past secretaries of the Society who shall be life members with voice but without vote, (e) The Trustees shall be members with voice but without vote Each component county society shall be entitled to elect as many delegates as there shall be State Assembly Districts in such county at the time of the election, and each component county medical society shall be entitled to elect at least one A component society representing by its name more than one county shall be entitled to as many delegates as there are Assembly Districts in the counties named in the title of such society
- Sec 2 The annual meeting of the House of Delegates shall be held on the day before the annual meeting of the Society The sessions of the House of Delegates may be adjourned from time to time as may be necessary
- Sec 3 Thirty delegates shall constitute a quorum
- Sec 4 It shall hear and finally determine all appeals taken from decisions of the Board of Censors

- Sec 5 It shall provide for the issue of charters to county societies in affiliation with the Society
- Sec 6 It shall have authority to appoint special committees from among members of the Society
- Sec 7 The following shall be the order of business at the sessions of the House of Delegates
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 - 3 Roll call by the Secretary
 - 4 Reading of the minutes of the previous meeting
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 - 16 Unfinished business
 - 17 New business

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Sec 2 The first order of business on the day designated in the preceding section shall be the nominations for officers, trustees, chairmen of standing committees, delegates to the American Medical Association and the appointment of a sufficient number of tellers by the Speaker After all nominations shall have been made the Secretary shall cause to be displayed in full sight of the delegates a list of nominees for each office arranged in alphabetical order, and shall also cause to be distributed a sufficient number of blank ballots for the use of the House of Delegates These ballots shall have printed or stamped thereon the appropriate headings for

each office with spaces thereunder in which may be written the name of the candidate or candidates to be voted for

- Sec 3 All elections for such offices shall be by ballot, each member depositing his ballot on roll call individually. In the event of a single nominee only for any office, a majority vote without ballot shall elect. In case no nominee for an office receives a majority of votes on the first ballot the nominee receiving the lowest number of votes shall be dropped and a new ballot taken for that office. This procedure shall be continued until one of the nominees receives a majority of the votes cast when he shall be declared elected.
- Sec 4 The following method shall govern the electron of delegates to the American Medical Association. Nominations shall be made for not less than double the full number of delegates to be elected, and the delegates shall be declared elected in the order of the highest number of votes cast until the allotted number shall have been chosen, a corresponding number in the next highest order of votes cast shall be declared alternate delegates.
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- Sec. 6 A delegate shall not be considered in good standing or entitled to vote in the House of Delegates if the component county medical society by which he was chosen is in default in the payment of any dues or assessments imposed by the House of Delegates, or if such component county medical society shall at the time be under sentence of suspension imposed by the House of Delegates, or if such delegate is not in good standing in this Society, or in the component county medical society to which he belongs. The term of a Delegate elected by a County Medical Society shall begin at the first annual meeting of the House of Delegates subsequent to his election.

CHAPTER IV

Council

- Sec 1 The Council shall meet at the close of the annual meeting of the House of Delegates to organize for the ensuing year and shall continue in office until their successors are elected and qualified
- Sec. 2 It shall meet twice a year, the time and place to be selected by the President, and it



shall meet at other times upon the request in writing of five members of the Council, or upon the call of the President

- Sec 3 Seven members shall constitute a quorum
- Sec 4 The Council shall be the executive and administrative body of the Society and shall control all arrangements for the annual meeting, shall elect an Executive Committee of the Council to carry on during the interim between the regular meetings of the Council the affairs and the business of the Society. Its action shall be governed by the Constitution and By-Laws of the Society and the rules and regulations of the House of Delegates. It shall have power to employ legal counsel
- The Council shall take such action as is necessary to carry out the Constitution and By-Laws and to give full effect to any resolu-tion or vote of the House of Delegates It shall also have power to legislate as a House of Delegates, when the latter is not in session, on all matters consistent with the Constitution and By-Laws Such legislative action of the Council shall not become effective or binding on the Society until approved by a majority of a referendum vote of the House of Delegates, provided a majority of the House of Delegates vote thereon within fifteen days after the mailing of the question submitted for referendum Secretary shall send the question for referendum vote to all the members of the House of Delegates

The Council shall have power to fill any vacancies which may occur in any elective office not otherwise provided for, until the next annual meeting of the House of Delegates

Sec 6 The standing or special committees of the Society shall report to the Council and shall be subject to the jurisdiction of the Council at all times when the House of Delegates shall not be in session

Sec 7 The following shall be the order of business at meetings of the Council

- 1 Calling the meeting to order
- 2 Roll call by the Secretary
- 3 Reading of minutes
- 4 Communications
- 5 Reports of chairmen of standing and special committees
- 6 Unfinished business
- 7 New business

CHAPTER V

Executive Committee

Sec 1 At its first regular meeting the Council shall choose by a majority vote five members of the Council, three of whom shall be coun-

cillors, who together with the President, the Secretary, the Treasurer and the immediate Past President shall constitute the Executive Committee Candidates for election to the Executive Committee shall be nominated by the President, but other candidates may be nominated by any member of the Council Executive Committee shall hold office until the following annual meeting of the Council or until their successors shall be duly chosen ecutive Committee shall, when elected, organize immediately and elect a Chairman, a Vice-Chairman and a Secretary The Executive Committee shall hold regular meetings at times and places that shall be fixed by the Chairman and any two members of the Executive Committee may require the Chairman thereof to call a meeting for such time and place as shall be designated by them in writing, of which the members shall have at least two days' notice Five members shall constitute a quorum. It shall prepare a budget to be acted upon by the Board of Trustees

Sec 2 The following shall be the order of business at meetings of the Executive Committee

- 1 Calling the meeting to order
- 2 Roll Call
- 3 Reading of minutes
- 4 Communications
- 5 Report of committees
- 6 Unfinished business
- 7 New business

The Executive Committee shall superintend all publications of the Society and their distribution and shall have authority to appoint an editor and such assistants as it may deem necessary and provide for the publication of official pronouncements of component county societies when requested by said society The Executive Committee shall have such other powers and duties as may be delegated to it from time to time by the Council It shall act as adviser to the legal counsel of the Society in suits brought against members of the Society for alleged malpractice It shall, with the aid of the legal counsel, examine the Constitution and By-Laws of component County Societies and District Branches, and all amendments thereto which may be submitted to the Council for approval and shall report to the Council its approval or disapproval The Chairman of the Executive Committee may order or any two members of the Committee may require the Chairman to order a referendum vote of the Council on any question that may come before the Executive Committee and members of the Council may vote The poll on the thereon by mail or telegram question so submitted shall be closed at the expiration of one week after the mailing of the

question and if the members of the Council voting shall comprise a majority of all the members of the Council, a majority of such vote shall determine the question and be binding upon the Council and the Executive Committee

- Sec 4 In case of any vacancy in the Executive Committee through death, resignation, disqualification or other case, the President shall appoint a successor to fill such vacancy until the next meeting of the Council
- Sec 5 The Executive Committee shall have charge of the administrative and business affairs of the Society while the Council is not in session, and may adopt rules and regulations not repugnant to the Constitution and By-Laws of the Society or to the rules, regulations or orders of the House of Delegates or of the Council

CHAPTER VI

Trustees

- Sec 1 At the first meeting of the Board of Trustees following the annual meeting of the House of Delegates, it shall organize under the chairmanship of the senior member and fix the time and place of its regular meetings. Any three members of the Board of Trustees may require the Chairman to call a special meeting at the office of the State Society for such time as shall be designated by them in writing and of which the members of the Board shall have at least seven days notice.
- Sec. 2 The Board of Trustees shall have charge of all property including trust funds and shall manage the financial affairs of the Society and shall invest the surplus from time to time. The budget prepared by the Executive Committee shall be submitted to the Board for its approval and all resolutions or recommendations of the House of Delegates, Council or Executive Committee pertaining to expenditure of money must be approved by the Board of Trustees before the same shall become effective. The fiscal year shall begin July 1st and end June 30th of the following year.
- Sec 3 All moneys of the Society received by the Board of Trustees, Council or any member or agent thereof shall be paid to the Treasurer of the Society. The Board of Trustees shall approve the bond of the Treasurer as to amount, form and surety, it shall employ a public accountant to audit the accounts of the Treasurer and Secretary and other agents of the Society and present a statement of the same in its annual report to the House of Delegates. The Chairman of the Board of Trustees shall make a report to the House of Delegates of its transactions for the year and of the amount of money belonging to the Society under its control
- Sec. 4 Three members of the Board of Trustees shall constitute a quorum

- Sec 5 The following shall be the order of business at meetings of the Board of Trustees
 - 1 Calling the meeting to order
 - 2 Roll call by the Secretary
 - 3 Reading of minutes
 - 4 Communications.
 - 5 Reports
 - 6 Unfinished business
 - 7 New business

CHAPTER VII

Duties of Officers

- Sec 1 The President shall preside at all meetings of the Society, the Council and the Censors He shall be ex-officio member of the Board of Trustees and of all committees. He shall appoint all committees not otherwise provided for He shall deliver an address at the annual meeting of the Society. He shall perform such other duties as the House of Delegates or the Council shall require
- Sec. 2 The ranking Vice-President in the absence of the President shall perform the duties of such officer. In the event of the President's death, resignation, removal, incapacity or refusal to act, the ranking Vice-President shall succeed him.
- Sec 3 The President-Elect shall perform no specific duties other than those of a member of the Council but shall attend the meetings of the Executive Committee without voice or vote
- Sec. 4 The speaker shall preside at all meetings of the House of Delegates He shall appoint all parliamentary committees serving during the meeting of the House of Delegates
- Sec 5 The Vice-Speaker shall perform the duties of the Speaker when requested by the Speaker to do so, or in case of the absence, death, resignation or refusal of the Speaker to act.
- Sec 6 The Secretary shall attend all meetings of the Society, the House of Delegates, the Council, Board of Trustees, the Executive Committee of the Council and the Censors, and shall keep minutes of their respective proceedings in separate records He shall be responsible for and have general charge of the Society's offices and the employees therein He shall be the custodian of the seal of the Society, and of all books of records and papers belonging to the Society, except such as properly belong to the Treasurer, and shall keep an account of and promptly turn over to the Treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members at all sessions of the Society With the aid and cooperation of the secretaries of the county societies, he shall keep a proper register of all the regis-

tered physicians of the State by counties He shall aid the Councilors in the organization and improvement of the county societies and the extension of the power and influence of the Society He shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties He shall affix the seal of the Society to all credentials issued to members of the Society elected by the House of Delegates and to such other papers and documents as may require the same He shall make an annual report to the House of Delegates and also the reports of the Council and the Board of He shall supply each county society with the necessary blanks for making their annual reports to this Society Acting in coopera-tion with the Committee on Scientific Work he shall prepare and issue all programs amount of his salary shall be fixed by the Board He shall be ex-officio a member of Trustees of all standing committees He shall record the name and date of admission of each member of the Society

Sec 7 The Assistant Secretary shall aid the Secretary in the work of his office and in the absence or disability of the latter, he shall perform the duties of the office until the Secretary resumes the work, or in case of a vacancy until a successor shall be elected. He shall be entitled to all the rights and privileges of the office while acting as Secretary

The Treasurer shall keep accurate books of accounts of all moneys of the Society which he may receive, and shall disburse the same when duly authorized by the Board of Trustees, but all checks drawn by the Treasurer upon the funds of the Society shall be countersigned by the Secretary of the Society He shall collect, on or before the first day of June in each year, from the Treasurer of each component county society the State per capita He shall at the expense of the assessment Society give a bond for the faithful performance of his duties, which shall be approved by the Board of Trustees as to amount, form and Whenever requested, he shall make an annual report to the House of Delegates and to the Board of Trustees His salary shall be fixed by the Board of Trustees

Sec 9 The Assistant Treasurer shall aid the Treasurer in the work of his office, and in the absence or disability of the latter, he shall perform the duties of the office until the Treasurer resumes the work, or in case of a vacancy until a successor shall be elected. He shall be entitled to all the rights and privileges of the office while acting as Treasurer

Sec 10 Each District Councilor shall visit the counties of his district at least once a year and make a careful inquiry of the condition of the

profession in each county in his district and shall report thereon to the House of Delegates

CHAPTER VIII

Travelling Expenses

Sec. 1 Allowances for expenses incurred in the actual performance of official duties by officers, Councilors and Delegates to the American Medical Association shall be made in conformity with the following conditions

The President and the Secretary shall be allowed interstate railroad fares and a per diem for maintenance not to exceed fifteen dollars President-Elect shall be allowed travelling expenses when attending committee meetings members of the Board of Trustees, of the Council, and of the Executive Committee shall be allowed railroad fares to and from the places of meeting of these respective bodies. In all cases where no appropriation has been allowed a standing or special committee travelling expenses shall be allowed the individual members vouchers must be filed with the Secretary and approved by the Board of Trustees before any such allowance shall be made The Delegates to the American Medical Association who have attended each session of the House of Delegates of that Association and who shall have filed with the Secretary evidence of such attendance shall be allowed the actual cost of railroad transportation and Pullman accommodations to the place of meeting and return The vouchers of such expense shall be approved by the Board of Trustees before payment Each District Branch shall be entitled to receive a sum of \$250 00, exclusive of the work done by the Secretary regarding notices, programs, etc., to defray the expenses of holding the annual meeting of such District Branch, provided a proper statement of such expense shall have been presented to the Secretary and approved by the Trustees All bills, claims or vouchers herein provided for shall be filed within thirty days after the date of the incurring of such expense This time may be extended for any cause by the Board of Trustees and such extension shall not exceed ninety days

CHAPTER IX Censors

Sec 1 The Board of Censors shall have jurisdiction to hear and determine all appeals from decisions on discipline of component county medical societies or decisions of such societies which may involve the privileges, rights or standing of members whether in relation to one another or to county medical societies or to this Society. Any member of any component county medical society, feeling aggrieved by the decision of such Society may within three months after such decision appeal to the Board of Censors of this Society from the decision of such component

county medical society by filing a notice of appeal with the Secretary of this Society and the Secretary of the component county society

Sec. 2 Any applicant for membership in a component county medical society who may have been excluded from membership in such Society, may likewise appeal from the action of said Society excluding him. All decisions shall be subject to appeal to the House of Delegates

Sec. 3 The notice of appeal shall set forth in writing the name of the appellant, the name of such component county medical society and the date and substance of the decision appealed from, and shall indicate the ground or grounds upon which such appeal is taken

Sec. 4 Upon filing a notice of appeal, the appellant and the component county medical society shall submit to the Secretary of the Board of Censors all records, minutes, letters, papers and all written evidence including a digest of all testimony not stenographically reported relating to the matter. All data so submitted shall be confidential and privileged and shall be available only to the Censors and, on appeal, to the members of the House of Delegates

Sec. 5 The Board of Censors shall consider the appeal on the data so submitted to it, and may affirm by a majority vote, modify or reverse by a two-thirds vote of the Censors present and voting, the decisions so appealed from If, in its opinion, the taking of further evidence is advisable, the Board of Censors may summons witnesses and proceed to take such evidence in such manner as it may deem proper and render its decision by a two-thirds vote of those present and voting, which decision shall be binding until reversed or modified by the House of Delegates

Sec. 6 The Board of Censors shall investigate all charges preferred (a) by a member of a component county society against any component county medical society of which he is not a member, and (b) by a component county medical society against another such county society or a member thereof, and the Secretary of the Board of Censors shall submit the report to the House of Delegates for action thereon.

Sec. 7 A party desiring to appeal to the House of Delegates from the decision of the Board of Censors shall within three months after such decision, file with the Secretary of this Society and the Secretary of the component county society a notice of appeal Such notice of appeal shall set forth in writing the name of the appellant, the name of the component county society, the date and substance of the decision appealed from and the ground or grounds upon which such appeal is taken

Sec 8 Upon the filing of a notice of appeal the appellant and the Secretary of the Board of Censors shall submit to the House of Delegates the decision and all records, minutes, letters.

papers and all written evidence including a digest of all testimony not stenographically reported relating to the matter

Sec. 9 The House of Delegates shall consider and decide the appeal on the data submitted to it, and may affirm, modify or reverse the decision so appealed from Such decision of the House or Delegates shall be final and binding

CHAPTER X

Committees

Sec 1 The Committees shall be classified as Standing, Reference and Special Committees Standing and Special shall report to the Council and the House of Delegates

Committee on Scientific Work. Committee on Legislation

Committee on Public Health and Medical Education

Committee on Medical Economics Committee on Arrangements Committee on Public Relations Committee on Medical Research

Sec. 2 The Committee on Scientific Work shall consist of the Chairman, a member to be nominated by the President of the Society and elected by the Council, and the Chairmen of the different sections. It shall hold meetings and prepare the necessary programs for the annual meeting of the Society and for such other special meetings as may be designated by the House of Delegates. It shall forward programs in ample time for publication, and not later than thirty days before the annual session shall send a completed program to the Secretary for the printing of the final program

The Committee on Legislation shall consist of three members including the Chairman It shall be the representative of the Society on all matters of medical legislation and shall have charge of all hearings before the Committees of the Legislature The component county societies and their committees on legislation shall cooperate with this Committee and act in harmony with it on all such matters. It shall keep in touch with professional and public opinion on matters relating to medical legislation. It shall represent the Society in procuring the enactment of the medical laws of the State, in the interest of public health and of scientific medicine as will best sesure and promote the welfare of the whole people It shall take all legal and honorable means of opposing and preventing all vicious legislation detrimental to the best interests of the profession and the welfare of the public

Sec 4 The Committee on Public Health and Medical Education shall consist of nine members, including the Chairman It shall investigate, report upon and present to the Society such matters as may seem to the Committee to be of special

importance in their relation to the public health and Medical Education and in this work like committees of component county societies shall cooperate with this Committee

- Sec. 5 The Committee on Medical Economics shall consist of five members, including the Chairman It shall keep informed on all matters affecting the economic status of physicians and shall investigate and report on such matters as it deems necessary
- Sec 6 The Committee on Public Relations shall consist of five members, including the Chairman It shall be the function of this Committee to deliberate with other agencies, both official and unofficial, concerning the plans, purposes and objectives of their organizations insofar as they have a relation to the medical profession
- Sec 7 The Committee on Arrangements shall consist of nine members, including the Chairman It shall provide suitable accommodations for the meeting places of the Society, the House of Delegates and the Sections and shall make all necessary arrangements for these meetings. The Chairman of the Committee shall send an outline of the arrangements to the Secretary for publication in the program, and shall make such announcements during the session as occasion may require
- Sec 8 The Committee on Medical Research shall consist of ten members, including the Chairman. It shall adopt such measures as may be necessary to instruct the public and the profession in the desirability of animal experimentation and shall use all honorable means to oppose such bills as may be presented to the Legislature with the view of limiting or restricting scientific progress. It legislative work it shall act in cooperation with the Committee on Legislation.
- Sec 9 The Chairman of all standing committees shall be elected by the House of Delegates unless otherwise provided for in the By-Laws The remaining members shall be elected by the Council

Reference Committees

- Sec 10 Immediately after the organization of the House of Delegates the Speaker shall announce such committees as he shall deem expedient for the purposes of the meeting, and the names of the members thereof. Only members of the House of Delegates are eligible for appointment on the reference committees. Such committees shall consist of five members, three members constituting a quorum, and shall serve during the meeting at which they are appointed.
- Sec. 11 All recommendations, resolutions, measures and propositions presented to the House of Delegates and which have been duly seconded shall be referred immediately to the appropriate reference committee.

Sec 12 Each Reference Committee shall, as soon as possible, take up and consider such business as may have been referred to it and shall report when called upon to do so

Special Committees

Sec 13 Special Committees may be created by the House of Delegates to perform the special functions for which they are created. They shall be appointed by the officer presiding over the meeting at which the committee is authorized, if such committee is to conclude its work during said meeting of the House of Delegates. The President shall appoint all other Committees unless otherwise ordered by the House of Delegates.

Sec 14 A Special Committee on Prize Essays consisting of three members, including the Chairman, shall be appointed by the President Its duty shall be to receive all essays offered in competition for prizes which may be offered by this Society. The Committee shall make all necessary rules and regulations for the award of prizes subject to the terms of the deeds of grit, and shall report the result at the next annual meeting of the House of Delegates. They shall give notice through the Society's publication or by other methods within thirty days after their appointment, of the amount of the prize and when the essays shall be submitted to the Committee.

Sec 15 Any member of the Society shall be eligible to serve on Standing or Special Committees All members of committees, who are not members of the House of Delegates, shall have the right to present their reports in person to the House of Delegates and to participate in the debate thereon, but shall not have the right to vote.

CHAPTER XI

Meetings

Sec. 1 The notices of the annual, regular and special meetings of the Medical Society of the State of New York, its House of Delegates, Council, Board of Trustees and Censors shall state the date, place and hour and shall be mailed in securely post-paid wrapper to each member of the body holding such meeting at least seven days before said meeting. The Affidavit of mailing by the Secretary of the Society to the last recorded address of the member shall be deemed sufficient proof of the service upon each and every member for any and all purposes

Sec 2 Each member in attendance at the annual meeting, special or intermediate stated meetings of the Society, shall enter his name and the name of the component county medical society to which he belongs in a register to be kept by the Secretary of the Society for that purpose No member shall take part in any of the proceedings of such a meeting until he shall have complied therewith

- Sec 3 All'members in good standing so registered may attend and participate in the proceedings and discussions of the general meetings of the Society and of the sections
- Sec 4 The following shall be the order of business at all general meetings of the Society
- 1 Calling the Society to order
- 2 Address of welcome by the Chairman of the Committee on Arrangements
- 3 Reading the minutes of the last meeting
- 4 President's address
- 5 Special addresses
- 6 Reading and discussion of papers
- 7 Miscellaneous business
- Sec 5 Special meetings of the Society shall be called by the President upon-the request, in writing, of one hundred members, and in case of the failure, mability or refusal of the President to act, such meeting may be called by a notice thereof subscribed by one hundred members
- Sec 6 Special meetings of the House of Delegates shall be called by the Speaker upon the request, in writing, of fifty delegates, and in case of the failure, inability or refusal of the Speaker to act, such meetings may be called by a notice thereof subscribed by fifty delegates

CHAPTER XII

Sections

- Sec. 1 The Scientific Sections designated by the House of Delegates shall each organize by the election of a Chairman and Secretary The Chairman shall be elected annually, the Secretary for such term as the section may deem fit
- Sec. 2 The Chairman of the various Sections shall be members of the Committee on Scientific Work
- Sec 3 The election of officers of Sections shall be the first order of business of the afternoon session of the second day of each annual meeting. To participate in the election of any Section, a member must be registered with such Section and must have recorded his name and address in the Section registry.
- Sec 4 Each Section shall hold its meetings at such times as designated by the Committee on Scientific Work

CHAPTER XIII

District Branches

- Sec 1 Each District Branch shall elect a President for two years, who shall be the Councilor for that Branch
- Sec 2 Each District Branch shall elect such officers as are provided for in its By-Laws, who shall attend the business meetings of the Branch

CHAPTER XIV

Component County Societies

- Sec 1 Whenever an active member in good standing in any component county medical society removes to another county in this State, his name, upon his request, shall be transferred to the roster of the component county medical society of the county to which he removes, without cost to him, provided that he files a certificate with the Secretary signed by the President and Secretary of the component society from which he removed as to his good standing in such soci-No member, however, shall be an active member of more than one component county society, nor shall any component county society accept a physician residing in another county in any other way than in accordance with the law governing transfers
- Sec 2 If there should be an insufficient number of physicians and surgeons in any of the counties of this State to form themselves into a component county medical society, such physicians may become members of the component county medical society of an adjoining county when eligible by the Constitution and By-Laws of such county society
- Sec 3 At its annual meeting each component county medical society shall elect a delegate or delegates to represent it in the House of Delegates of this Society in accordance with the Constitution and By-Laws of this Society
- Sec 4 The Secretary of each component county medical society shall keep a roster of its members and of all other registered physicians of such county in which shall appear the full name of each of said ohysicians, the date of his admission to such society, his residence and the date when his license to practice medicine in this State was granted. He shall note any changes in said roster by reason of removal, death, revocation of license or other disqualification.
- Sec 5 He shall forward said roster and information, together with the names and places of residence of each of the officers of said society, the names and residences of each delegate of the House of Delegates of said society to the Secretary of this Society thirty days before the date of its annual meeting
- Sec 6 The Treasurer of each component county medical society shall forward to the Treasurer of this Society the amount of the State per capita assessment on or before the first day of June of each year
- Sec 7 Each component county medical society may adopt a Constitution and By-Laws for the regulation of its affairs and may amend the same provided they shall be first approved by the Council before becoming effective. The Constitution and By-Laws of component county societies must not be in conflict with the Constitution and By-Laws of this Society.

CHAPTER XV

Miscellaneous

Sec 1 No address or paper before the Society, except those of the President and orators, shall occupy more than twenty minutes in its delivery, and no member shall speak upon any question before the House of Delegates for longer than five minutes nor more than once on any subject, except by the consent of a majority vote

Sec 2 All papers read before the Society by its members shall become the property of the Society Permission may be given, however, by the Council, House of Delegates or the Executive Committee to publish such paper in advance of its appearance in the New York State Journal of Medicine

Sec 3 Any distinguished physician of a foreign country or a physician not a resident of this State, who is a member of his own State Association, may become a guest during any annual session upon the invitation of the President or officers of the Society, and may be accorded the privilege of participating in all the scientific work of the session

Sec 4 The rules, contained in Robert's Rules of Order, shall govern the Society and the House of Delegates in all cases in which they are not inconsistent or in conflict with the Constitution and By-Laws of the Society or the standing or special rules of the House of Delegates

Sec 5 Officers, members of Standing and Special Committees of the Society, may be removed from office or otherwise disciplined for malfeasance or nonfeasance in office, upon written charges made by any member and transmitted to the President The President shall order a trial upon said charges by the Council or a Committee thereof and in the event of such trial, the accused shall be given at least ten days' notice of such charges and have full opportunity to de-

fend the same, but no such officer or member of the committee shall be removed or otherwise disciplined except by a two-thirds vote of the Council In case any such officer or member of the committee shall be removed, he may appeal from the decision of the said Council to the House of Delegates, but pending the determination of such appeal, he shall not exercise the functions of his office

Sec 6 Sections of the By-Laws which refer to the order of business and to reference committees may be suspended by a two-thirds' vote of the House of Delegates

CHAPTER XVI

Sec 1 The seal of the Society shall be as follows



CHAPTER XVII

Amendments

Sec 1 Amendments to these By-Laws, except such as are obligatory by law, shall be made only at an annual meeting of the House of Delegates

Sec 2 Notice of the proposed amendment shall be given at a previous annual meeting of the House of Delegates, and before the same can be acted upon, it shall be published once before the annual meeting in the official bulletin or journal of the Society

Sec 3 The affirmative vote of two-thirds of the delegates present and voting shall be necessary for adoption

Sec 4 Amendments made necessary by law shall be made either by the Council or House of Delegates whenever such necessity exists

REPORT OF THE COUNCILLOR OF THE FIRST DISTRICT BRANCH

To the House of Delegates— Gentlemen

The Executive Committee of the First District Branch of the Medical Society of the State of New York and the Presidents of the different County Societies comprising this Branch, at the invitation of the President, attended a dinner at the Cornell Club, June 7, 1927, and discussed plans for carrying on the work for the current year. It was decided to attempt to bring before the members the real functions of the Branch organization. This it seemed, would be best carried on by bringing the meeting to a place which never before had been host to this Branch of State

Society, and with the object of inducing more new members in this section to affiliate themselves with the work of this Branch, Bronx County was selected as the place of meeting, October 20, 1927, was chosen as the date and it was decided to have three medical papers read at this meeting, devoting the rest of the time to Branch and State Medical Society Activities

As per schedule on October 20, 1927, at the Hotel Concourse Plaza, Bronx County, there were two sessions Morning session, beginning at ten o'clock, and afternoon session, at two o'clock Speakers at the morning session were

Dr James E Sadlier, of Poughkeepsie, President of the Medical Society of the State of New York, spoke on the Relation of the District Branch Societies to the State Society with remarks on the activity of the State Society

Dr W Warren Britt, of Tonawanda, Chairman, Committee on Medical Economics of the State Society, spoke on the activities of his committee with special reference to the Workmen's Compensation Law

Dr Thomas P Farmer, of Syracuse, Chairman, Committee on Public Health of the State Society had accepted an invitation to attend, but was prevented from speaking at the meeting, by illness

Dr Harry R Trick, of Buffalo, President-Elect of the Medical Society of the State of New York, Dr Daniel S Dougherty, New York, Secretary of the Medical Society of the State of New York and Dr Nathan B Van Etten, Bronx, Trustee of the Medical Society of the State of New York discussed the affairs of the Society in general

The Society declared a recess for lunch at this time and approximately two hundred in number sat down to luncheon in the hotel

The afternoon session commenced at two o'clock and was opened with an address by

Hon James A Hamilton, State Industrial Commissioner, whose subject was "The Workmen's Compensation Law, in regard to its relation with the Physician"

Dr Russell L Cecil, Assistant Professor of

Medicine, Cornell University Medical School, read the next paper on "New Factors in Etiology of Chronic Arthritis"

Dr William P Healy, Directory of Gynecological Service at the General Memorial Hospital, New York, read a paper on the "Indications for Radium Therapy in Intra-uterine conditions"

Dr John DeJ Pemberton, of Mayo, Clinic, Rochester, Minnesota, read the last paper, his subject being, "Some factors in the Mortality Statistics of Exopthalmic Goitre"

The attendance at the meeting was very gratifying and larger than any previous meeting of our Society. The attendance being somewhat transient, due to doctors in the vicinity being called away, or due to the fact that some had time to stay for but one or two papers, made it impossible for us to tabulate the exact attendance. However, at one time we had as many as five hundred in the hall. We regretted very much the length of the program prevented general discussion on the papers.

The President of this Branch has been in close, touch with the component County Societies and can report them in very flourishing and healthy condition. He has personally visited most of the Societies and will visit the remaining societies, before the end of the current year.

Respectfully submitted,

EDWARD R CUNNIFFE, President

April 15, 1928

REPORT OF THE COUNCILLOR OF THE SECOND DISTRICT BRANCH

To the House of Delegates—Gentlemen

The District Branches being the organized units which formally connect the individual county medical societies with the State Medical Society, the annual report of the councillor of a District Branch may properly include an account of the activities of the component County Societies. In the case of the Second District Branch the activities of the county societies are becoming more and more concerned with the social aspects of medical practice. This gradual change is well illustrated by the programs of the meetings of the last few years. These programs have given ever increasing space to the problems of public health and civic medicine.

The whole program of the annual meeting of the Second District Branch held in November, 1927, was designated "Civil Medicine on Long Island" It was planned to set forth

what had already been accomplished in the district along the lines of civic medicine and what was proposed for the future. In addition it was expected that the Branch might profit by the experience of other branches as interpreted by the president of the State Medical Society and by the president of a neighboring county society that had been having difficulties with lay welfare organizations.

The reports from the representatives of the four component societies showed that organized medicine on Long Island is not only participating in the health activities of the district, but is assuming leadership in the lay organizations dealing with the problems of civic medicine. In all of the counties the Tuberculosis and Public Health Associations work under the direction of the doctors or in close cooperation with committees of the county societies. The Public Health Committee of the large and flourishing Long Island Chamber of Commerce is composed of two members from each of the

county societies, and some civic minded doctors are upon the Chamber's board of directors. In Suffolk County there is not a single organized lay health effort that is not "dominated both in program and in administration by medical men, and none not directed by the

County Medical Society"

In the domain of graduate medical education the Friday afternoon lectures, begun in Brooklyn (Kings County) six years ago, are being continued. The audiences continue large and interest keeps at a high pitch. Similar lectures have been inaugurated in Queens and in Nassau Counties. These have also been well attended. Graduate clinical courses are being continued in Brooklyn, Queens and Nassau. In Suffolk County graduate education has been centered in the staff meetings of the four general hospitals of the county.

All of the counties are increasing very rapidly in population This increase is producing the greatest change in living conditions and in the problems of civic medicine in the two counties outside of Greater New York Nassau County has doubled its population in the last five years and is rapidly passing from a suburban to an urban community Similarly Suffolk County is changing from rural to suburban These two counties have continued their hospital investigations Their committees have studied the hospital needs of their communities and have published their reports, which are being heeded in the establishment of new The Suffolk County Committee has studied hospital management and has done much by a critical review and analysis of hospital work to advance staff organization and to raise the standards of hospital practice society is also attempting to make the county hospitals teaching centers, which will continually give a post graduate course in medicine to the members of their staffs, as well as places from which will radiate the forces that improve medical practice in the community

Both Nassau and Suffolk Counties have voted to promote a county health department, and Suffolk County is making the establishment of such a unit a main objective for the

coming year

The question of a permanent home for the county society is claiming attention in Kings, Queens and Nassau counties—Kings County has long had such a home, but the growth of its library, the increase in its membership and the multiplication of its activities have necessitated a movement toward a new and larger building—Queens County is already engaged in the construction of its medical home—In Nassau County plans for a medical society building have not taken definite form, but they are being discussed and will no doubt soon be decided

All four of the component county societies publish periodic bulletins which contain timely items of interest to the members. In Suffolk County an attempt is made to have the "News Letter" of the county society act as a clearing house for all the organizations doing public health or welfare work in the county. Twelve hundred copies are sold to the county. Tuberculosis and Public Health Association and distributed to interested persons throughout the county.

The foregoing are only a few of the many activities of the component societies of the Second District Branch, but they seem to be the most significant and the most far reaching in their effects They exemplify the principle for which organized medicine on Long Island has contended for many years, that medical leadership is essential to the full realization of the aims of civic medicine We believe that "the development of public health and the practice of the prevention of disease is a doctor's game" Only doctors have the ability through training to decide as between theoretical and practical The funcactivities in civic health matters tion of the lay health and welfare organizations is to carry out the details of the treatment after the medical expert has made the diagnosis and prescribed the remedy It is for these reasons that the Second District Branch and its component societies are giving increasing attention in the programs of their meetings to the problems of civic medicine

GUY H TURRELL, President

April 15, 1928

REPORT OF THE COUNCILLOR OF THE THIRD DISTRICT BRANCH

To the House of Delegates—Gentlemen

The past year has been one of a quiet steady growth for the Third District Branch

The Annual Meeting was held at Troy, October 1, 1927 The Branch was the guest of the Rensselaer County Medical Society The morning was devoted to clinics at the various Troy hos-

pitals, and after luncheon at the Hendrick Hudson Hotel, the scientific session was held. The meeting was honored by the presence of the President and Secretary of the State Society and also Dr. Card of Poughkeepsie and the Executive Officer of the State Society, Dr. Joseph S. Lawrence

This is the first time the Branch meeting has been held in Troy for quite a number of years and

judging from the enthusiasm displayed, the meeting was of great benefit to the Branch and to the Rensselaer County Medical Society—Great praise is due to Dr. Hambrook and his able committee for the smoothness in which the arrangements for the meeting were conducted

Four meetings of the Executive Committee have been held and various matters of importance

to the Branch have been taken up

The Branch is planning to assist the Albany County Medical Society as host for the Annual

Meeting of the State Society when it meets in Albany in May

All component County Societies of the Branch are in a prosperous condition and are displaying more interest in their work than in many years. The attendance at the Annual Meeting was about one hundred

Respectfully submitted, EDGAR A VANDER VEER, President April 15, 1928

REPORT OF THE COUNCILLOR OF THE FOURTH DISTRICT BRANCH

To the House of Delegates— Gentlemen

In order to comply with Section 44 of the By-Laws of the State Society requiring each District Councillor to visit each County Society once a year, your Councillor of the Fourth District Branch has been handicapped by reason of the fact that this District Branch covers at least onefourth of the area of the State and of the various Societies comprising this District approximately fifty per cent have their meetings on the same date Six of the ten County Societies hold two meetings a year St Lawrence County has six meetings, Fulton County ten, Schenectady County nine and Montgomery County has four average attendance at the County Society meeting has been uniformly good taking into consideration the distance that many of the members have to travel in order to attend the meeting The programs at all of the various County Society Meetings have been uniformly of an excellent character

The Fourth District Branch now has five hundred and thirteen members in good standing During the past year twenty-two new members have joined the various County Societies teen have either died or removed from this District. We find that there are sixty-one physicians at the present time who are known not to be affiliated with any County Societies in the Dis-Montgomery and Washington Counties are the only Counties in the District in which there are no physicians who are not at present active members of either Society In St Lawrence and Saratoga Counties the exact number who are not members is not known. In Schenectady County there are twenty-three Fssex County fourteen and Clinton County sixteen who are not at the present time associated with any County Society

An effort was made to ascertain what had been accomplished by the various Committees in each County Society Montgomery County reported much success I rulton County's Legislative Committee has done excellent work. Schenectady County reported nothing outstanding.

ington County reports that all Committees have been active Warren County reports the usual routine business St Lawrence, Essex, Saratoga, Franklin and Clinton Counties report nothing In practically all Counties anti-toxin has been uniformly administered in association with the Health Department

In five Counties no post-graduate lectures of any form have been delivered during the past year Clinton County had a course of lectures on cardio-nephritis Montgomery County had eight lectures on obstetrics Fulton County had a course of lectures on pediatrics St Lawrence had six miscellaneous lectures Saratoga County

had lectures on diseases of the lungs

The Annual Meeting was held at the Ellis Hospital in Schenectady on the afternoon of October 11th and the forenoon of October 12th The afternoon session was devoted to clinical demonstrations by members of the Schenectady County Society The morning session consisted of scientific papers on different topics. There were present taking part in the clinical demonstration Dr. P. D. Wilson of Boston and Dr. A. Goldbloom of Montreal. Dr. I. S. Wile of New York participated in the scientific program in the morning session. The Schenectady County Society tendered a banquet in the evening at the Golf Club.

Addresses in the evening were given by Dr James E Sadher, President, and Dr Daniel S Dougherty, Secretary of the State Society Following the addresses a remarkable demonstration of Making Sound Visible and Light Audible was given by Mr Taylor of the General Electric Company. The attendance at the Annual Meeting consisted of one hundred and twenty members of the District Branch and ten visiting physicians from outside the District. This attendance as far as can be ascertained, was the largest in the history of this District Branch. Greater interest was manifested in the clinical demonstration than in the scientific program and evidently had much to do with the unusually large attendance.

Respectfully submitted,

April 15, 1928 Lyman G Barton,
President

REPORT OF THE FIFTH DISTRICT BRANCH

To the House of Delegates—Gentlemen

As President of the Fifth District Branch of the Medical Society of the State of New York,

I herewith submit my annual report

The Executive Committee of the Fifth District Branch met in Hotel Syracuse on Thursday evening, June 2, 1927 The meeting began with a dinner The following were present Dr Charles Post, President, Dr Page E Thornhill, 1st Vice-President, Dr A. B Santry, 2nd Vice-President, Dr W J McNerney, Secretary, Dr E L Finley, President of Madison County Society, Dr J. D Olin, President of Jefferson County Society; Dr E R Evans, President of Oneida County Society, Dr T P Farmer and Dr J. S. Lawrence

It was decided to hold the next annual meeting in Syracuse on Thursday, October 13th, and the Onondaga County Society will be the host. The character of program was discussed and while only a few names were mentioned as prospective persons to be invited to read papers, a list of subjects that would be most interesting was prepared

There followed considerable discussion of the manner of conducting the courses in post-graduate instruction, in which Dr Farmer took an active part with representatives of the counties where courses have been held. There was also considerable discussion of the function of a Public Relations Committee, and the need for such committee was strongly emphasized by those present who are presidents of county societies.

The program of the annual meeting held in Syracuse October 13, 1927, followed as closely as possible the plan outlined. The meeting was unusually well attended. A complete report of this meeting has already appeared in the Journal

The societies of the Fifth District differ widely in their activities and character of organization

HERKIMER COUNTY

During the year this society has endeavored to establish a County Laboratory but was not successful due to the fact that it did not have the support of all of the profession in the County. Four meetings were held at which papers were read and cases reported by members of the Society In the fall a series of four well attended lectures were given on Cardiology, furnished by the State Society Assistance has been given the State Society in suppressing quacks and illegal practitioners in the County

JEFFERSON COUNTY

This County has carried out an unusually varied and intensive scientific program. Speakers of note have been secured from New York, Syracuse and elsewhere. In addition a post-graduate course was given by the State Society on Gastro-

Intestinal Diseases The address of the retiring President, Dr J D Olin, dealt with Ethics and the need of cooperation of the doctors for the best interests of the patients. At one meeting eleven patients with Interstitial Keratitis and other signs of Congenital Syphilis were shown. A symposium on Congenital Syphilis conducted by local men followed. Additional meetings have been held where the program was in charge of local men. A Public Relations Committee has been appointed and has found much to do

Through joint action of the County Society with a Committee from Mercy Hospital the Board of Supervisors were induced to provide a County Hospital for Contagious Diseases

The Board of Censors has been active in correcting violation of the Medical Practice Act. They have made rigid professional standards a qualification for membership. The society is in a flourishing condition. The meetings during the past year have been the best attended in years.

ONEIDA COUNTY

Early in the year the Oneida County Medical Society cooperated with the County Board of Supervisors in making plans for a County Tuber-These plans are now in the culosis Hospital During the year the process of materializing toxin-antitoxin campaign was pushed strenuously, the result being a tremendous drop in the figures of diphtheria The County Society through its milk campaign has been particularly active in the supervision of milk supply and distribution throughout the county Post-graduate courses and studies in Obstetrics and in Pediatrics extending over thirteen lectures were received with enthusiasm and attended by an average of fifty Programs for the meetings have been largely outside speakers and the attendance at the meetings approximately 50 per cent of the membership

Onondaga County

This County has four meetings annually, two of which are held at country clubs where golf is enjoyed. The attendance as formerly has been good. The meetings are addressed by some speaker of prominence outside the County. A post-graduate course is planned for next fall of sufficient character and scope to attract men from surrounding counties. Public Health matters are being given careful consideration. The Legislative Committee is alert and has done valuable work. The Milk Committee fulfills a very important function in checking up on the milk supply of the County.

The President senses the importance of Council meetings and has been present at all meetings

of the Council during the past year

Respectfully submitted,

April 15, 1928

CHARLES POST, President

REPORT OF THE COUNCILLOR OF THE SIXTH DISTRICT BRANCH

To the House of Delegates— Gentlemen

The Annual Meeting of the Sixth District Branch for 1927 may, I think, be justly described as the largest in attendance and the most enthusiastic in interest in its history. The attendance was about 200 and the majority were present at adjournment.

It is said that comparisons are odious Even so I hope I may be pardoned in this case by reason of what I feel to be a justifiable pride in the Sixth District Branch, if I quote the attendance as reported at the Annual Meeting of the following District Branches

Third, which includes Albany and Troy, 84 Fourth, which includes Schenectady and Amsterdam, 130

Fifth, with Syracuse and Utica and excluding students of the Syracuse Medical College, 210

Eighth, with Buffalo and Niagara Falls, 120 For a full report of the program presented at the Annual Meeting of the Sixth District Branch, I refer you to the State Medical Journal of October 15, 1927

Several preliminary notices were sent to nonmembers in the District in the hope of increasing the membership Quite a number of such were recorded in attendance, but I regret to say that very few ultimately became members

All the County Medical Societies in the District have been active in public health work, such as securing representation on County Public Health Committees, in clinics of various kinds, T B and T A work, etc, and nearly all if not quite all, have had one or more post-graduate courses, and other such courses are arranged for the future

It would seem that the rural county societies are alive to, and taking advantage of, the opportunities for post-graduate work and awakening to the necessities of becoming increasingly active in public health work

Respectfully submitted,
Wilber G Fish, President
April 15, 1928

REPORT OF THE COUNCILLOR OF THE SEVENTH DISTRICT BRANCH

To the House of Delegates—Gentlemen

Our annual meeting was held September 29, 1927, at the Geneva Country Club The attendance was the largest in the history of our Branch meetings and the Club House was found to be too small to accommodate comfortably the number in attendance The program was enthusiastically received, special interest centering in our guests' parts in the program The papers of Dr John B Deaver, Dr Foster Kennedy and Dr Ward Crampton were most interesting and instructive

The election of officers was as follows President, Dr Austin G Morris of Rochester, First Vice-President, Dr Ralph M Sheldon, Lyons, Second Vice-President, Dr M Louise Hurrell, Rochester, Secretary, Dr John Lichty, Clifton Springs, Treasurer, Dr Edward Wentworth, Rochester

The component county societies throughout the District are active and flourishing. The meetings are well attended. There is an increased interest in Public Health affairs and the County Societies are gradually assuming leadership in these matters. There has been much interest and participation in the toxinanti-toxin programs. Even in the smaller communities numerous clinics have been held and hundreds of children protected from diphtheria.

Seneca County Society claims to be the first county to examine the children of pre-school age under the Shepard-Towner Act, by physicians appointed by the Society from its members

The percentage of active physicians in this District, not members of the County Society, is very small. Approximately only 5 per cent are non-members. In Yates County only 2 per cent are not members. In Seneca County there are only two active physicians practicing outside of institutions, who are not members.

On the whole the status of the County Societies is most wholesome and satisfactory

Respectfully submitted,

C. C. LYTLE, President.

April 15, 1928

REPORT OF THE COUNCILLOR OF THE EIGHTH DISTRICT BRANCH

To the House of Delegates— Gentlemen

The Annual Meeting was held at Warsaw and proved to be the most successful in several years. There were in attendance, almost three times as many members as we had in Buffalo at the preceding Annual Meeting. This was due to three factors, namely, an excellent program, ideal weather and the fact that the meeting was held in a picturesque country town. The attendance when our meetings have been held in rural communities has always been better than when a large city such as Buffalo has been chosen as the meeting place.

Aside from the Annual Meeting, the activities of the society have been practically nil. The only useful function of a district branch society is that of coordinating and stimulating activities of the component county societies. This can be done efficiently only through meetings of the Executive Committee composed of the officers of the County Societies. Such meetings were held in 1926 and found to be extremely helpful. In 1927 they were discontinued and as a result there was no coordination and no activity shared by all of the component county societies. It is possible that meetings of the Executive Committee might have

resulted, for example, in uniformity of action in

regard to legislation. The Chautauqua County Society endorsed the amendment properly known as the Birth Control Act. This amendment merely stated that reputable physicians were not guilty of immoral conduct when they gave proper advice to their patients concerning contraception. The Eric County Society on the other hand, opposed this amendment thereby indicating that it preferred to have its members remain legally immoral.

The Cattaraugus County Medical Society has been actively opposing the work of the Milbank Fund and the attitude of the society has been endorsed by the Genesee County and Erie County Societies This unfortunate situation might well have been studied by the District Branch Society through its Executive Committee had this body been functioning Each year it becomes more evident that funds should be made available for at least two meetings of the Executive Commit-Unless this is done, the branch society is little better than a skeleton organization, which comes to life once a year at its Annual Meeting It is a debatable question whether this one meeting a year is sufficient justification for the existence of the Society

GEORGE W COTTIS

April 15, 1928

REPORT OF THE COUNSEL

The Annual Report of the Counsel was printed in the Journal of April first, page 391

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EDITORIAL



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For list of officers of County Medical Societies, see issue April 15, advertising page xxix

THE ANNUAL REPORTS

The activities of the Medical Society of the State of New York have become so extensive that the annual reports of the officers and committees are of unusual length, but their value is equally comprehensive

To serve the society as an officer or committeeman is much more than an honor-it requires much time and hard work This fact will be evident to anyone who reads the reports, which fill the first 48 pages of this issue of the JOURNAL.

THE MEDICAL POINT OF VIEW

Medical service to the people involves two branches of practice

- 1 Scientific Medicine, by physicians
- 2 Administrative activities, largely by a non-medical personnel

The practice of medicine in hospitals requires not only purely medical services, but also administrative work, such as that in the departments of purchasing, the kitchen, the laundry, and nursing. The peculiarity of the administrative service is that it is strictly subordinate to the needs of medical service.

The practice of public health also involves the two forms of medical practice

- I That of scientific medicine, which is the field of physicians only
- 2 That of administration, which is largely in the hands of laymen, especially voluntary health organizations

The relation of the physicians to the lay organizations is in a state of evolution. The activities of the two groups often overlap, and their boundaries are not yet clearly defined and accepted. The practice of public health has heretofore been dominated by the administrative or non-medical group, whose members, seeing the progress in medical science, have worked with two objects in view.

- 1 Creation of a demand for preventive medi-
- 2 Provision for the supply of that medical service

The zeal of lay administrators has sometimes outrun the serious judgment of practicing physicians. The administrators have assumed that medical practitioners could supply the demand if they would. The optimism of the laymen has led, for example, to premature predictions, such as "No uncared for tuberculosis in 1925," and "No tuberculosis in 1930."

The medical point, of view differs in some respects from that of the lay health workers, particularly in regard to extreme optimism regarding immediate results from public health Physicians who deal with all classes of people acquire a tolerant attitude toward their whims and fancies, and they expect people to follow their emotions quite as much as their Physicians have seen many new schemes of public health rise and fall, and they are not likely to be enthusiastic over any They know that the people will follow a line of reasoning so long as it is logical, regardless of the scientific foundation on which They know that the people will follow the cultists and quacks quite as readily as their scientific leaders There is a comforting psychology in a positive promise, which physicians are often too conscientious to give The

point of view of the physician is first of all to speak the truth

The employees of lay organizations engaged in the practice of public health, frequently make a distinction between the practice of hygiene and the practice of medicine, claiming that giving hygienic advice does not constitute the practice of medicine. The medical point of view is that giving hygienic advice is a form of the practice of medicine, for it involves both diagnosis and treatment

Physicians believe that the practice of preventive medicine is simply an extension of the practice of clinical or curative medicine along two lines

- 1 Early diagnosis or pushing back the time of the recognition of disease to its early stage, or even the stage of impending threat
- 2 More efficient therapeutics in order to avert impending sickness

The practice of preventive medicine consists of the ordinary methods of ordinary practice applied to sickness in its early stages. No new system or personnel can be introduced without friction and duplication of effort. The physicians of a community are able and willing to supply all the medical service that the people need. They hold the view that hygienic advice shades insensibly into the more evident practice of medicine or even surgery. There can be no distinction between the practice of hygienic medicine and that of curative treatments.

Physicians hold the point of view that medicine is a personal matter, while lay administrators emphasize the statistical side of medical practice The administrators look upon cases of sickness as a group in which a certain pro-Their reports portion of cures are effected show a high proportion of cures, but the physicians know that a large proportion of cases requiring public health treatments do not re-In fact, the proportion of efficient results in preventive medicine are about the same The most optias those in curative practice mistic advocate of public health will be compelled to admit that at least 20 percent of their cases are incurable from a scientific point of view, and that at least another 20 percent will fail to follow treatment, either wilfully or from inability to carry it out. This leaves 60 percent of the cases in which efficient results The administrators give may be expected wide publicity to the 60 percent of cures, while the physicians are compelled to give serious consideration to the 40 percent of failures which remain on their hands, after having chased the golden pot of health at the end of the rainbow of rosy promises

The medical administrators depend on publicity and education for their support physicians have avoided undue publicity in the past, they now hold the point of view that publicity and education of the public is a necessary part of practice of medicine However, physicians deprecate propaganda as distinguished from education They are opposed to indiscriminate promises of cure, such, for example, as that all tuberculosis is curable, and that all forms of rheumatism are preventable result of such propaganda is that a patient who does not receive immediate relief is likely to think that his doctor is inefficient and to look for one who will give a more favorable prognosis Physicians wish to tell not merely the truth, but all the truth

Physicians have an attitude of open-mindedness. They are willing to discuss all problems which are connected with the practice of medicine. They are ready to "Put their feet under the table and to reach agreements." They are

willing to change their opinions in preventive medicine and public health, just as they are in the practice of curative medicine. They subscribe heartily to the definition given by Dr. Samuel Lambert that "Diagnosis is a working hypothesis for the application of therapeutics, subject to change without notice on the discovery of further evidence"

The open-mindedness of physicians is demonstrated by their willingness to consider the point of view of the lay administrators in friendly conference They are willing to support the lay administrators in their efforts to provide the means by which physicians may bring benefits of public health and preventive medicine to all people However, they reserve the right to judge whether or not the methods of the administrators are suitable for the promotion of these objects Physicians hold the point of view that the field of medical administration, as that of hospital administration, is subordinate to that of medical practice by physicians

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

The Practice of Civic Medicine Times change but human nature is always the same. Physicians a generation ago had the consciousness of the civic duties which belong to the members of their profession. The following editorial from this Journal for May, 1903, applies equally well to the physician today.

"We believe that nearly all, if not quite all, of the members of the medical profession in this State are anyious to do whatever lies within their power to relieve the sufferings of humanity, to preserve the health of our citizens and to advance their welfare and happiness

"The American who bewails the corrupt condition of our politics and yet fails to do his duty at the primaries, fails to shoulder his own share of responsibility for the condition of our politics, is certainly of small value to his country. His patriotism is at a low ebb

"The doctor who desires to see the best possible laws passed and enforced for the preservation of health, who desires to have upon our

health boards none but capable men, who desires to have better protection offered to the laity against fraudulent and irresponsible practicers and quacks, who desires to see his coworkers in this profession protected from those who would take tdvantage of their kindness of heart and sympathy, and seek through the courts to rob them of their characters and their money, and who desires to do his share in elevating the profession, and making its members more noble and better fitted for the work God has given them to do-that doctor will identify himself with the County, State and National organizations in all their proceedings, he will be proud and happy to do his share by filling the place in the membership roll to which he is entitled, by taking an active part when called upon so to do and by being ever ready to offer encouragement to those who are working for the organization-working for hım"



MEDICAL PROGRESS



Observations on the Significance of Low Arterial Pressures -On the basis of many cases, frequently observed, and often watched over a period of many years, in health and dishealth, A. Graham Stewart concludes that a persistent low blood pressure, provided it is not part of a grave syndrome-Addisonian, for exampledoes not itself tend to shorten life, and is not a Patients with persistent low blood dread state pressure are not bad operative risks, on the contrary, they appear to tolerate operations particularly well, and the operation does not tend to lower blood pressure still further Persons with low blood pressure are not generally the subjects of gross arterial degeneration On the other hand, marked arteriosclerosis may be accompanied by a very low pressure, thrombosis is then the danger The one symptom complained of by all persons with very low blood pressure is easy fatigue, yet many of them are capable of considerable physical exertion The vast majority of these patients have been toxemic, the source of the toxemia being intestinal The state often indicates a lowered general tone, due not to the low blood pressure but to the toxemia A persistent, inveterate, and progressive lowering of the blood pressure in tuberculosis, lobar pneumonia, cachectic states as in cancer, in the idiopathic anemias, and in chronic nephritis is a grave sign, and is almost invariably a herald of impending dissolution In young people very low pressure may be indicative of a pretuberculous state, and may be a useful diagnostic point In the normal or hypertonic patient in whom, after operation, the drop is gross and persistent, death will probably en-Treatment should be sue, due to motor paresis directed against the toxemia producing the low The most efficient drugs are generous doses of liquid paraffin, along with tincture of belladonna, 8 minims twice a day The correct diet should consist of dairy products, fresh fruit, vegetables and salads, with little meat the toxemia has been cleared up (usually in about three months) pituitrin is useful, but strychnine is generally the most satisfactory drug in this condition -Practitioner, February, 1928, cxx, 2

Alternation of the Pulse—Dr V Chini of the University of Padua seeks to show that electrocardiographic alternation is entirely dissociated from mechanical alternation. It has long been known that one type of arrhythmia, the pulsus alternans, receives no confirmation from electrocardiography which is dumb in this condition. In such cases the alternation is therefore termed mechanical. The author appends a series of cases in which the electrocardiographic finds were positive, although

the clinical evidences were not corroborative. Autopsies were obtained in all cases In one case the electrocardiogram showed alternation although there was no alternation of the pulse The patient died in a paroxysm of angina pectoris and autopsy showed aortitis and sclerous There was a remarkable degree mvocarditis of atresia of the coronaries In interpreting the electrocardiogram the author neglects to state his diagnosis, and this seems to have been the case in all of the histories, but as the article appeared in the Archives des maladies du coeur (February, 1928), a periodical for cardiac specialists, it is probable that the electrocardiograms are self-explanatory to technicians

Treatment of Fibroids -In discussing the indications for the various types of treatment of fibroids (Canadian Medical Association Journal, March, 1928, xvin, 3), B F Mobray states that symptomless fibroids do not require radical measures, except in the nervous patient who is made unhappy by the knowledge that she has a fibroid Neither irradiation nor surgery is devoid of danger As a rule no patient under 40 years of age should be subjected to irradiation, unless grave complications render In patients over 40 years of surgery unsafe age, whose nervous systems are stable, in cases in which hemorrhage is a prominent feature and in which tumors range in size from a small myomatous nodule to that of a three months pregnant uterus, provided the tumor is not pedunculated or degenerated, or rapidly growing, irradiation is indicated As to whether the a-rays or radium shall be employed depends on The use of the x-rays causes circumstances the patient less inconvenience and the cessation of bleeding is more prompt in properly selected cases, but there is danger that other organs may be influenced by the r-rays Radium in a capsule so heavily screened as to eliminate practically all of the gamma rays, and placed well up into the fundus of the uterus, where it is left long enough to deliver 600 to 900 milligram hours, is nearest the ideal The indications for surgery are, treatment broadly speaking, all patients under 40 years of age, those over 40 unsuited to irradiation, all submucous or pedunculated tumors, all cases in which there is adnexal disease, an inflammatory process, or any pathological uterine lesion other than fibroids, all tumors causing pain or pressure, all multinodular tumors filling the pelvis or lower abdomen, and all cases in which there is a reasonable doubt as to the nature of the tumor Myomectomy has a greater field

of usefulness than is usually credited to it, and should be considered in all patients under 40 years of age and certainly in all under 30 years. It is not advisable in the presence of severe anemia, in women past the menopause, nor in the presence of tubal inflammation and multiple fibroids. Hysterectomy (always total) is the operation of choice in patients over 40 years of age, with rapidly growing or degenerated fibroids, with a fetid uterine discharge, with signs of malignancy, or with concomitant uterine or adnexal disease. The ovaries should be conserved in every patient who has not reached the menopause

New Results of Research Into Urticaria and Its Treatment - Professor H T Schreus says that the relationship between the wheals of urticaria and the general condition associated with them is obscure. Often acidosis suffices as a rationale and in such cases alkalies and vegetarian diet are valuable. The author therefore has studied the disease from the angle of the acid-base equilibrium, although hitherto this line of research has thrown but little light on the nature of the dermatoses For some time the author has studies all his urticaria patients as to their alkaline reserves, and not only these but all related conditions as pruritus, Quincke edema, serum rash, eczema, and dermatitides of a pruriginous character The range between high and low values was at a maximum in pruritus and a minimum in the Quincke edema In only a part of the cases did urticaria per se show a dependence on the alkalı reserve The author sought to invoke the action of an artificial acidosis provoked by injection of certain acid-forming substances This was tested especially in cases which had benefited by alkaline treatment By this means he brought about a relapse of the urticaria The principal substance employed for this purpose was ammonium chloride. The latter was also tried out in cases in which the alkali reserve was unaffected although alkaline treatment was beneficial In this case which was of the giant urticaria type, the acid-forming substance induced an outbreak which was relieved once more by sodium bicarbonate. There are clearly two types of urticaria, in one of which alkalies are strictly indicated while acidformers of all kinds are out of place. In the other type sodium bicarbonate may be tested, but the probability is that calcium, strontium, and other proved remedies for urticaria will give the best results - Münchener medizinische Wochenschrift, February 24, 1928

Tetanus and Congelation —Dr Ceppi of Porrentruy, Switzerland, writes at some length on the relations between cold and tetanus. In all degrees of cold, comprising damp cold air, draughts, chilling, frost-bites, etc, the resis-

tance to the tetanus germ is believed to be lowered Old military surgeons laid stress on cold and in the late war tetanus often complicated trench foot The author has been a partisan of the prophylactic use of serum since 1896 and has seen but one case developed after For some reason the profesthe injections sion has never practised these injections after burns and freezes The author relates an unusual case in which, on account of the sudden supervention of malignant tetanus, an injection would probably have been of no avail patient was a chronic alcoholic, 71 years old Going from saloon to saloon on a winter day he had fallen in the snow and frozen his hands As he said nothing to any one, there was no knowledge as to how he had got out of his He had some sort of first aid predicament dressing on, and when the author was summoned, about three days after the exposure, he substituted for this a proper antiseptic Next day the patient was sent to dressing the hospital On the seventh day tetanus appeared and proved fatal on the very next day The rationale of this case is obscure for snow is clean in comparison with street dust and The case had of course no connection whatever with tetanus from exposure, the socalled rheumatic tetanus with no history of a wound often undergoing a slow recovery is curious that the ancients who had a very limited knowledge of tetanus gave weight to two factors involved in this case, namely exposure and alcoholic indulgence -Schweizerische medizimsche Wochenschrift, February 11, 1928

Progress in Our Knowledge of Rachitis -Karl Klinke of the Breslau Child Clinic sums up the recent advances in our knowledge of rickets as an avitaminosis—the action of ultraviolet light in giving vitamin effect to lipoid dietetic substances, the direct antirachitic effect of the rays on the skin, the discovery of ergosterin and the therapeutic use of the same, and the large amount of work which is being done on phosphate metabolism and calcifica-It has been shown that the first step in the latter is the deposit of calcium ions in the cartilage, this being followed by the combination with phosphoric or carbonic acid, and finally the chemical union of calcium with albu-Rickets is concerned with the first step only and there is an inhibition of lime formation while the blood contains too little phosphate, indicating diminished absorption existence of a special enzyme termed phosphatase has been shown Lime salts are not very soluble at best but in hypophosphatemia the phosphatase is not reduced in amount and apparently its fluctuations are not a factor in the disease causation Acidosis when present does not appear to be a prime factor more these components are studied the more

they appear as results and not as causal factors. At present we can only state that in its intimate nature rickets is dependent on the body cells and is due to some pathological alteration of the cell albumin. This it is which in all probability is acted upon favorably by the vitamin treatment. It has been shown often enough that rickets is a disease of the entire organism and that we must not visualize it as a mere bone disease, but most of the research of the past years has been directed toward the osseous system at the expense of the body at large — Klimische Wochenschrift, February 26, 1928

A Cardiac Hormone—It was once expected that a hormone might be extracted from the animal heart which could be utilized in prac-Such a principle should act upon the automatic activity of the cardiac muscle or In a brief note by R Rigler and F Tiemann attention is called to the fact that a supposed cardiac hormone discovered Haberlandt is not specific for the heart muscle, but is present in a number of organ extracts One of the authors (Rigler) has written several papers during the past year which show there are no grounds for the existence of a specific hormone for the heart Subsequent investigation has revealed that a substance may be extracted from the sinus tissue of the heart which can stimulate to contraction the uterus of the virginal guinea pig although it exerts no such action on rat uterus A number of other manifestations of the action of this extract are appended in each of which the action of the extract is identical with that of histamine Both the latter and the sinus extract appear to have their action strengthened by irradiation. In short, it seems certain that the cardiac hormone is none other than histamine -Klimsche Wochenschrift, March 18, 1928

Torsion of the Great Omentum A Note on Two Cases — These two cases occurred in rapid succession in the practice of Charles MacAuley In the first the diagnosis of acute appendicitis was made with confidence second case was thought to be one of appendicular abscess on account of a tender mass, although a little reflection might have suggested that the development of such a large mass was rather rapid for a case of appendi-In both cases the right portion of the omentum was involved In both cases the affected portion of the omentum was adherent to the anterior abdominal wall, which explains the parietal edema noted in both The presence of early edema, especially when followed by the exit of blood-stained peritoneal exudate, should render one alive to the posssibility of omental torsion in urgent abdominal opera-It is conceivable that the condition

might be overlooked when the abdomen is opened by a gridiron incision, especially if, as on one of the author's cases, the affected portion of the omentum was quite small and operation was carried out early in the attack—British Journal of Surgery, January, 1928, xv, 59

Severe Intestinal Reactions in Graves' Disease - Carlos B Udaondo, a gastrologist of Buenos Aires, mentions the case of a woman of 36 who sought treatment for a profuse sustained diarrhea Aside from her 5 or 6 daily fluid movements without pain, mucus, blood, etc, and a general nervous, excitable state which was getting more pronounced, there were no complaints, and the objective examination was largely negative although there was a pulse of 110 with other rather slight suggestions of hyperthyroidism The diagnosis was only that of suspected Graves' disease The patient was placed on the Moebius antithyroid serum with treatment directed toward the intestinal tract and she did well until an automobile accident caused a relapse This crisis passed off gradually, apparently not much hastened by treatment, but others followed from time to time and in the last one the diarrhea assumed a choleriform type with as high as 30 stools in 24 hours and a pulse of 130 The only treatment mentioned is opiates for the diarrhea, adrenaline and injections of glucose during the critical periods, with tonics in the intervals The outcome of the case is unknown, as the patient very imprudently went on a voyage to Europe Such cases are by no means rare and according to the experience of some clinicians diarrhea is present in about 30 per cent of these patients This may supervene early or late and may, as in the present case, be the chief and even the sole symptom The mechanism is unknown and may differ with the case In the above example the author associated it with absence of acid in the gastric juice, but this will not explain other cases In theory the action of the thyroid hormone on the vagus should explain the phenomenon-Journal de medecine de Lyon, February 5, 1928

Kohler's Disease—Leonard W Ely reports six cases of Kohler's disease, those of five boys and one girl, ranging in age from four to six and a half years (Archives of Surgery, February, 1928, xvi, 2) In three cases the right foot was affected, in two the left. In one case the symptoms were present on one foot only, but the Roentgen rays showed the appearance of the condition in both feet. In all but one case the roentgenogram was so characteristic that the diagnosis could be made without difficulty. There was correspondence between the clinical picture and the radiographic observations in all but one case. In this case

the clinical picture was that of a mild injury or infection, while the roentgenogram indicated great damage to the bone The finding of marked abnormality by the Roentgen rays in an apparently normal foot shows that the "disease" may exist without causing any symptoms or physical signs, as in the Osgood-Schlatter disease and Legg's disease, which certain writers have considered similar to The roentgenograms often Köhler's disease reveal greater or less abnormality in other bones of the feet In spite of great abnormality in structure, as shown by the roentgenograms, five of the patients recovered promptly with little or no treatment, while the remaining patient recovered after wearing a plaster bandage for about six months Radiographic examination after recovery shows that the apparently hopelessly damaged bone slowly develops and becomes normal in structure and shape. Ely concludes that Köhler's disease is a developmental anomaly of the tarsal navicular bone accompanied by symptoms which persist for a longer or shorter time and then disappear Patients should be treated symptomatically

How Tuberculosis Spreads in Virgin Communities -R. Arima and I Ishihara of Osaka have had the opportunity of following up the extension of tuberculosis in certain regions of Japan which had previously been immune to the disease Its behavior is strikingly like that of the acute infectious diseases in that it pursues an acute and foudroyant course Merely allergic manifestations such as pleurisy and cutaneous scrofulosis are hardly ever seen and this is also true of surgical tuberculosis and pulmonary hemorrhage In one village there was an epidemic outbreak of 26 cases, the ages of the patients varying from 3 months to 61 years although the majority were adolescents The duration of the disease varied from one month to more than two years True miliary tuberculosis is mentioned in but one case. In the great majority of cases there was localiza-tion in the lungs, but other regions often attacked were the peritoneum, intestines, and lymphnodes Tuberculous meningitis is mentioned but once None of the victims survived The blame for introduction of the plague was placed on an occasional wanderer who sought shelter from the inclemency of the winter weather, but that does not seem probable. since there must have been in such case a long period of latency-something like thirty years -before the outbreak of the epidemic The 26 victims came from a few families only and all

other families of the village have thus far remained uninfected Infection is assumed to have been from man to man by droplet transmission or indirectly from dried and dustborne Food transmission can be definitely excluded Judging by these Japanese epidemics much of our knowledge of tuberculosis will have to be revised, or rather tuberculosis in a virgin community will have to be recognized as something quite distinct from the same affection in a community which has for centuries been ravaged by the disease the latter we find many types of tuberculosis which owe their characters to partial acquired ımmunity-Deutsche medizinische Wochenschrift, January 27, 1928

Rationale of the Liver Diet in Pernicious Anemia, - Dr Paul Jungmann of Berlin beheves that the benefit derived from the Minot-Murphy diet in this disease is not casual but symptomatic in nature Further the action of liver in these cases is not specific, for the beneficial substance also occurs in kidney and in ordinary muscle His own experience with 15 cases was uniformly favorable, for after all of the customary procedures had failed to give relief, this was afforded by the liver diet in a few weeks, while discontinuance of the diet was in some of the patients followed by a return of the anemia Because the liver substance does not act in any way by removing the cause, our understanding of permicious anemia, so far from being simplified, is rendered much more complex and a number of new problems come up for solution ory that the disease originates in the intestine will probably receive a setback unless it can be shown that the remedy acts primarily on the intestine, for it has been noted that the state of the latter improves simultaneously with the anemia But the author inclines to the view that the theory of the enterogenic origin of the anemia is strengthened rather than weakened by this discovery. In regard to the action on the anemia the author believes that there is no new manufacture of red cells but rather a cessation in the destruction of the same. The blood in fact is not directly influenced by the diet which acts primarily on the reticulo-en-dothelial system, the metabolism of which is favorably modified Eventually a polycythemia develops The cured patient suggests one who has recovered from a severe toxicosis The research of the author was devoted very largely to blood study while the socalled digestive aciduria also received attention -Klinische Wochenschrift, March 4, 1928



LEGAL



By LLOYD PAUL STRYKER, Esq Counsel, Medical Society of the State of New York

COLLES' FRACTURE WITH SOME RESULTANT DEFORMITY

Here it was charged that on February 18th, the plaintiff's left arm was broken by reason of a fall, that after the injury, she went to the dispensary of the hospital, and was there referred to the defendant physician connected with said dispensary, that this physician undertook to attend and treat her, but that he did not use proper care and skill, and that by reason of his negligence and carelessness, the plaintiff's arm was improperly set and ineffective for use, and that the arm had to be rebroken and reset three times, that the defendant physician represented himself to be a capable and skillful physician, but negligently failed to reduce the fracture that the plaintiff had sustained, and was negligent in his treatment, so that the arm became diseased and suffened, and drawn out of shape, injured, crippled and scarred, that by reason of the defendant's acts, it became necessary for the plaintiff to obtain treatment from other physicians, to have X-rays taken, and to have the arm massaged, and that she was put to great expense for doctors' bills, nursing, massage and household help By this action, the plaintiff sought to be compensated for these injuries

On February 18th, at the clinic of the hospital where the defendant physician was in attendance, he examined the plaintiff's arm and found that she had a Colles' fracture, both bones being fractured at the wrist After having X-rays taken, a gas anaesthesia was administered, and the fracture was then reduced, and the arm put X-rays were also taken up in a plaster cast after the reduction of the fracture, which showed a little tilting of the radius The plaintiff was an ambulatory patient, and returned three times a week for examination and treatment for about On each of her visits, the defendthree weeks ant removed the moulded splints, examined the arm, and reapplied the cast During these three weeks, nothing was done to correct the slight deformity, as in the opinion of the defendant noth-

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At the end of the three weeks period, the splints were removed, and the patient was advised to have baking and massage. At this time, it was found that she had a good union, but some stiffness of the wrist, and was in need of massage. The plaintiff was referred to the baking

and massage clinic at the hospital

The technician in charge of the clinic subsequently reported to the defendant physician that the plaintiff had only called on him four times,

and had then disappeared, and never returned to the baking clinic for any further baking or massage

Some months later, the patient came under the care of another surgeon This surgeon stated that upon examining the plaintiff, he found she had a Colles' fracture which resulted in a malformation of the wrist, that he put her in the hospital, and by manipulation of the hand and wrist, tried to break up the malformation, but was unable to do so as he could not get sufficient pressure upon the wrist Thereafter, this surgeon performed an open operation, and put the arm in a splint, and afterwards in a case While in the hospital at this time, she was seen daily by the surgeon for about three weeks She then visited the surgeon at his office, and under his treatment, finally became well enough to return to her work as a linotypist. When last seen by this surgeon, the plaintiff had fairly good use of her fingers, but not as good as prior to the accident

A physical examination was made of the plaintiff about two years after the original injury. At that time, she claimed that when working she suffered severe pain, and could not work freely, that she could only do part work, and had to lay off for days at a time. She further claimed that when the defendant physician set her arm, it pained severely, and that he refused to adjust it even when X-rays showed the displacement, that she finally went to two other physicians, who operated twice before union was secured, and that since the second operation, she had had great pain, and her nerves were wrecked

The physical examination of the plaintiff's arm at this time showed all motions of the left wrist were limited ten per cent Her hand and arm were wasted from partial disuse Scar of operation on the lower third of left arm over radius-Colles' fracradius was short about one inch ture of the tip of the ulna The arm was well united, but had limited motion and some de-The examining physician further found that the plaintiff was very hysterical and neurotic and emotional, that she had a wrist with a general limitation of motion, and some shortening, that her hysterical state caused her to greatly exaggerate and increase her disability and greatly prolong it

The plaintiff failing to press the case for trial, a dismissal was had of the complaint.



NEWS NOTES



COMMITTEE ON LEGISLATION

The thirty-day period allowed the Governor for approving or vetoing bills that were presed in the last days of the legislature has not expired, but he has acted upon all of them, and following is a statement of the ones that were vetoed by him and the chapter numbers of those that were signed. Those of you who live in rural districts will be particularly interested in knowing that the Gedney bill, Assembly Int. No. 102 (Senate Int. No. 215), has received the Governor's signature.

BILL VETOED

Assembly Int No 639—Dickey, Senate Int. No 706—Lipowicz, the barber bill

1928 ADDITIONS TO THE LAW

Assembly Int No 102—Gedney, Senate Int No 245—Walsh, making reasonable fees of physician for examining persons charged with intoxication in operating motor vehicle or otherwise at time of commission of crime, a town charge—Chapter No 798

Assembly Int No 208—Whitcomb, requiring fire alarm system in asylums, hospitals, orphanages and schools—Chapter No 838

Assembly Int. No 334—Lattin, Senate Int No 221—Webb, appointment of dairy and sanitary inspectors—Chapter No 432

Assembly Int No 784—Shonk, Senate Int No 436—Westall, increasing penalty for unlawful practice of pharmacology—Chapter No 719

Assembly Int No 952—Cooke, Senate Int No 1187—Freiberg, prohibiting sale of eyeglasses by peddlers—Chapter No 379

Assembly Int No 1011—Lattin, Senate Int No 749—Webb, qualified examiners and psychologists—Chapter No 238

Assembly Int. No. 1282—Rice, Senate Int. No. 947—Dick, relative to supervision of professions by providing in case of illegal registration or license or in case of escusable error, sitisfactory proof may be submitted to Regents that all requirements prescribed by law were possessed at time of registration or license, and authorizing issue thereof. Chapter No. 537

Assembly Int No 1462—Cooke Schate Int No 1056—Truman, Workmen's Compensation Law, relative to occupational diseases—Chapter No 754

Assembly Int No 1707—R B Smith, Senate Int No 1313—Fearon, Workinen's Compensation Law, making it a misdemeanor for a physician or surgeon employed by state department to solicit or treat any claimant or operate any clime or recommend that claimant be treated by any physician—Chapter No 752

Senate Int No 1267—Kirkland, relative to care and treatment of physically handicapped children—Chapter No 835

* * *

Without exception, we can say this year that the legislators have been our friends and we hope that you and the members of your County Society will let your Senators and Assemblymen know that you are appreciative of their interest and support. A large number of them will seek re-election this fall and if you can aid them any, they, in turn, will be grateful and will be ready to take even a livelier interest in our cause next winter.

HEARY L W SHAW GAPRETT W TIMMERS HARRY ARANOW

Committee on Legislation, Medical Society of the State of New York

SCHOOL PHYSICIANS TO MEET

The school physicians of the State will this year join with the State Medical Society in holding their annual meeting in Albany

Their first session will be in Chancellors' Hall, State Education Building, at 2 30 on Monday afternoon, May 21, 1928

At six thirty an informal dinner, followed by an evening session will be held at the

DeWitt Clinton Hotel No formal papers will be presented, but many matters of practical value will be discussed

Those expecting to attend should advise Dr William A Howe, State Department of Education, Albany, N Y, well in advance of the dinner



LEGAL



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MEDICAL WARES



SURGICAL INSTRUMENTS

The surgical instruments dug up from the ruins of Pompen would enable practitioners to do modern surgery, for the knives, scissors, forceps, tractors, and dilators of the first century of the Christian era were almost like those used to-day, aside from the instruments used by specialists. The principal advance in surgical instrument making has been in the use of better grades of steel and refinements of design of the instruments.

There is only a limited field for the sale of surgical instruments for only about 150,000 buyers exist in the United States. The American people with their genius for organization have not entered the field of quantitative production of surgical instruments, for American production to be profitable must be by the millions instead of by the thousands, as in the instrument field. The Germans lead in the quantity production of the ordinary types of surgical instruments, except that the Englishmen excel in the manufacture of surgical needles.

Instruments are stamped with the name of the manufacturer—Imported instruments that bear the name of an American firm must also bear the name of the country in which they are manufactured—This rule is in conformity with a general law that all foreign goods must bear the stamp of the name of the country in which they are manufactured

Americans have manufactured instruments for over a century. George Tiemann and Co is the oldest firm having a continuous existence since it was founded in 1826 at 25 Chatham Street, then on the outskirts of New York City. The George P. Pilling and Sons Company of Philadelphia is the successor of the surgical instrument factory that was started in 1814. A certain type of mind and a liking for the business seemed to be associated with those engaged in the surgical instrument trade.

While quantitative production of staple instruments by machinery is the rule, yet the thrill of the instrument maker consists in the manufacture of special instruments by hand Every reputable instrument maker is asked to supply instruments to be used for certain definite purposes, such as to extract a pea from a small bronchus Frequently he has to plan and make the instrument especially for the intended purpose

The American plant of an instrument maker resembles an old time blacksmith's shop rather

than an organized factory with its rows of automatic machinery and automaton operators. The instrument maker is an artist and a creator who fashions steel bars with hammer, anvil, and open forge. Give a broken instrument to one of the operatives, who has probably been with the company for half a century, and he will duplicate its parts with exactness even to the hardening and tempering. Only the final polishing and plating of the instrument go to another workman

Instruments are made according to various standards and degrees of perfection. The finest instruments, made of the best steel, and by the most skilled workmen, cost more than those made from inferior steel, or by less skilled operatives. Most high-class instruments are made from high carbon steel of which the English Sheffield is the standard form. The steel comes in the form of rods and bars of various sizes from that of a lead pencil to an inch in diameter.

Stainless steel is used to a rather limited extent in surgical instruments. Its non-corrosive quality is due to a high content of chromium, which also renders the steel tough and hard

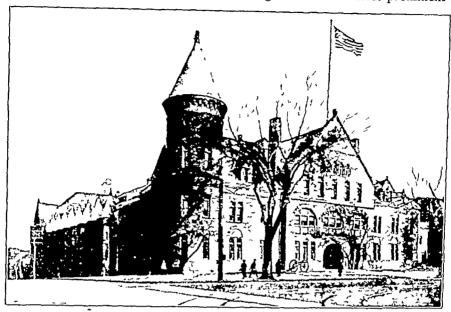
Much of the success of surgical instrument making depends on the process of hardening and tempering the steel The process of hardening consists in heating the forged and partly finished part to about 1400 degrees F and plung-The tempering consists in ing it into cold oil reheating the part to a temperature of 400 or 500 degrees according to the exact tempering required, and allowing it to cool slowly The gradual heating and cooling removes the strains and stresses of the metal and makes it tough in-The workman judges the stead of brittle exact temperature by the color which the object takes at varying temperatures. If a number of similar objects are to be tempered, they may be heated together in an oven whose temperature may be exactly regulated

The manufacturer completes the instrument by the processes of nickel plating and polishing. The smooth and shiny finish is necessary for the maintenance of asepsis, for surgical instruments are subjected to great abuse of boiling temperatures, chemicals, and rust. The care which an instrument receives will determine to a great extent its life and usefulness

THE ANNUAL MEETING

The annual meeting of the Medical Society of the State of New York that will be held May 21-24, in Albany, will be more complete and extensive than any previous one Not only has the

mercial Exhibitors has been in the hands of the Advertising Manager, Mr Joseph B Tufts Fifty exhibitors have taken space, among them being some of the most prominent dealers



10th Infantry Armory, Lark Street and Washington Avenue, Albany, N Y where the annual meeting will be held.

program of the sections and exhibits been planned in great detail under the chairmanship of Dr S J Kopetzky, but the Committee on Arrangements under the chairmanship of Dr J N Vander Veer has provided for the physical needs of the members, the speakers, and exhibitors, down to the last detail The sale of the booths to the Com



The Ten Eyck, corner State and Chapel Streets, where the House of Delegates will meet.

Three new features have been introduced into the programs of the meeting

The scientific exhibit will be on the subject of The Heart, and will be on view during the entire period of the meeting. This exhibit will consist of pathological specimens, charts, and addresses and demonstrations, and since it will be constantly on view the members will have an opportunity to learn about all phases of heart disease

The second innovation will be a general session on the evening of Wednesday, May 23rd, at which different phases of the work of the Medical Society will be presented

The third important feature will be a manufacturer's section, at which a number of exhibitors will be invited to give demonstrations of their wares, and of the events connected with their manufacture and sale. This section will consist largely of stereopticon lectures and moving pictures and should prove of great interest to every visitor. The room in which the section will be held is readily available on the floor of the exhibit hall

The New York Academy of medicine is planning to have an exhibit which will set forth the features of hospitality which the Academy offers to all members of the State of New York

Altogether the 1928 meeting of the Medical Society of the State of New York offers a program which will be more attractive and profitable than ever before

TULIPS AND HUMAN REJUVENATION

The new spapers have been printing accounts of the trial of O W Joslin, former conductor of an electrical health house called the Spectro-Electrical Foundation, for the illegal practice of medicine by the use of a machine called the bio-tactos. The account of the trial given in the Herald Tribune of April 10 reads like the contest between Moses and the magicians at the Court of Pharoah. Whatever Joslin did with the use of bio-tactos, District Attorney Ford did without it. The new spaper said.

"Joslin, who among other features of his treatment, professed to achieve remarkable cures of nearly all human ills through the agency of a radio contrivance called the bio-tactos, attempted to demonstrate its powers in court a

few days ago by rejuvenating a drooping tulip by attaching it to the machine for fifteen minutes and the immersing it in water for half an hour

"Mr Ford, who is prosecuting Joslin, rejuvenated a similarly wilted tulip yesterday by simply placing its stem in a jar of water for twenty minutes without recourse to the biotactos. Joslin admitted on the witness stand that the water achieved the 'miracle,' but insisted that the tulip which had been treated by his wonder box would live longer'

The Herald Tribune of April 11 carried the announcement that the jury found Joslin guilty. The verdict carries a possible penalty of imprisonment from six months to three years, and a \$500 fine.

FOR SAFER CHILDBEARING

An editorial in the Λcw 1 or k Sun of April 18 discusses the action of the Vassar Brothers Hospital, Poughkeepsie, in adopting a unique plan for encouraging prenatal care among prospective mothers. The editorial reads

"To aid in reducing the mortality due to childbearing Vassar Brothers Hospital in Poughkeepsie has adopted a plan which in operation will deserve the most careful study of physicians, health authorities and social workers. The maternal death rate in that city is distressingly high, it is 63 per cent higher than for the State. The infant mortality rate is likewise high, being 46 per cent higher than for the State. These excessive rates may be brought down by proper prenatal care, and to stimulate this the hospital makes this proposal.

"The hospital has set aside a large maternity

ward and has furnished to the 125 members of its staff a copy of 'Standards of Prenatal Care, which is supplied to it by the State Department of Health. To each prospective mother who can present a record of adequate prenatal treatment it offers a flat rate of \$65 for semi-private accommodations, \$35 for ward accommodations, with adjustment according to circumstances for necessitous cases, this charge including all laboratory examinations made by the hospital, use of delivery room, and board and care of mother and baby regardless of the length of their stay in the hospital

"The advantages of this offer for parents are obvious, the benefits it may produce in the community are beyond computation, for the lives, mature and infant, which now are sacrificed in childbearing are of incalculable value"

INTOXICATION BY PERFUME

The legal definition of intoxication is complicated by the question of what the intoxicating agent is The New York *Times* of April 3 comments editorially on intoxication by perfumes and

"A uniform test for intoxication becomes increasingly necessary. The other day there was news of the arrest of two ladies whose closed car was damaged because they were 'intoxicated' Dizziness, faulty vision, and finally the impossibility of keeping her hands on the wheel caused the driver to run her car broadside into a street car. The officer who took charge called a doctor to revive the almost unconscious women. However, a few minutes in the open air restored them, and the physician was called upon for nothing more than an explanation of the curious cir-

circumstances He found it in a large bouquet of spurge-laurel decorating and perfuming the interior of the automobile. The odor of its yellowish flowers is highly narcotic, and the ladies, who had been driving for several hours, were overcome as by the juice of the poppy, or, as the policeman thought, the grape

"Certain perfumes now popular in New York have qualities equally obnoxious to the sensitive nose. Sitting beside an excessively fragrant lady in the theatre does not put one to sleep. It does not even bring on a fit of coughing or sneezing. But it may cause a headache, and when several equally strong odors are fighting for supremacy at a matinee the unscented might well long for a boutonmère of spurge-laurel."



THE DAILY PRESS



FLOP-HOUSES

The New York morning papers of April 4 carried a statement by Dr Louis I Harris, Commissioner of Health of New York City, concerning the sanitation of "Flop houses," or lodging houses, in which the patrons flop down upon the floor and sleep all night there. The Herald

Tribune quotes Dr Harris as saying

"An investigation disclosed the fact that for years homeless men have been exploited in the Bowery without any constructive attempt to come to grips with the problem of providing lodging and shelter that conform to elementary standards of decency, comfort and health, except in the case of a few social agencies. Under the guise of charity men had for years been herded together in some places so bad that some of them have been characterized as reminiscent of the Black Hole of Calcutta. This is what we found

'Flop House No 1—A zigzag shaped cellar with two window openings in the rear, each 32 x 70 with a 16 fan and no other ventilation. There is but one exit from this cellar and in case of fire this would be a death trap. Occupied as a rule by at least 200 men, allowing by actual measurement 127 cubic feet per man, whereas by law the minimum standard for lodging houses—

which is none too high—is 400 cubic feet of air space. Two toilets and one wash basin constitute accommodations for 200 men, in gross violation of the sanitary code. Here the men sleep in their clothes on the bare floor a tangled mass of humanity. When I called those who were accessible by telephone and learned of the difficulties which the homeless men were encountering, I got in touch with the American Red Cross and subsequently with other social agencies through the Welfare Council of New York City. Last Saturday night the American Red Cross delivered 230 beds to three of these flop houses and enabled them to offer human accommodations to the unfortunate down and outers.

"The Welfare Council, which is the clearing house and co-ordinating center for official and unofficial social and health agencies for the City of New York, helped me to effect a prompt communication with the Salvation Army and certain branches of the Y M C A I cannot be too emphatic in expressing my appreciation of the generous, fine and cordial spirit with which the Salvation Army, the Y M C A, the American Red Cross and the Welfare Council have met demands that have been made upon them by me."

HEALTH DEPARTMENT STORES

The proposal of the State Charities Aid Association to establish sixty health centers in New York City has inspired the New York Herald Tribune of April 13 to carry an editorial entitled "Department Stores of Health" The promotors of the health centers plan to bring all forms of public health service of a neighborhood together under one roof, with one management. The editorial says

"The value of this phase of team work has notable recognition in Boston, thanks to the generosity of George Robert White, who made a bequest of \$6,000,000 for the erection of works of public utility which might best serve the people of the city. The trustees of the fund agreed that the purpose of the gift would best be carried out by building a series of district health units. Three of these centers have been constructed. The complete chain will supply every section of Boston with a health department store."

The plan of the department stores of health is based on the statistical method of treating diseases promoted by lay administrators, in

distinction from the personal method, promoted by the medical societies of the counties, states and nation. That phase of the practice of medicine is discussed on page 530 of the editorial department of this Journal. An editorial in the New York Times of February 24 entitled

"Bought Health" concludes

'Health in some measure, at any rate, is purchasable This is demonstrable, and in the experience of the health centres, where the medical profession, the nursing profession and the social worker are brought together in their preventive and curative service, it has been demonstrated to such an extent that their continuance is considered 'inevitable' That twenty-one agencies led by the New York Health Department have been held together under one roof, pooling their experiences, in their service to a district in this state with 100,000 people is in itself significant and promises both bought and unbought health The most serious problem seems to be that of a completely satisfactory working relationship between the medical profession and the social agencies"

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ARTHRITIS DEFORMANS

Arthritis deformans is one of the most pathetic of all diseases, and the physician feels helpless in its presence, yet there is much which he can do to relieve the suffering of the patients and to preserve the usefulness of the limbs whose joints are diseased

This subject is discussed in the February issue of the Kentucky Medical Journal in an article by Dr John D Trawick, of Louisville The article is illustrated with photographs of dislocated wrists, ankylosed knees, and other deformities of which the average physician knows little from personal observation. These patients are often the victims of promises made by cloven-tongued quacks. When one of the quacks visits a city, he draws the helpless cripples from miles around,—but fortunately this does not occur in New York State.

Dr Trawick, speaking of the deformed group without known cause, says

"From this group we find recruited the growing mob of cripples already referred to as a very real medico-social problem

"We find them in every hospital chronic ward, in all orthopedic clinics, in homes for incurables, kept by church societies, supported by weary friends and relatives, eagerly thrust out into any school, or institution that will take them and thus relieve their former caretakers

"What can be done for these? How to give them relief? How to make themselves selfsupporting? How to relieve their joint fixations, and their distorting contractions, so that if possible they may make even part of a living? These are the questions that confront I dare say there is not one of you, but has had some Rotary or Lions or Kiwanis Club urge you to take over the conduct of treatment or supervise the transfer of a chronic arthritic out of their wearying care into some other haven Here the orthopedic surgeon finds For unfortunately to him they his burden come trooping, usually after they have been everywhere else, passed on out of your capable hands into the care of those less worthy to minister-into the grasp of the charlatans and the quacks They found him perhaps with a little money saved out of his labor, with their ghoulish hands, clawing about his stiffening joints urging their treatments through months of futile promises of relief, they have at last squeezed him bone dry His funds exhausted, his home sold, his family impoverished, they have thrust him out and left him there on the

human dump heap a wreck, a distorted human

being, miserable, dependent!

"Surely here is problem enough for every group of specialists to unitedly study. Here is scope for organized effort. The orthopedic surgeon may contribute something to the internist and both find their knowledge increased by the pathologist, all three welcoming the bacteriologist into the conference. Wisdom shall perhaps not die with either of us, not one or the other claim to have all knowledge.

"Pain is an early and constant accompaniment, in fact it is doubtful if some arthritics ever had relief from pain since their disease began, certainly not while the inflammatory process was active within the joint capsule, while cartilage and bone were being involved With some however there came less of pain when gradually erosion of cartilage had occurred and bone had joined to bone, with firm ankylosis and further immobility of the joint Fixation and loss of function were the price to pay for relief from pain

"In others there were through the weary months and years, a continuous contraction of muscle and tendon with no kindly restraining force or counter pull Joint surfaces became ivory like, eburnated, glistening and smooth Dislocation occurred, fingers, hands at wrists, knee joints, subluved, and held in fantastic dis-

tortion-utterly useless

"The orthopedic conscience recoils at this It is entirely repugnant to think of deformity occuring that might, perhaps, have been prevented Even though there may not have been a remedy for the process, a light mechanical support could have no doubt, been used to prevent dislocation Or an elbow or a knee, or a hip joint in which the process of ankylosis and rapid deposit of callous occurred might have been placed in an angle of election, and the ankylosis which seemed inevitable could have occurred with the elbow flexed at a convenient angle rather than in helpless extension, or the knee at a walking angle, or the hip placed so that standing perpetually might not have been necessary, nor sitting, a permanent condemnation

"By position and release of body strain with a gentle but persistent extension of the whole frame we have seen these flexed distorted bodies become more mobile, and respond more readily to the systemic treatment, elimination, tonic and otherwise which had been instituted

(Continued on Juge 544-adv rvin)

(Continued from fage 544-adv xivii)

Of recent years there has been frequent disussion in medical journals and before societies regarding the status of the clinical laboratory, which represents one of the recognized specialhes in the medical profession. It is frequently lamented that laboratory work has so largely fallen into the hands of lay technicians, and has been utilized for commercial exploitation to such an extent in some sections that skilled laboratory workers have even contemplated withdrawal to other forms of professional activities

At the annual meeting of the American Medkal Association at San Francisco, in 1923, representatives of the American Chemical Society and the American Association of Pathologists and Bacteriologists petitioned the national organization to undertake supervision of clinical laboratories and to counteract, if possible, the dust toward lay commercialism as developing The whole question was in laboratory work referred to the Council on Medical Education and Hospitals They proceeded to secure a complete list of laboratories in the country, and prepared a schedule of essentials for an approved clinical laboratory which was adopted by the House of Delegates at its 1926 session A questionnaire was utilized by which the detailed facts regarding each laboratory could be obtained Information concerning each was supplemented through the assistance of committees of laboratory experts appointed in each state At the present time three hundred and fourteen laboratories have reported to the Council, of which one hundred and fifty-one, after careful investigation, have been placed on the approved list. Other applications for approval are constantly being

The purpose of the Council in these investigations is to render every possible assistance to laboratories that they may become eligible to the accepted list Each is informed regardmg its deficiencies, and the spirit of the movement is constructive throughout all its efforts is a result of these labors it is reported already that a number of laboratories formerly run by technicians, and only nominally under medical apervision, have come under the ownership and actual control of clinical pathologists of high standing and ripe experience A group of laboratories under control of technicians has gone out of business, and there is an increased demand for pathologists to man the clinical laboratories of the country the Mayo Foundation has stated that salaries offered their pathologic graduates are double those offered other graduates of the Founda-

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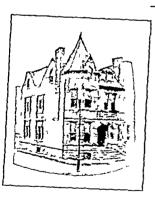
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DIRECTOR

(Continued from page 542)

"Thyroid is undoubtedly indicated in of these cases because of the low basal m

"Physiotherapy has gained a permanent," in the treatment Diathermy, heat by rad therapy lamps, Zoalite, etc., the ultra velight particularly useful in the anemic and vitalized group—all are useful adjuncts, and guided hands are doing all day duty for so of us

"Occupational therapy should be men because of the undoubted good done the chronic invalids by giving them something do It is a long weary day at best, but it hours drag less heavily if the patient be tank to weave or knit or sew or repeat over to over some necessary motion called for in working out the problem or the job given by a germanent place in the equipment of every institution where chronic patients are kept. I know of no more useful field than in the chronic arthritic ward

"Orthopedic surgery has done much to relieve," if not cure, the deformities that have resulted by the distortions of Arthritis The operation devised by Jones for producing a pseudo arth rosis or false joint at the hip, the reconstruc tion operation of Whitman, and the section, of femoral neck described by Osgood have produced wonderfully comfortable hips allowing the patients to walk, or sit down Osgoo remarks, "It is a fearful hardship to be continu ally upright or downright To be able to re ceive attention without attracting it is a good To quote Pemberton, "One of the outstanding considerations in the treatment of chronic arthritis is the appreciation of the fact that a combination of measures may succeed when any one of these measures alone would There is no panacea for arthritis, and those who pin their faith to a single measure evidence thereby a failure to understand the problem as a whole From the orthopedic standpoint perhaps nothing should be urged more insistently than the prevention of de-Nearly every case which is gnarled up is a reproach to the profession We cannot prevent all deformities but we can prevent most of them," and if our measures shall succeed, they must be begun before the contractions and callus have become permanent"

APPROVED LABORATORIES

Northwest Medicine for February contains the following editorial in the relation of the American Medical Association to clinical laboratories—Editor's note

(Continued on page 545-adv xix)

(Continued from page 546-adt 11)

v of warm water bottles placed outside the ner blanket. In acidosis the skin is abnorally sensitive to heat, so we must insist that ie water bottles be only warm and not hot, not that they be placed outside the inner blanet. So our third order will read, 3. Apply circular heat with warm blankets and warm bags utside the inner blanket. Do not let bags come n contact with patient. Such an order will usually obviate the necessity of treating burns, which in the diabetic, and particularly in the interiosclerotic diabetic, frequently become gangrenous and heal very slowly.

Our patient in acidosis is always dehydrated, and the application of external heat will serve for the further desiccation of his tissues Obviously our next duty is to supply fluids in a suitable form so that we may dilute his acids and facilitate their elimination. If the patient is conscious and can drink and retain 8 ounces of fluid every hour, the problem of administering the fluid is solved. The fluids should be hot, but the patient will not drink such a quantity of hot fluids The patient prefers cold fluids, but the ingestion of such a quantity of cold fluids would not only be a needless sacrifice of body heat, but would invariably lead to vomiting Therefore let us alternate hot drinks with cold So for our fourth order let us say, 4 Give 8 oss of tea, coffee, water or clear meat broth q 1 h for 6 hours and then q 2h, alternating hot drinks with cold until the patient is sugar free When he is sugar free we will substitute orange juice or oatmeal water for some of the above fluids

But when our patient is comatose or semicomatose and has vomited, as is usually the case, we have quite another problem. The passing of a stomach tube may be a life saving measure. In Joshin's clinic lavage is a routine procedure in all cses with a plasma CO2 of 20 vol per cent or less. After lavage nothing should be given by mouth so long as the patient is nauseated or semicomatose.

Here we must depend upon hypodermoclysis and we can easily give 1,000 c c of normal saline with one per cent glucose every four to six hours. The lower bowel should be emptied with an enema and can later be used for the administration of glucose solution by retention enema or Murphy drip. Glucose by bowel is best given as a five per cent solution, which, under certain conditions of a complicating fixed acidosis, may be incorporated with a three per cent sodium bicarbonate solution. An investigation of the blood and urine chemistry should be started at the earliest possible moment.

The above orders may be satisfactorily carried out on urine examinations alone, but be
(Continued on page 548—adv xxii)



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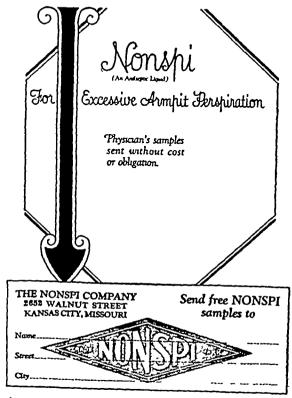
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(Continued from page 545-adv xix)

It is stated that there is a more hopeful at titude on the part of clinical pathologists themselves, and there seems to be less feeling of unsteadiness in this specialty than existed a few years ago It is not known to what extent doctors have actually discontinued sending specimens to unapproved and are concentrating their work for approved laboratories. The character of the laboratories of the future and the reliability of their work rest entirely with the medical profession of any community li trained medical men are to devote their lus to this specialty, they must receive the support and cooperation of the professional men and women among whom their work is conducted If their patronage is to go to nonmedical institutions, the permanency of this specialty will be jeopardized and well-trained physicians cannot be expected permanently to undertake this this work

DIABETIC ACIDOSIS

The management of a case of diabetic act dosis and coma is described by Drs Wendt and McLean of Detroit, in an article in the March Journal of the Michigan State Medical Society from which the following abstracts are taken -Editor's note

The difference between diabetic acidosis and coma is one of degree only, in the first case we are treating acidosis in a conscious patient and in the second in an unconscious patient In no medical condition do we find our patients in greater danger An ideal treatment would fall little short of constant personal super-

Our first problem is the conservation of the patient's energy, which can be best accomplished by confining him strictly to bed This will lower the metabolism and inhibit the formation of ketone bodies It sometime happens that the patient is restless or even mildly maniacal Such patients are not easily handled, so it is imperative that our first order should state specifically, 1 Confine strictly in

Morphin should seldom if ever be given, and most certainly never without the consultation and advice of a competent surgeon who has had special experience in such cases

So it is well in handling these cases that our second order should read, 2 Do not use mechanical restraint, sedatives or opiates

Our next problem is the preservation of body This is best accomplished by covering the patient with warm blankets, and may be advantageously augmented by a liberal sup-

(Continued on page 547-adv xvi)

and for the te z- -Carlo Garante tracel affects of the same of Time To The use a and The state of the s British To The Control of the Contro real of the second of the seco ing a conce series The street of th ريت بي الوادي و المدانية والأد الأدارية الأدارية الأدارية الأدارية الأدارية الأدارية الأدارية الأدارية الأداري المراكبة المراكبة الأدارية المراكبة الأدارية الأدارية الأدارية الأدارية الأدارية الأدارية الأدارية الأدارية ا - 52 8 2 424 متعقع يسارتها بالمتد As he trued material for their description and description and the second Comen ginginian of the The state of the or trick ... thante of infertion

EDITORIAL ASPIRATIONS

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It is a noted experience and annually " 2 feeling of apprehension to assume the evitotial duties of a journal such as this which is in its twenty-seventh year and increiore as things go, well into manhood. The earlier very have have been fostered by such men as Bidd'e Schenck, Haugney and lasth Warnshuis and under their aegis its evolution has been continuous and has reflected the development of the science and art of medicine and surgery during the greatest quarter of a century in the history of medicine. A magazine published under the auspices of a State Medical Society is in no sense a narrowly specialist publication that 15, its purpose must not be confined to the interests of any single department of either (Continued on tage 550 ada xxr1)

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(Continued from page 547-adv xxi)

fore we go much further we should know the level of the blood sugar, NPN, and CO2 of the alveolar air and plasma These findings will influence our subsequent course of treatment The blood sugar reading will furnish a reliable guide for the administration of insulin A high NPN will warn us of a fixed acidosis and a possible impending uremia, and will influence to some extent our dosage of insulin The CO2 of the plasma and alveolar air furnish an accurate index of the efficacy of our treatment and the prognosis of the case So for our fifth order we will write, 5 Blood sugar, N.P.N. and CO2 of the plasma and alveolar air

Diabetic patients are subject to many forms of coma, but insulin is indicated in the treatment of only one of them Having decided that our case is one of true diabetic coma we will give insulin The amount to be given at the first dose will depend upon the physical condition of the patient and the amount of sugar in the urine If the patient is in extremis a dose of 20 or even 30 units may be administered, a part of which may be given intravenously

INFANTILE PARALYSIS

When the cause of a disease escapes identification, many clues are likely to point in the general direction of a clear solution of the mystery, but yet they may entirely miss their mark The following editorial in the April issue of the Journal of Missouri State Medical Association describes such a possible explanation of the cause of infantile paralysis—Editor's note

An interesting hypothesis was advanced by Dr Marsh Pitzman, St Louis, at a recent meeting of the St Louis Medical Society, namely, that infantile paralysis was not a virus disease and not an infectious disease at all, but was caused by a mixture of atropin and hyoscin transmitted through the milk of cows which had eaten jimson weed

Dr Pitzman arrived at his idea through a series of "coincidences" which he believes to be more than mere coincidence The disease is most prevalent in the early spring, when the weed is about the only green thing showing in the cow pastures, and in the late, hot summer, when jimson weed is about the only herbage left unwithered

It is more prevalent in New York City, served by many small dairies, than in St Louis, served mainly by two large dairies in which mixing of a little "poisoned" milk with a great deal of milk from cows which had not eaten the weed would reduce the toxic content He found records to an innocuous amount

(Continued on page 548-adv xxni)

(Continued from page 550-adv 1 viz)

noted surgeon Honestly, as we recall our college days, it really seemed that to most students the surgeons were the gods of the faculty

Perhaps it was the audacity and resourcefulness of the surgeons which prompted us to want to follow in their footsteps in later life. We are sure it was not from a financial view-point because we as students knew little about what fees were being received as most of the cases we saw operated upon were at the County Hospital and elsewhere and no fees were received. But we believe at least 75 per cent of the younger classmen deep down in their hearts cherised the hope that some day they would be known as surgeons.

But ought medical students, say 75 per cent of them, ever try to become surgeons? No

It requires above all a natural mechanical mind to produce a surgeon. The student who does not have a natural love to fix things no matter how small and simple they may appear, will never make a success as a surgeon.

In the college days of thirty years ago the bicycle was the favorite mode of transportation to and from college and to the hospitals. An examination of the mechanical condition of these bicycles would have shown just who ought to have been encouraged to take up surgery for their lifes work and who ought not to have considered such a course. Surely a man who could not keep his bicycle in perfect running condition would ever be able to understand and repair that master machine, the human body

We never quit studying and trying to improve ourselves. The field of children's diseases, obstetrics, skin diseases, heart, lungs and nervous diseases—why not take up one of these lines of usefulness and by special study endeavor to know more about one of these than any doctor in your community?

You need not give up your general practice, but increase your knowledge and ability so that other men in the profession will refer cases to you in your special line

We owe it to ourselves and to the public to chop off the heads of about four-fifths of the surgeons now inflicting themselves on the American public, or at least point out the importance of other lines of usefulness in the great subject of human illness, its prevention and cure

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(Continued from page 549-adv r.m.)

medicine or surgery The editorial view must be broad rather than intensive Contributions of an obviously technical nature will find their way into specialist journals. The article for this publication, while it may be written by the specialist, will have a broader appeal.

The editing of a medical magazine is somewhat like standing behind the radio transmitter or talking into a dictaphone. There is a certain loneliness about it. The audience in the case of the radio and the editor is in front, but invisible, the response is not immediate. If the time comes when the reader no longer removes the wrapper from his journal, it means editorial failure. We, therefore, welcome criticism and suggestions for improvement.

One or two new features might be mentioned, for instance, the column of general medical news consisting of short, condensed paragraphs, embracing current happenings at home and abroad, secondly, the Doctor's Library with an introductory paper written by some book lover in the profession purpose also to print from time to time reports of clinics or staff meetings showing the actual discussions which take place at various hospitals in the State In this way the Journal will fill the role of clearing house for the ideas of men in active performance of the work You may be located far from the madding crowd, yet this fact does not preclude you from sending in an account of some interesting case or The very situexperience you may have had ation which places you on your own resources has given you a marked advantage over your confrere in the city who has only to step to the telephone for assistance But, however remote or isolated your location, we shall be pleased to hear from you

SURGICAL ASPIRATIONS

The brilliant rewards of medicine go to the surgeons They hold the center of the stage and often collect fees commensurate with their prominence. Theirs is the specialty to which the greatest proportion of recent graduates aspire, and the number of aspirants is far greater than the needs of the field.

This condition is discussed editorially in the Wyoming Section of the April issue of Colorado Medicine —Editor's note

It is a common idea of most medical students while in the pursuit of their medical courses that surgeons are the top of the scientific ladder.

The young student has a desire, which is almost all-consuming, to want to become a

(Continued on page 551-adv txv)

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SYMPTOMS, DIAGNOSIS, AND TREATMENT OF ACUTE CRANIAL AND INTRA-CRANIAL INJURIES*

By MAX MINOR PEET, MD, FACS, ANN ARBOR, MICH

It is eminently desirable to consider injuries of the brain and fractures of the skull together, although either may occur independently. Too much emphasis, however, has been placed upon the fracture alone and too little upon the resulting intra-cranial damage. In fact we believe the presence of a simple fracture is of significance only as indicating a certain degree of trauma to the head. The treatment of skull fractures is in reality the treatment of the resulting intra-cranial injury, or designed to prevent intra-cranial infection.

Fractures of the skull are often considered under two main heads -fractures of the vault and fractures of the base. There seems to be a rather general opinion that the latter are much more serious, but from the standpoint of the actual fracture, it makes little difference whether the vault or the base is involved, the treatment is essentially the same. The difference in mortality noted between fractures in these two locations is due to the difference in coincident brain damage Fractures of the vault are often due to localized trauma while those at the base are almost of necessity due to a r ssive blow. A fracture of the base, therefore, generally indicates a much more severe blow and consequently a more severe Fractures of the base are intra-cranial injury more commonly compound, in that they frequently involve the cribriform plate or the petrous portion of the temporal bone, and with the commonly associated rupture of the tympanic membrane give an open communication between the external auditory meatus and the subtentorial space. It is for this reason that a linear fracture of the base is more likely to result in meningitis than a linear fracture of the vault

For convenience we use the old classification of skull fractures, dividing them into simple linear, depressed and compound. As before stated the simple linear fracture involving the vault of the skull, considered alone, is of no consequence. It may, however, have torn the middle miningeal artery with resulting hemorrhage and an extradural clot. Symptoms and treatment of this com-

* Read at the Annual Meeting of the Medical Society of the State of New York at Magara Falls, N Y May 10 1927

plication are discussed under secondary brain injuries. Linear fractures of the base, because of their tendency to involve the cribriform plate or the petrous portion of the temporal bone, are of considerably more significance, but here again the fracture in itself does not require operation or any special type of treatment. The surgical therapy indicated being to prevent subsequent meningitis

In every case of basalar fracture with rupture of the tympanic membrane and the escape of blood, cerebrospinal fluid, or both from the ear we believe the following routine should be fol-The external canal is mechanically cleared of blood clot, wax, etc., by either the use of an ear spoon or of cotton applicators canal is then filled with 3½ per cent tincture of iodine and the pinna is sterilized with the same The head is then rotated, allowing the iodine to drain from the external auditory canal and sterile dressings are applied to the entire ear Under no circumstances is the external auditory canal plugged The dressing should be changed as frequently as it becomes wet through. In some cases where the discharge of cerebrospinal fluid is very profuse and the dressing becomes saturated within a few minutes, we have made a practice of applying a large dressing moistened with acriflavine. This makes unnecessary the very frequent changes otherwise required. When following this routine we have had no case of meningitis develop One patient in whom the technique was not followed developed meningitis This was a patient with a basalar fracture with a rather free discharge of blood from the ear for the first few hours. Our technique was carried out and for a week the patient's condition was excellent He then complained of his ear feeling stopped up and through a misunderstanding the canal was irrigated to remove the dry blood clots The following day frank symptoms of meningitis developed and death ensued in three days believe that in this case irrigation of the ear was the direct cause of the fatality If there is any definite indication to remove clots from the ear this should be done under absolutely sterile precautions and the clots should be removed mechanically, not by irrigation

Fractures of the cribriform plate present a



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EX-PRESIDENTS IN SOUTH CAROLINA

The physicians of South Carolina, like those of New York, believe in utilizing the experience of their past-presidents, by making them members of the House of Delegates, although New York does not permit its ex-presidents to vote. The following editorial from the March issue of the Journal of the South Carolina Medical Association shows how the past presidents are honored in that state—Editor's note.

We believe no State Medical Association has a finer, more enthusiastic body of men constantly working for the interests and ideals of the state organization than the ex-presidents of the South Carolina Medical Association There are about twenty of them living and every one of them active By virtue of an amendment to our Constitution and By-Laws some years ago ex-presidents are accorded all the privileges of a delegate in the House of Delegates This means that nearly one-third of the House may be made up of ex-presidents The innovation has worked very satisfactorily The experience, wisdom, whole-hearted desire to serve, and more important, willingness to serve, constitute an inspiring leadership calculated to advance organized and scientific medicine in South Carolina to much greater heights

Many State Medical Associations have a place and a plan at the State Meeting to honor in some definite way their ex-presidents. The JOURNAL would like to see this done in our State and will gladly receive suggestions as to how the idea may

be carried out at Columbia

HEROIN

The March issue of the Atlantic Medical Journal contains the following editorial on heroin which will be news to many physicians of New York State—Editor's note

Our readers will recall that, by action of Congress, no more heroin can be made in the United States, nor can any of the drug be imported, so that, after the supply then in the United States is used up, it will no longer be possible to secure this preparation of opium Druggists state that the supply must now be exhausted, as it is no longer procurable

Many prescriptions are still being written for heroin, and we are credibly informed that some druggists are substituting two grains of codein sulphate for each grain of heroin, without calling the attention of the physician to the change, while the more considerate druggists are advising physicians, when prescriptions containing heroin are received, that the drug no longer is procurable

We therefore call the attention of our members to this situation, and advise them to discontinue the prescribing of heroin, bearing in

mind codein

a combination of irrigation and suction, blood clots and lacerated brain tissue are removed together with small bone fragments and foreign In bullet wounds of the brain suction is a very valuable method of cleansing out the deeply penetrating wounds. We do not believe in The catheter can be passed finger exploration for several inches into the brain substance keeping up constant suction and in this way many small bone fragments can be removed which would otherwise escape detection All bleeding points should be controlled by the application of silver clips, fine silk ligatures or by the application of Under no circumstances should muscle grafts packs be left in place to control bleeding, nor should drainage of any kind be instituted simply invite infection Probably the most troublesome bleeding is that arising from large pacchionian bodies in the dura Occasionally these can be ligated by a through and through dural It is usually necessary, however, to control bleeding by the application of a small muscle graft, removed from the exposed temple muscle or if necessary from the leg At times it is expedient to obtain a piece of muscle from some patient being operated in an adjoining room

After excision of the lacerated scalp, traumatized muscle, etc, instruments used should of course be discarded Examination of the underlying bone may show only a fine linear fracture. Many surgeons feel it is safe to ignore such an innocent appearing lesion, but we have frequently found hair and other foreign bodies caught in the fracture line Apparently at the moment of impact, there is a slight separation of the fracture line and foreign material is driven in The crack in the skull then closes, perhaps completely hiding from view infected foreign bodies. The outer table along the fracture line should be removed with a gouge or electric burr. If foreign material is then found it may be necessary to remove a wedge of the diploiac layer and at times the inner table as well

Compound comminuted fractures present a more serious problem and much hesitancy is generally shown in discarding many bone frag-We believe the assurance of absolute sterility far outweighs the disadvantage of a cranial defect Bone fragments, even if rather large and with some pericranial attachment should be removed if evidently contaminated It is often possible to preserve the major portion of fragments to either side of the scalp laceration by simply rongeuring away the potentially infected Certainly, however, all fragments immediately beneath the open wound should be discarded even though the resulting cranial defect assumes considerable proportions. The loss of a portion of the skull is really of little moment provided infection can be prevented. Such a cranial defect is largely of cosmetic interest and can be closed by an external table graft at a later date if found advisable.

Closure of the wound is of the greatest impor-In rases of compound skull fractures, we do not advocate closure of the dural defect by a fascial graft since there is always the possibility of some infection being present. It is imperative, however, that the defect in the skull and dura be closed water tight by the overlying scalp When, as not infrequently happens, the excision of an extensive laceration of the scalp leaves a defect too large to be closed by simple approximation, the defect in the skull can be closed by turning a scalo flap from an adjacent region While this still leaves a denuded area, the skull beneath has not been opened and is in fact covered by pericranium and the aponeurosis of the occipitalfrontalis muscle This area can be skin grafted when covered by healthy granulations

Trauma of the brain may for convenience be divided into several groups, depending entirely upon the amount of damage present. We classify our cases of primary brain damage as follows—first, temporary unconsciousness without indication of brain injury (concussion), second, slight laceration or contusion of the brain, third, extensive brain damage, fourth, massive brain injury.

Secondary brain injuries fall into the following groups—first, pressure from an extradural hemorrhage, usually from the middle meningeal artery, second, intradural hemorrhage, generally from large cortical veins near the superior longitudinal sinus, third, subdural accumulation of fluid, usually of very insiduous development, fourth, hemorrhage from the veins of Galen

Of course, these various groups intergrade and it is frequently impossible to place a patient in any particular group on first examination. We have previously emphasized the point that fracture of the skull in and of itself requires no treatment except for the relief of continued pressure upon the brain or for the prevention of infection. Our chief interest in cranial injuries, therefore, centers upon the treatment of the intracranial injury, i.e., the prevention of increased intracranial pressure or to the reduction of pressure already present.

The term concussion, supposed to denote temporary brain changes due to a slight injury, although probably with actual minute lacerations of the brain substance, has been in use so long that it is practically impossible to eliminate the term To clearly define concussion, however, is impos-When used it should be confined to those patients temporarily unconscious from trauma, but who quickly regain consciousness and show no evidence of organic brain injury In these socalled "concussion" cases in which the patient is temporarily unconscious or at least in a semicomatose condition with a normal blood pressure and an essentially normal pulse and respiratory rate, recovery will probably take place without We believe, however, any specific treatment that even in this comparatively simple condition,

much more serious problem Unfortunately, they do not show in the X-ray and the majority of cases cannot be definitely diagnosed unless there is a discharge of cerebrospinal fluid from the nose With the latter meningitis frequently de-We believe that whenever a definite diagnosis of a fracture through the cribriform plate can be made as indicated by the discharge of cerebrospinal fluid from the nose, operation is indicated The technique consists of opening the skull near the midline and above the frontal sinus The dura is elevated backwards until the fracture through the cribriform is completely exposed An iodoform gauze wick is then packed between the laceration in the dura and the cribriform plate, the end of the wick being brought out through the frontal incision This wick is left in place for four days and then carefully removed The object of this procedure is to prevent meningitis by allowing the brain to become firmly adherent to the lacerated dura thereby effectively closing off the subarachnoid space before organisms passing through from the nose can cause infection

In compound fractures of the frontal regions, which at operation are found to involve the cribriform plate, the same technique should be followed. This technique constitutes the only exception to the rule never to leave packs or drain in a clean case. If the dural laceration is small, a graft of fascia may be expeditously used thus eliminating the danger of the drain, since immediate tight closure is then possible

We believe that all depressed fractures of the skull should be operated, even though the amount of depression seems to be slight. It has been our experience that the X-ray evidence of the amount of depression is always fallacious and that a much greater displacement of the bone fragments will always be found than is apparently present from the X-ray plate This is true when the X-ray technique is perfect and numerous stereoscopic Roentgenograms have been made in various directions The usual reasons given for operation of depressed skull fractures are the relief of immediate pressure upon the brain and for cosmetic pur-Because slight depressions do not seem to come within this group the majority are not elevated However, if the rule is made to expose and elevate every depressed fracture the surgeon will be surprised by the actual amount of damage frequently found beneath the depression, damage which may eventually result in a traumatic cyst with the possibility of focal epilepsy The fragments should be elevated and sufficient bone temporarily removed so that the dura is adequately The dura should be opened and if, as frequently happens, traumatized, lacerated brain tissue is found, this should be carefully but thoroughly removed by irrigation and suction is no question in our minds that the devitalized brain tissue has a lytic action on the normal adja-It has been conclusively proven that

as soon as the blood supply in any portion of the brain is destroyed that portion immediately becomes extremely edematous, and it is probable that some of the resulting softening is due to pressure from this edematous brain as well as due to chemical action of the dead brain sub-If this injured brain tissue is removed, the adjacent normal brain is protected from further damage and a vicious circle prevented. The ultimate amount of brain injury is thereby materially reduced When not contaminated, bone fragments should be preserved and it is frequently possible to reconstruct even extensive areas such as large portions of the parietal bone, completely relieving pressure upon the brain and preserving the normal contour of the skull Even if the fragments are completely detached they will generally heal in place and be united by fibrous tissue, often by new firm bone

It scarcely seems necessary to say that every compound fracture should be operated, yet we frequently see patients with laceration of the scalp and suggestive evidence of underlying fracture in whom the chance has been taken that the laceration does not actually extend to the bone Compound skull fractures should be operated both from the standpoint of preventing infection in the bone and for the far more important reason of preventing an extra dural or brain abscess or Operation should be performed as meningitis We do not, of soon after injury as possible course, advocate operation during the period of shock, but with this one exception believe the indications for immediate operation are self-evident Unavoidable delays do not mean that subsequent operation should not be done and it is sometimes possible to operate after 24 or even 48 hours and obtain primary healing The technique as evolved by Cushing during the war has been found highly satisfactory It consists essentially in complete debridement, exactly similar to debridement of wounds in any other region Whenever possible local anesthesia is the anesthetic of choice Ether, ethylene or nitrous oxide may be used, but they all elevate the blood pressure, cause bleeding from the scalp and definitely increase intra-cranial pressure. An operation which may be comparatively simple under local anesthesia may assume serious proportions under a general The laceration in the scalp should be completely excised, the incision passing through normal tissue All bone fragments which are potentially infected A laceration of the dura should be discarded The only difference should likewise be excised between debridement in other regions and here is the treatment of the brain Lacerated or pulped cortex should not be excised, but should be removed by irrigation and suction The asepto syringe with catheter attached makes a very excellent suction apparatus and there is no danger of injuring untraumatized brain tissue tion should be thorough, preferably with Ringer's solution, although normal saline can be used By

definite that the diagnosis of an increasing intracranial pressure is simple. Because of other injuries which may be coincident with the head injury certain of the typical symptoms may be masked, or entirely wanting This is particularly noted when severe hemorrhage has taken place, fat embolism has occurred, or the patient for some other reason is in a state of shock We must also remember that although the chief signs are all due to irritation of the medulla, this structure may be more irritated or more severely damaged in one part than another For example, the vagus center controlling the pulse rate may be simply irritated while the blood pressure center has been The complete picture of severe inparalyzed tercranial pressure may be therefore wanting We believe the diagnosis can be made if any one of the cardinal symptoms is present, even though the associated signs point in an entirely different Nothing but pressure on the medulla will give a progressive slowing of the pulse, a rise above normal in the blood pressure, or a slowing and deepening of the respirations it is pressure upon the medulla in which we are chiefly interested and to which we particularly direct therapeutic attention

The typical signs and symptoms of rapidly increasing intracranial pressure are drowsiness, progressing to complete coma, a slowing of the pulse rate, in some cases to 40 per minute, or even lower, a slowing of the respiratory rate going in extreme cases just before death to three or four a minute, or a change in the respiratory rhythm with the development of Cheyne-Stokes breathing, a progressive rise in blood pressure, frequently a rise in temperature

These changes may appear within a few minutes, or develop so insidiously as to be overlooked until far advanced. It is imperative, therefore, to make frequent, specific observations. As a rule we request a record at 10 minute intervals of the pulse and respiration rates and if the symptoms are at all alarming, blood pressure and temperature readings should be made as frequently. The question is frequently asked—how much of a reduction in pulse or respiration rates is necessary to make a diagnosis? Of course the probable normal rate for the particular individual must be considered. In children the normal pulse rate especially is usually above that of an adult

A reduction in pulse from 70 to 60 per minute makes one immediately suspicious of increasing medullary compression. Anything below this should call for immediate treatment. A reduction in respiratory rate to 15 or 16 per minute is strong presumptive evidence of increased pressure. We should not wait until the pulse registers around 40 and the respirations about 10 or 12 per minute. A rapid lowering of either pulse or respiration rates is even more serious than a gradual fall. Should short periods of rapid pulse or respiration alternate with longer periods of a slow rate, it is a warning of imminent medullary

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Treatment of increasing intracranial pressure of traumatic origin is by lumbar puncture, subtemporal decompression, administration of hypertonic solutions, and for the coincident hyperther-

mia, ice packs

We believe lumbar puncture a safe procedure in these cases, in spite of some published opinions to the contrary A lumbar puncture can be performed quickly, easily, and with a minimum upset to the patient. We make a practice of performing lumbar puncture immediately on admission of every patient showing the manifestations of increased intracranial pressure of traumatic There is no rule as to how many cc. of origin cerebrospinal fluid should be withdrawn fluid should be allowed to escape until it comes drop by drop, te, until the increase in spinal fluid pressure has been completely reduced times this simple procedure is a definite life saver and at times constitutes the only therapy needed Lumbar puncture can always be performed while preparing for more elaborate therapeutic measures

There have been many advocates for subtemporal decompression in traumatic cases lieve the only indication for this operation is the presence of localized pressure symptoms as occur from middle meningeal hemorrhage. We fully realize that this is contrary to the usual practice, but base our opinion on the far more satisfactory reduction in pressure which can be obtained by the intravenous introduction of hypertonic solu-We have all had the experience after a right subtemporal decompression of finding the pressure symptoms little improved, thereupon performing a left decompression, and in many cases still having alarming pressure symptoms tirely aside from the question of an unnecessary operation, which we feel it really is, there is a definite risk in subjecting such a patient to the added insults of an operation, even though it is performed under local anesthesia. We have had the opportunity on several occasions to observe a definite, rapid, and entirely satisfactory reduction in intracranial pressure by hypertonic solutions in patients unbenefitted by subtemporal decompression performed a short time before

Hypertonic solutions may be administered by oral, rectal, or intravenous routes. The oral or rectal administration of a saturated solution of magnesium sulphate, will frequently relieve severe headache of traumatic origin. The more severe cases are best treated by intravenous salt or glucose solution. A 15 to 35 per cent solution of sodium chloride in amounts ranging from

measures to prevent subsequent edema are indi-Then too it is extremely difficult on first admission to state whether a particular patient has a simple injury or one which will shortly manifest symptoms of a much graver nature. If the patient is still in coma on admission, we immediately withdraw cerebro-spinal fluid by lumbar puncture and administer 100 cc. of 50 per cent glucose intravenously Return of consciousness is often very rapid and it has been our experience that patients so treated did not have the usual excited, delirious stage or that this stage was greatly shortened Subsequent headache, nausea and vomiting is also materially reduced It is evident that in the simplest cranial trauma associated with unconsciousness there must frequently be some brain edema.

Local pressure manifestations either irritative or paralytic, as evidenced by Jacksonian epileptic attacks, perhaps confined only to the face or to the arm, by difficulties in motor speech, or by spasticity or weakness in arm or leg, may be due to first, middle meningeal hemorrhage; second, hemorrhage from lacerations of the cortex, third, rupture of small pial vessels, fourth, bleeding from the great sinuses; fifth, localized edema, or sixth, a depressed skull fracture. I know of no way in which localized edema and pressure from a middle meningeal hemorrhage can be definitely differentiated. The absence of a discernable fracture line crossing the middle meningeal artery strongly suggests edema, but on some occasions we have found the middle meningeal artery has been torn close to its exit at the foramen spinosum by a basalar fracture. Such a fracture will rarely show with the X-ray The symptoms of local pressure usually manifest themselves by either weakness, spasticity, or convulsive movements in the face, hand or arm, occasionally in the leg If on the left side of a right-handed individual, motor speech difficulty may be the first manifestation A typical history of such a condition is as follows. Following a trauma the patient may be unconscious from a few minutes to an hour or more, recovery coming on gradually, usually with a period of marked There is then a quiescent period in irritability which all symptoms seem to have practically disappeared. This may last for six or eight hours, then Jacksonian attacks, weakness of the grip, inability to lift the arm, or spasticity, gradually supervene. The reflexes on the side opposite the cortical lesion are usually increased and frequently a positive Babinski reflex is obtained just before or co-existent with these localized pressure manifestations are usually some indications of increased general pressure. The patient becomes more quiet, perhaps semi-comatose, the blood pressure generally mounts slightly, and there is usually steady, progressive, lowering of the pulse and respiratory rates These general pressure symptoms may, on occasions, be markedly delayed, and especially in meningeal hemor-

rhage may come on so insidiously as not to be recognized unless special attention is being di-This delay in general pressure rected to them symptoms with middle meningeal hemorrhage is due to the fact that the blood clot is extradural, the dura acting as a rather firm bulwark protecting the brain. We believe localized pressure symptoms are always an indication for operation at the earliest possible moment. It is surprising how large a blood clot may have formed before giving definite indications of its presence There may be a comparatively narrow margin of safety remaining after the diagnosis has been made. Although small trephine holes along the course of the middle meningeal artery or its branches have usually been advocated, we believe the Cushing subtemporal decompression technique is far more satisfactory. Such a temporal decompression gives the best exposure for the middle meningeal artery and for the removal of blood clots, as well as affording a certain measure of relief of generalized intracranial pressure. Ordinarily the torn artery can either be ligated with fine silk or caught with a Cushing silver clip In the unusual cases where the artery is torn at the foramen spinosum, exposure of the bleeding point is much more difficult. However, with the use of Frazier's lighted retractors and continuous suction the foramen can be exposed even with very free bleeding, the suction removing the blood as fast as it escapes from the artery In these cases we have found the most convenient method of controlling hemorrhage is to plug the foramen spinosum with a wooden peg This can be inserted while the suction tip is close by and allows the foramen to be under observation continuously Hemorrhage from cortical vessels may be controlled by the application of silver clips or a muscle graft. Bleeding from the great sinuses is controlled by ligature or a piece of muscle.

Occasionally local pressure phenomena will be found at operation to be due to a more or less localized edema. This probably represents an area of contusion in which the force applied was not sufficient to cause cortical laceration cannot say whether the intravenous administration of hypertonic solutions would relieve this Inasmuch as it is impossible to rule out hemorrhage as the etiological factor in the pressure manifestations, subtemporal decompression is always indicated. This has proven satisfactory in treating these localized areas of edema, although the return to normal has at times been While this delay may have been due to petechial hemorrhages within the cortex which did not appear on the surface, it seems logical to administer hypertonic solutions when edema has been found

A general increase in intracranial pressure is the most common result of a severe head injury and is the cause, not only of most of the symptoms, but of the largest number of deaths The typical symptoms, when all are present, are so definite that the diagnosis of an increasing intracranial pressure is simple. Because of other injuries which may be coincident with the head iniury certain of the typical symptoms may be masked, or entirely wanting This is particularly noted when severe hemorrhage has taken place, fat embolism has occurred, or the patient for some other reason is in a state of shock We must also remember that although the chief signs are all due to irritation of the medulla, this structure may be more irritated or more severely damaged in one part than another. For example, the vagus center controlling the pulse rate may be simply irritated while the blood pressure center has been The complete picture of severe inparalyzed tercranial pressure may be therefore wanting We believe the diagnosis can be made if any one of the cardinal symptoms is present, even though the associated signs point in an entirely different direction Nothing but pressure on the medulla will give a progressive slowing of the pulse, a rise above normal in the blood pressure, or a slowing and deepening of the respirations. And it is pressure upon the medulla in which we are chiefly interested and to which we particularly direct therapeutic attention

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Hypertonic solutions may be administered by oral, rectal, or intravenous routes. The oral or rectal administration of a saturated solution of magnesium sulphate, will frequently relieve severe headache of traumatic origin. The more severe cases are best treated by intravenous salt or glucose solution. A 15 to 35 per cent solution of sodium chloride in amounts ranging from

50 to 100 cc has been rather widely used since Weed and McKibben first demonstrated the action of hypertonic solutions. Because of the experimental evidence of occasional sodium chlorade poisoning we have preferred using a saturated solution of Ringer's formula. For very rapid reduction of intracranial pressure these salt solutions are distinctly indicated. It is seldom, however, that the reduction must be made within a few minutes. For routine use we therefore prefer a 50 per cent solution of glucose, 50 to 100 cc being given, depending upon the individual case.

The glucose solution may be given intravenously as fast as it will flow through the needle. Its action while not as rapid as that of a hypertonic salt solution is much more sustained and there is no subsequent rise to an abnormal level, sometimes noted with the latter. There is also no danger of pulmonary edema following repeated administration, a complication with salt solution naturally to be dreaded. When it seems expedient to use a hypertonic Ringer's or simple sodium chloride solution, this may well be followed in an hour or so by glucose.

The rapidity of improvement in pressure symptoms is often striking. Frequently the pulse and respiration rates show immediate change for the better. Many patients in deep coma can be aroused within a few minutes after this treatment. Hypertonic solutions given intravenously decompress the entire brain while a subtemporal decompression is efficient only over a comparatively small area. The solution can be administered while the patient is still in shock, a noteworthy advantage over any operative procedure. We believe the administration of hypertonic salt and glucose solutions have saved patients otherwise hopeless.

SUMMARY

All compound and all depressed fractures should be operated, the former to prevent infection of bone, meninges, and brain, the latter in order to adequately treat lacerations of the brain immediately beneath.

Local pressure manifestations are a definite indication for operation, Cushing's subtemporal decompression being the procedure of choice

Operation should not be performed for in-

creased intracranial pressure alone

Lumbar puncture is a safe and rapid method for temporarily reducing pressure and should be performed immediately on admission of cases showing pressure symptoms

Hypertonic solutions, preferably saturated Ringer's and 50 per cent glucose administered intravenously, are the most efficient means of reducing increased intracramal pressure of traumatic origin

In closing the discussion of this paper, Dr Peet said

The percentage requiring operation other than

those with depressed or compound fractures is extremely small In our experience hemorrhage is perhaps the most rare of all the complications And in hemorrhage we have practically the only indication for operation Previous to the introduction of Weed's hypertonic solutions all of the cases that showed increased intracranial pressure were of necessity decompressed. It meant that the larger proportion of skull fracture cases were subjected to operation Now with hypertonic solutions introduced intravenously, giving us even better reduction of intra-cranial pressure than is obtained by sub-temporal decompression, the operative treatment has practically gone out of I can not give the actual percentage operated, but it is very small. About once a year we have operated with the idea that we had a middle meningeal hemorrhage and have found localized edema-progressive, localized edema giving a textbook picture of the former condition

We do not operate if we can possibly help it, but the depressed fracture cases do require operation, there is no other way of elevating the skull and no other way of taking care of the traumatized brain. Compound cases require operation to prevent infection. The other cases (and I think they are of the majority) do not require operation.

I would like to add one point which I did not mention this morning, that is, to urge every one to excise all scalp wounds, no matter how trivial, even a small puncture It pays real dividends in the long run You probably see scalp wounds as I have, which were caught together with perhaps two or three gut or horsehair sutures, without debridement, which came to you a week or more afterwards with an infection of the scalp which The actual loss in time took weeks to clear up in hospitalization, in money, in earning power, because the patient was laid up with a comparatively trivial scalp wound is in the sum total, I think, great On the other hand, a scalp laceration properly excised, under local anesthesia, if you prefer, and sutured without drainage will heal by primary union and the man is able to return to work almost immediately

Post-operative Care -First, insist on the patient being kept perfectly quiet. We do not like to use morphine Morphine masks the symptoms Not infrequently a patient will have more or less delay in the onset of his pressure symptoms he is given morphine, it is impossible to say whether the slowing of the pulse and respiration are due to morphine or to increasing intracramal The fundus examination, in my experience, is almost useless for several days may be a little engorgement of the veins in the retina, but we find that so frequently in normal individuals it is impossible to say whether it is an indication of increasing pressure or not. Choked disks occur rarely In addition to the Choked disks occur rarely pulse and respiratory changes we have to depend

upon the mental condition of the patient, his tendency to irritability, and so forth And morphine, of course, affects all signs except the blood

pressure

I prefer very much to give these patients 30 or 60 grams of chloral which will keep most of them quiet We have not used ice caps I suppose theoretically you may reduce brain congestion by the application of ice caps I question how much Sometimes an ice bag, not an actual value it is ice cap, but something that will actually fit comfortably over the forehead will relieve headaches Whether it has any other therapeutic value is questionable

Certainly there is no indication to give 50 per cent glucose intravenously and at the same time try to introduce 1500 cc of saline under the skin I will admit that the saline will be taken up more readily, but we wish to take up fluid from the brain so we will cut down on the fluid intake, perhaps for 24 hours, perhaps for more than that, and rarely do we give subcutaneously fluid to these patients. In mild cases or in those which have largely recovered, but still have severe headache or a rather slow pulse, or a suggestive slow respiration, we sometimes give 50 per cent magnesium sulphate, that is, an ounce and a half or magnesium sulphate and three ounces of water by mouth without any water being taken afterwards. If the patient will not take this by mouth, double the dose, three ounces of magnesium sulphate in six ounces of water is given per rectum This acts more slowly, is not as efficient, but it does reduce the intracranial pressure

If the patient is in deep shock, it is frequently a difficult question to say whether the patient is dying from shock or from intracranial pressure, and whether you should lower the head of the bed or lower the foot I am more apt to compromise and keep it level If I think that shock is predominant, I will elevate the foot a little and if I believe the shock is not quite so serious a matter as the intracranial condition, I will partially elevate the head Certainly, the preferable condition if only the cranial content is to be con-

sidered is marked elevation of the head

The length of disability depends, in my opinion, to a large extent upon the patient's occupation. For example, a student with a skull fracture, who has been unconscious, should not, in my opinion, be allowed to return to school for six He should not engage in any mental occupation which requires concentration course, this is equally applicable to a business or professional man Those patients who return to work shortly, mental work especially, more often develop the symptoms known as traumatic neurosis, chronic headaches, and so forth, which will be taken up by the next speaker. Our opinion is that these individuals should keep quiet for some time, frequently I keep them in bed for a month, even when they are symptomless except for a ten-

dency to dizziness when they sit up I make it a rule to keep them in bed as long as they are dizzy A man who works entirely with his hands, whose brain is considerably at rest, you might say, when he is working is not nearly so likely to develop mental symptoms afterwards I ordinarily reconimend that they keep away from work for at least two months Light work, fussing around the garden or something like that at home is not objectionable, but certainly, heavy lifting or straining work which increases intracranial pressure is harmful

We have all had the experience of finding an injury to the opposite side of the brain not think that it is contrecoup as generally understood, 10, that lines of force are transmitted around the skull and press the skull on the opposite side. I think it is due to the brain being moved within the cranial cavity. The brain is not actually fixed, there is a fluid bed on all sides, and there is no question but the brain can be shoved from one side to the other One very good example of that was published a few years ago in connection with prize fighting. A fighter was knocked out with a blow on the side of the head Several hours later he died The autopsy showed that his brain had been thrust from one side of the head to the other with such force that the curved edge of the falx had cut the brain, in other words, the falx supported the upper part of the brain, but the lower half was moved beneath it

I think the same explanation accounts for a laceration of the cortex sometimes found on the side opposite the initial injury, ie, when a severe blow is delivered on one side of the head, the brain is driven against the skull on the opposite side Unless exposed at operation because of local pressure symptoms the presence of such a laceration would be unknown and probably does occur much more frequently than records indicate.

We have at times found very extensive brain damage on the opposite side Recently I performed a double decompression in such a case. He had had typical symptoms of increased intracranial pressure which came on immediately after Then he cleared up a little, but the his injury pressure symptoms recurred At the time I first saw him he had Jacksonian attacks on one side and extreme weakness on the other I operated on both sides and on both sides he had a lacerated brain with considerable blood clots middle meningeal artery was not torn, although the fracture extended across it The blood clots were from lacerated pial vessels We irrigated and sucked away all clots and broken down tissue and he made a good recovery He would not have been operated on either side if he had not shown localizing symptoms

Although many of our patients probably have some laceration of the brain, at least on one side, the hemorrhage is not sufficient to produce local

manifestations and the edema which undoubtedly occurs from the lacerated brain is removed by our hypertonic solution

We believe that there is really only one indication for repairing skull defects, that is, cosmetre Frankly, I doubt very much the absence of a portion of the skull ever in itself, causes symptoms The one possible exception is the man who has a rather large defect and notices extreme dizziness on bending over and there is visible evidence of change in cerebral pressure when he does so In other words, when he is standing in the upright position there will be a sunken defect and when he bends over herniation occurs of these patients are, undoubtedly, improved by operation The majority, however, desire the repair of the defect for cosmetic reasons or because of their own mental state Some people worry excessively about a defect in their skull I know that the skull is of very little importance, because I have some patients in whom I have literally taken off the whole calvarium I have one patient in whom I removed the entire posterior portion of the occipital bones, including the posterior half of the foramen magnum and well around under the mastoid on each side, all of both parietal bones, all of the frontal bone, except a little above the front sinus, and all of the squamous and part of the petrous portion of one temporal bone Osteomyelitis had started from a chronic otitis media and every bit of bone removed was so diseased that it could not be saved His head is of good shape because the dura was not opened, and except for possible danger of being hit over the head, apparently is all right. I think he is in as good condition as if he had his entire skull

We have had a number of extensive osteomyelitis cases and are convinced that the function of the skull is largely protective. The patient who worries about the defect and especially the patient who is handicapped in business because of a frontal deformity, as the business man, clerk

or salesman, who is conscious of people noticing the defect should be operated. Undoubtedly at times it causes a definite financial loss

During the war several papers appeared advocating cartilage grafts, either placed longitudinally or gridiron fashion And a very beautiful structure can be made from cartilage, but, unfortunately, the cartilage graft is not permanent, but is absorbed On the other hand, a perfectly satisfactory closure of a defect involving, we will say, the larger portion of the frontal bone can be made by taking the outer table from the posterior parie-We make a pattern, either with cloth or rubber dam, of the size and shape of the defect we wish to close and then we turn a scalp flap so that we have simply the skull covered with pericranium Place the pattern, outline it with a knife and then with chisel cut around We make no attempt to have only one piece, but prefer to have the graft made up of multiple shavings covered by pericranium. This offers two advantages There is a much better chance for the new blood supply to grow into the bone and it can be moulded into the desired shape

If some of the pieces break off save them, they are perfectly good Suture the pericranium to that of the skull, preferably before doing this, saucerize the external table, cutting around it 50 the graft will fit nicely By this method we can reconstruct practically the whole frontal region and make a very presentable looking individual This technique was, I believe, first used by Fra-The re-He used it long before the war sults have been very satisfactory Many times if the pericranium is saved when removing a portion of the skull and with care it frequently can be saved, new bone will form. It is generally believed the union between a bone flap and the skull is largely fibrous Sometimes it is Often, however, at a subsequent operation a year and a half afterwards, because of recurrence of symptoms, we find solid bone.

THE RESULTS OF MALARIA TREATMENT OF PARESIS*

(Report of 100 Cases)

By H L LEVIN, M D, BUFFALO, N Y

THE figures given below are taken from the records of the first one hundred cases of general paralysis treated with beingn tertian malaria at the Buffalo State Hospital from August, 1924, to August, 1926 In no one of these cases was there any doubt on the part of the staff as to the diagnosis Each showed sufficient psychotic symptoms, neurological signs and serological findings to clinch the diagnosis There was no particular selection

*Read at the Annual Meeting of the Medical Society of the State of New York, at Niagara Falls, N Y, May 11, 1927

of cases, the only ones excluded were those who were in an extremely weakened condition on admission or who had frequent convulsions Most had previously received some sort of anti-luctic treatment, but it was thought best not to further complicate the picture by any other specific treatment after the course of malaria

For the purpose of this study the cases were divided into the following clinical types (described by Kraepelin and adopted by many American authors)

1—Demented Marked chiefly by indifference, loss of memory and of special abilities, etc

2—Expansive Marked chiefly by euphoria ideas of grandeur, psychomotor pressure, with little loss of memory or orientation

3—Agitated (Galloping or excited) Confusion excitement, extreme restlessness, incoherent delusions

4—Depressed Depressed, manic or involutional symptoms

5—Atypical Praecox like or other irregular type of reaction

In determining the results of treatment the behavioristic factor was held to be the most important criterion, as will be seen from the following definitions

Complete Remissions Ability to sustain self in the community at as high a social and economic level as prior to the onset of psychosis (irrespective of serology)

Partial Remission Ability to sustain self in community, but at a lower social and economic level than prior to the onset of the psy chosis

Improvement — Undoubted and persistent diminution of psychotic symptoms, but still requiring supervision or help, inside or outside of institution

RESULTS OF TREATMENT

Trie of Parens	No	Complete Remission	Partial Rendssion	Improved	Unimprated	Died
Demented	51	6	7	10	13	15
Expansive	19	14	1	1	1	2
Agitated	24	3	2	3	5	11
Depressed	3	2	0	0	0	1
Atypical	3	1	0	0	2	0
_						
Totals	100	26	10	14	21	29

Durations of Complete Remissions—The oldest case has now (May 1, 1927) gone 31 months without any signs of return of mental trouble, the most recent is 4 months. Nine cases have enjoyed complete remissions for 2 years or over; 8 cases one to two years, and 9 cases less than one year

Influence of time on Complete Remissions — Just about one year ago the results of treatment of the first fifty cases was compiled (L Malaria Treatment of General Green Paralysis, New York State Hospital Quarterly, August, 1926) In the preparation of this paper these fifty cases were re-checked and the following changes noted Out of thirteen complete remissions twelve remained so at the end of the second year and one became a partial remission Out of six partial remissions, three remained partial, one became a complete remission, one died and one was placed in the unimproved column as he had suffered a relapse and was returned to the State Hospital Of the eleven in the improved column, three remained there, five died, two were dropped to the unimproved class, and but one bettered himself so that he is now included among the partial remissions. Of thirteen in the unimproved column, eight remained stationary, one made a complete remission, two were moved up from the unimproved to the improved column, and two died

Duration of Psychosis — From the information available it was impossible to gather any worth while figures as to the durations of the syphilitic infections (Many denied any knowledge of primary or secondary lesions) We were, however, able to ascertain in most cases the duration of the psychosis prior to admission, as shown below

Duration	ON OF	Psy	CHOSE	S		
	13 Vos			10 12 Mos		L'n knoren
Complete Remission	11	3	3	2	4	3
Partial Remission	3	2	1	1	3	0
Improved	1	2	0	4	5	2
Unimproved	1	3	2	1	11	3
Died	6	0	0	9	11	3

Ser -The Distribution as to sex is given below

		Complete Remission	Partial Remission	Improted	Unimproved	Died
Male	81	22	10	11	15	23
Female	19	4	0	3	6	6

Serology—Among the complete remissions there was no appreciable improvement in the blood or spinal fluid in fourteen out of the twenty-six The blood Wassermann became negative in three and the spinal fluid Wassermann became negative in only one case The most frequent change was a flattening of the colloidal gold curve This occurred in eleven cases of the twenty-six. In our unimproved group the serology showed no change in twelve out of the twenty-one The colloidal gold curve flattened in eight cases One case in the unimproved group changed to negative Wassermanns of the blood and spinal fluid, but the colloidal gold curve remained practically the same

SUMMARY AND CONCLUSIONS

1 Of one hundred cases of general paralysis treated with malaria, without subsequent antiluctic treatment, twenty-six resulted in complete remissions; ten in partial remissions, fourteen were improved, twenty-one unimproved, and twenty-nine died. A total of 50% were benefited by the treatment. The durations of the complete remissions to date extend from four months to thirty-one months.

2 The grandiose or expansive type of general paralysis offers the best progress, 84% of this variety having definitely improved subsequent to the malaria injections. The prognosis in the demented and the agitated types is much more dubious, the improvement rates being 45% and 33% respectively.

3 The duration of the psychoses prior to treatment bears a distinct relationship to the improvement rate. The best results were obtained with the patients whose psychoses were

less than four months duration Sixty-eight per cent of this group were benefited, as compared to thirty-five per cent with durations of one year or more

4 Males seem to respond to treatment better than do females The total improvement rate of the males was fifty-three per cent, of the fe-

males thirty-six per cent

5 There is no distinct correlation between the clinical and the serological findings subsequent to malaria treatment

SOME IMPORTANT CONSIDERATIONS REGARDING THE INVESTIGATION OF THE UROLOGICAL PATIENT*

By JOSEPH D OLIN, MD, WATERTOWN, N Y

THE purpose of this paper is to stress the need of greater consistency in some features of the handling of our urological ratients

The average patient with urological pathology consults the general practitioner of medicine or surgery first. You will agree, I think, that there is probably no class of the cases which enter their offices in the consideration of which there is more neglect to obtain promptly the readily available clinical facts, and where simple little details of procedure of great diagnostic importance are more often omitted.

The reasons for this common neglect may be many, but, are not hurry and lack of system among the chief? An accurate urological history is not quickly obtained, even when the complaint is urological many facts are not volunteered. It is obvious that facts relating to the sexual life might be difficult to elicit, but even ordinary urinary sumptoms are very incompletely and inaccurately related by the usual patient and must frequently be checked up before recording Urology has its share of troubles in which early symptoms make little impression on the patient. The average man of sixty complaining of frequency or dysuria will give a vague history unless carefully questioned and often will have to be crossquestioned before he will admit a prolonged Cases of urological tuberculosis may volunteer very little which leads to a reason-If a patient is markedly ably early diagnosis toxic or suffering from joint pains he is not apt to associate these symptoms with a slight dysuria or frequency which was present long before

The supplementing then of every patient's volunteered history by a brief catechising on the basis of a dozen well known symptoms relating to pathology of the urinary tract should

be a routine At least the following should be included—frequency, urgency, ardor, tenesmus, dysuria, irregularities of urinary flow (e.g., interruption, weak stream, mis-shapen stream, dribbling), genital symptoms in the male, pain in loins and flanks, and the objective symptoms of pyuria, hematuria (initial, terminal, total), albuminuria, phosphaturia and lithiasis By this categorical questioning an accurate history

may be expedited

We are told that armaments breed wars—at any rate, useful equipment ready at hand is apt to be used when opportunity offers ventures to say the wooden tongue blade has brought more pathology to light than many an elaborate instrument. It is handy and most always at hand If it were not for the general distribution of a simple apparatus for blood specimens, how many more syphilities would be at large in the state The physician approaching a chest automatically reaches for his stethoscope and sphygmomanometer His patient does not look for an x-ray and electocardiograph, but he does expect the doctor to be equipped for the usual routine examination of the lungs, heart and blood vessels should also expect him to be equally prepared to conduct a primary urological examination Luckily the necessary equipment for this purpose is very simple most of it is in the average office What is needed is that it be at handalways set up in a convenient place ready for immediate use-a provision which is commonly neglected in the office of the general practitioner, and not always perfected in that of the surgeon The following articles at least should be thus assembled absorbent cotton, paper napkins, thin rubber finger cots, antiseptic solution, a non-irritating solution for prophylactic injection, a Bunsen burner or alcohol lamp, culture tubes, platinum loop, laboratory slides, several clear glasses for observation of urinary specimens, a bottle of acetic acid, red and blue litmus slips, and the

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following sterile articles an assortment of soft rubber catheters, a catheter syringe, gauze sponges, thumb-forceps, olive bougies, wire meatal specula, swabs, water soluble lubricant

With this equipment ready at hand (in the urological corner, as it were), the following procedures should be as much a routine as the palpation of the abdomen, inspection of the fauces, or auscultation of the chest

- 1 Examination of the external male genitalia, including palpation of the testes, epididymes and vasa.
- 2 Inspection of the meatus, male and female
- 3 Smear of any discharge, obtained by milking of urethra where indicated
- 4 Observation of the underclothing for stains of discharge or urine.
- 5 Observation of the act of micturition of the male while the urine is voided in at least two clear glasses successively
- 6 Immediate inspection of the urine in two clear glasses as voided (first and second portions) by strong transmitted light, patient still retaining some urine in his bladder where feasible
- 7 Digital examination of the prostate and vesicles (where the latter may be reached) Stripping and obtaining of the secretions, either direct or in a third voiding of urine, for microscopic examination

Note Specific instructions should be given when the appointment for first consultation is made that the patient void as long before the appointment as his usual interval and not later People generally should be informed of this requisite, when coming to a doctor's office for their first consultation

- 8 Gentle, aseptic exploration of the anterior urethra of the male when any urological symptoms are present (in the absence of any contra-indication, such as acute urethritis) not using a sound but the largest bougie which can be readily popped through the meatus
- 9 The aseptic catheterization of all female patients, adults or children, when the character of the voided specimen so indicates, including culture where indicated

10 The aseptic catheterization of all patients male or female, when urmary infection is present and there is no contraindication, to determine the possibility or amount of retention

Simple procedures, familiar to us all, their performance certainly requires no specialist, but how often is one or more of them neglected because the time is short and the equipment not ready. A digital rectal examination ceases to be dangerous or repulsive if protection of the hand by a finger cot and a whisp of cotton or strip of paper napkin is

readily provided With sterile catheters, lubricant, and thumb-forceps ready, it takes but a moment to ascertain in an aseptic manner whether a prostatic has a retention, but if one has to look about for these things, to scrub, to wait and boil up catheters, etc—how much oftener will the examination be postponed and the information lagging or lost (Satisfactory work here as in the whole field of clinical effort in the office is facilitated by the practice of hours by appointment, an arrangement which relieves the doctor from much strain, adds to his scientific interest and initiative and gives his patient the benefit)

Among common misconceptions which some of us who are attempting urological diagnosis recognize as impediments still to be reckoned with, I may be pardoned for rehearsing the following

That recurring urological symptoms if slight are therefore unimportant. Is it not true that frequency, the commonest urological symptom, is still far too apt to remain unexplained till too late to overcome its cause?

That hemorrhage from the urmary tract which has ceased does not need investigation—forgetting that cessation of the symptom does not assure absence of its cause

That pyuria is always present in urological infections—Yet it is common knowledge that bacterial invasion does not always produce pus

That if the disease is in the kidney the urine specimen must contain casts—elements conspicuous by their scarceness in renal infections

That a clear, negative urine means there is no urological pathology—A hypnotic for the doctor who needs a stimulant instead

That urologic affections are rare in child-

hood -Rather say "less obvious"

That the cystoscopic examination of a child is a very difficult procedure, requiring a general anæsthetic in girls as well as boys—Special instruments make the cystoscopy of the little child a very practicable thing, and many children bear it well under the same conditions as their elders

That a prostate that is apparently not enlarged to rectal feel is therefore not obstructing. Though it's the urethra, not the rectum that is in trouble

That a prostate that is apparently normal in size and consistency as felt by rectum, and not unduly tender, is therefore free from infection—Who will assure us that a tonsil is not infected by the feel of it?

That cystitis is still an adequate diagnosis—We may hope it is, but we know it isn't

That stricture of the urethra is confined to the male—Merely comparatively rare in the female

That protraction of a urethritis beyond eight

weeks does not demand thorough investigation—It's earlier investigation would certainly spare the patient some misery—and cut down some professional incomes

That the acceptance of a fair sized sound by the male urethra proves there is no stricture—We know the sound is designed for treatment and yet some of us persist in preferring it in diagnosis.

That non-venereal stricture of the male urethra is rare—Though the urethra may have been strictured before it became infected

That abdominal, loin or pelvic pain not definitely accounted for outside of the urinary tract may be allowed to ride, or exploratory laparotomy be done without as full a urological investigation as needed to prove or disprove disease of this tract as its cause

These are recited because one is convinced from experience that they are still common enough and sufficiently substantial to cause the mishandling of many a patient. A tactful word let drop by the surgeon in consultation may perform a real service of enlightenment in this regard

I wish to speak of some circumstances in the hospital observation of the urologic features of our patients which may give wrong impressions

Foul urinals may inoculate urine specimens and delay in a warm temperature incubate them so that the laboratory finds them abounding in bacteria. Though there is no excuse for this condition, it can easily obtain Every specimen (not only the catheterized ones) should be kept fresh till examined. This requires supervision, but if we demand it the hospitals will furnish it

I believe most urinary chart blanks fail to provide for a lucid picture of the condition of the submitted specimen Here again simple things are neglected. An examination of 40 urinalysis chart sheets from all over the state shows that only 17 of them have space allowed for general description of the specimen other than color, and in only four is there provision for recording the character and quantity of the sediment. The writer feels that the technician should receive her specimens fresh and should be taught to describe the urine as it appears when viewed after agitation in a clear glass by transmitted light, and also to record the character and quantity of sediment I have heard of no practical, accurate way of telling the amount of pus in a specimen by microscopic examination One might dilute the specimen to a given density—thoroughly agitate it for a long period and count the leukocytes in a given volume, but it wouldn't be worth while for routine work However. it does mean much more to some of us that a urine is described as muddy and having a

heavy yellow sediment, than that a mere microscopic finding of leukocytes 10+ is reported. In a freshly voided sample with bacteria and no pus noted in the microscopic report, it would be interesting to know whether the fresh urine appeared very hazy or slightly so or practically clear. The proportion of blood to pus as shown in the layers of centrifuged sediment makes an interesting comparison to the microscopic findings. There should be space enough to record the appearance of shreds, scales, blood clots, etc.

If separate items are provided for under Microscopic Findings, the list of items, it would seem, should be complete, or blank space left for others. Out of 25 charts with blanks for microscopic items, in 11 space for bacteria was omitted, probably because the laboratories are accustomed to receiving con-

taminated bacteria-laden specimens

The nurse too, should be taught the importance of a close watch of the character of the urine of her patients. She should know that a specimen of urine can not be properly observed in the bed pan or pus basin. She should be drilled in the proper method of observing the urine and should record an intelligent description of one or more specimens of each patient in her bedside observations daily. It is much more important to teach our nurses this than to teach them chemical and microscopic urinalysis.

The improvement of technic and the selection of better filling solutions for radiographic study have obviated much of the disturbances resulting from special urological Cystoscopic procedures are, investigation however, not without their reactions surgeons recognize the prerogative of the urologist to examine his referred cases according to his judgment Many of them should be observed for some time before cystoscopy, if indeed they should be cystoscoped most, the object of cystoscopy is best attained when the diagnostic data otherwise obtainable have been assembled first The surgeon should surely not expect a cystoscopic examination while the tissues are suffering from recent It is often traumatism of instrumentation advantageous to collect segregated specimens, do differential function and pyeloureterogram at one seance, while in other cases, the first cystoscopy must be brief and limited to segregation or merely observation of the bladder I mention this because the natural desire to cut down the hospital residence sometimes tends to too precipitate action

Consideration of making the diagnosis safe leads to that of another diagnostic procedure, the obtaining of catheterized specimens in our hospitals. The replies received from the nursing departments of 50 hospitals of our state

show that in almost all scrubbing is required for catheterization by the nurse. In one ten minutes scrubbing is specified, in another eight, some scrub twice, some technics even call for an assistant, nine specify gloves, about half still permit the use of glass catheters, with exceptions, a few use metal catheters, some use no lubricant, even on rubber catheters most the technic is time consuming, in many fussy In some the patient is all but treated to a general bath Diagnosis might be facilitated by the popularization of a simpler technic A proper method of catheterization for hospital use should accomplish the obtaining of an uncontaminated specimen by a process which does not frighten nor hurt the patient more than necessary, does not result in infection and which is accomplished in a reasonable time and with reasonable expense and effort I believe that the process of scrubbing and wearing gloves involves unnecessary effort, time and expense, and that draping the patient with extra sheets, the use of stockings, etc, is not only needlessly expensive and burdensome, but that such elaborate preparation tends to frighten the patient—and that the ablutions as directed in some technics tend more to infection than asepsis

One feels that the following procedure, given here in essence, fills the requirements labia are held apart and the meatus identified, by upward traction if necessary The area is sponged (not laved) with two or three absorbent gauze sponges (not cotton balls) in succession, the sponges being caught by the corners and the middle of the sponge moistened in the solution so as not to wet the nurse's fingers, but make moist contact with the patient The last sponge used is left in place for a moment while a sterile soft rubber female catheter, velvet eyed and with smooth surface is grasped with sterile forceps and lubricated with an aseptic, water-soluble, nonirritating lubricant and left sterile, and within The labia are held apart again easy reach with the thumb and forefinger of the left hand, the sponge removed, and the catheter grasped again by the forceps (held thumb up) at an angle acute to the catheter, about 134 inch in from the tip and introduced gently and slowly, with the eye up

With this technic scrubbing is unnecessary, washing of the hands is sufficient. No assistant is required, no prolonged mysterious preparation has frightened the patient. The method is as aseptic as one can devise. Traumatism is minimized by the use of a well lubricated, smooth, soft rubber catheter. The nurse can introduce it every whit as gently with the forceps as with her fingers, and can see better what she is doing

In the catheterization of the male patient, whether by intern or orderly, a forceps technic is advisable when soft rubber catheters are used

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To Summarize The writer feels that the patient is entitled to an earlier urological diagnosis Anamnesis of urologic troubles is apt to be insufficient or inaccurate, and some pains must be taken to get a correct history at the first consultation The habit of categorical questioning based on significant urological symptoms will further this The simple equipment required must be ready at hand to facilitate a prompt, thorough preliminary urological examination by the general practitioner of medicine or surgery. Many common fallacies must be discarded by the profession if the urological patient is to get a fair When referred for examination, the procedure must be left to the consultant Improvements might be made in the handling of urmary specimens in our hospitals as well as in the hospital urinary chart blank, in order to greater accuracy and lucidity It is suggested that a simple forceps technic of catheterization with lubricated soft rubber catheter might with benefit be substituted for the usual ones in vogue in the hospitals of our state

URINARY DISTURBANCES IN WOMEN A STUDY OF 700 CONSECUTIVE CASES*

By FREDERICK T LAU, MD, FACS, AND JOHN K DE VRIES, MD
From the Urological Department, New York Hospital (James Buchanan Brady Foundation)

THIS study is prompted by a realization of the marked relationship between gynecology and urology in the female and the large number of female patients presenting

following one or more laparotomies without relief of symptoms. The cases are divided into two groups. (a) those seen in the out-patient department and (b) those admitted to the hospital for treatment and operation. Obviously,

themselves with pathology of the urinary tract

^{*} Read at the Annual meeting of the Medical Society of the State of New York, at Niagara Falls, N Y May 11, 1927

weeks does not demand thorough investigation —It's earlier investigation would certainly spare the patient some misery—and cut down some professional incomes

That the acceptance of a fair sized sound by the male urethra proves there is no stricture -We know the sound is designed for treatment and yet some of us persist in preferring it in diagnosis

That non-venereal stricture of the male urethra is rare—Though the urethra may have been strictured before it became infected

That abdominal, loin or pelvic pain not defimitely accounted for outside of the urinary tract may be allowed to ride, or exploratory laparotomy be done without as full a urological investigation as needed to prove or disprove disease of this tract as its cause

These are recited because one is convinced from experience that they are still common enough and sufficiently substantial to cause the mishandling of many a patient A tactful word let drop by the surgeon in consultation may perform a real service of enlightenment in this regard

I wish to speak of some circumstances in the hospital observation of the urologic features of our patients which may give wrong

impressions

Foul urinals may inoculate urine specimens and delay in a warm temperature incubate them so that the laboratory finds them abounding in bacteria Though there is no excuse for this condition, it can easily obtain Every specimen (not only the catheterized ones) should be kept fresh till examined This requires supervision, but if we demand it the hospitals will furnish it

I believe most urinary chart blanks fail to provide for a lucid picture of the condition of the submitted specimen Here again simple things are neglected. An examination of 40 urinalysis chart sheets from all over the state shows that only 17 of them have space allowed for general description of the specimen other than color, and in only four is there provision for recording the character and quantity of the sediment The writer feels that the technician should receive her specimens fresh and should be taught to describe the urine as it appears when viewed after agitation in a clear glass by transmitted light, and also to record the character and quantity of sediment I have heard of no practical, accurate, way of telling the amount of pus in a specimen by microscopic examination One might dilute the specimen to a given density—thoroughly agitate it for a long period and count the leukocytes in a given volume, but it wouldn't be worth while for routine work However, it does mean much more to some of us that a urine is described as muddy and having a

heavy yellow sediment, than that a mere microscopic finding of leukocytes 10+ is re-In a freshly voided sample with bacteria and no pus noted in the microscopic report, it would be interesting to know whether the fresh urine appeared very hazy or slightly so or practically clear The proportion of blood to pus as shown in the layers of centrifuged sediment makes an interesting comparison to the microscopic findings There should be space enough to record the appearance of shreds, scales, blood clots, etc

If separate items are provided for under Microscopic Findings, the list of items, it would seem, should be complete, or blank space left for others Out of 25 charts with blanks for microscopic items, in 11 space for bacteria was omitted, probably because the laboratories are accustomed to receiving con-

taminated bacteria-laden specimens

The nurse too, should be taught the importance of a close watch of the character of the urine of her patients She should know that a specimen of urine can not be properly observed in the bed pan or pus basin. She should be drilled in the proper method of observing the urine and should record an intelligent description of one or more specimens of each patient in her bedside observations daily is much more important to teach our nurses this than to teach them chemical and microscopic urinalysis

The improvement of technic and the selection of better filling solutions for radiographic study have obviated much of the disturbances resulting from special urological investigation Cystoscopic procedures are, however, not without their reactions surgeons recognize the prerogative of the urologist to examine his referred cases according to his judgment Many of them should be observed for some time before cystoscopy, it indeed they should be cystoscoped most, the object of cystoscopy is best attained when the diagnostic data otherwise obtainable have been assembled first The surgeon should surely not expect a cystoscopic examination while the tissues are suffering from recent It is often traumatism of instrumentation advantageous to collect segregated specimens, do differential function and pyeloureterogram at one seance, while in other cases, the first cystoscopy must be brief and limited to segregation or merely observation of the bladder I mention this because the natural desire to cut down the hospital residence sometimes tends to too precipitate action

Consideration of making the diagnosis safe leads to that of another diagnostic procedure, the obtaining of catheterized specimens in our The replies received from the nurshospitals ing departments of 50 hospitals of our state

show that in almost all scrubbing is required for catheterization by the nurse. In one ten minutes scrubbing is specified, in another eight, some scrub twice, some technics even call for an assistant, nine specify gloves, about half still permit the use of glass catheters, with exceptions, a few use metal catheters, some use no lubricant, even on rubber catheters. In most the technic is time consuming, in many In some the patient is all but treated to a general bath Diagnosis might be facilitated by the popularization of a simpler technic A proper method of catheterization for hospital use should accomplish the obtaining of an uncontaminated specimen by a process which does not frighten nor hurt the patient more than necessary, does not result in infection and which is accomplished in a reasonable time and with reasonable expense and effort. I believe that the process of scrubbing and wearing gloves involves unnecessary effort, time and expense, and that draping the patient with extra sheets, the use of stockings, etc, is not only needlessly expensive and burdensome, but that such elaborate preparation tends to frighten the patient—and that the ablutions as directed in some technics tend more to infection than asepsis

One feels that the following procedure, given here in essence, fills the requirements labia are held apart and the meatus identified, by upward traction if necessary The area is sponged (not laved) with two or three absorbent gauze sponges (not cotton balls) in succession, the sponges being caught by the corners and the middle of the sponge moistened in the solution so as not to wet the nurse's fingers, but make moist contact with the patient The last sponge used is left in place for a moment while a sterile soft rubber female catheter, velvet eyed and with smooth surface is grasped with sterile forceps and lubricated with an aseptic water-soluble, nonirritating lubricant and left sterile, and within easy reach The labia are held apart again with the thumb and forefinger of the left hand, the sponge removed, and the catheter grasped again by the forceps (held thumb up) at an angle acute to the catheter, about 13/4 inch in from the tip and introduced gently and slowly, with the eye up

With this technic scrubbing is unnecessary, washing of the hands is sufficient. No assistant is required, no prolonged mysterious preparation has frightened the patient. The method is as aseptic as one can devise. Traumatism is minimized by the use of a well lubricated, smooth, soft rubber catheter. The nurse can introduce it every whit as gently with the forceps as with her fingers, and can see better what she is doing

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themselves with pathology of the urinary tract following one or more laparotomies without relief of symptoms. The cases are divided into two groups:

(a) those seen in the out-patient department and (b) those admitted to the hospital for treatment and operation. Obviously,

a number of patients in the first group are included in the second and a number of patients admitted to the hospital were not seen in the out patient department.

in the out-patient department

Those on whom complete urological examinations were done, were subjected to urinalysis, urethroscopy, cystoscopy and pyelography and ureterography on the side indicated and on the opposite side at a later date if necessary Cystograms by the Herbst¹ method were done when indicated Sterile specimens were collected from the bladder and both kidneys for culture and from both kidneys for urea and microscopic examination as well as guinea pig inoculation Bilateral phthalein estimations were done and pyelograms taken with the patient in the prone posture terograms were taken with the patient in the erect posture, the lead catheter being withdrawn and being at the ureteral orifice as the picture was taken Operative cases were more thoroughly investigated with blood chemistry and other laboratory work

Diagnostic investigation is obviously secondary to palliative treatment in patients presenting acute physical discomfort. The percentage of cases presenting simple pathology as caruncle or stricture of the urethra, trigonitis and bullous edema and cystic degeneration of the bladder and bladder neck is extremely large. Most of these cases respond very satisfactorily to treatment indicated although trigonitis and bullous edema are often most resistant and cause discouragement to the patient and urolo-

gist

Before proceeding to a study of the cases, a few words will not be remiss on the direct influence of gynecological conditions on the several cardinal urological symptoms. Hematuria is frequently the result of lesions in the female genitalia. Frequency is often traced to some injury to the vesicle sphincter caused by

child birth or by cystocele

In a general consideration of urmary infection, it should be determined whether the infection is ascending or descending and whether the urine is acid or alkaline Renal tuberculosis is often characterized by acid urine and The removal of foci of a negative culture infection is imperative in hematogenous or descending types of infection Intravenous medication of infection is often accompanied by extreme toxicity and should be used conserv-I have had excellent results with atively intravenous mercurochrome in several cases in which general infection was present Ammonium Chloride (1 gram T I D) and Sodium Benzoate, grs XV tid increase normal acidity of the urine and will change the reaction in alkaline cystitis

Table 1 is a tabulation of the diagnostic findings in out-patients. As a more exhaustive

study can be made of operative cases from their ward records, only non-operative cases will be discussed on this table Polycystic

TABLE I

TABLE I	
DIAGNOSTIC FINDINGS-OUT-PATIENT	DEPARTMENT
KIDNEY—	
Tumor	<u>.</u>
Polycystic	3 8 35
Anomalies	8
Calculus	35
Tuberculosis Pyonephrosis	21 16
Hy dronephrosis	26
Pyelitis	47
Nephroptosis	51
Rupture	1
	212
URETER—	212
Anomalies	5
Calculus	21
Stricture	87
Torsion or Kink	many 2
Ureterocele Hydro Ureter	ž
Hydro Ureter Vesico Renal Reflex	1
Anomalies of Ureteral Orifices	6
	125
BLADDER	123
Varicose Veins	3
Tumors	
Carcinoma	15 16
Papilloma	3
Anomalies Calculi	3
Tuberculosis	3
Diverticulum	3
Trigonitis	many
Cystic Degeneration	many
Simple Trabeculation Cystitis—	many
Simple Cystitis	many
Cystica	9 5
Incrusted	5
Interstitial	many
Traumatic Cystocele	many
Tabes	1
Hunner Ulcer	8
Vesico Vaginal Fistula	3 1
Drug Rash	î
Herpes of the Bladder Lues	1
Bilharziosis	1
Extra Vesicle Pressure	many
	77
BLADDER NECK-	
Bullous Edema	many
Cystic Degeneration	many 3
Contracture	3
Hyperthrophy of Albarans Glands Diverticulum	ĭ
Diverticulum	7
IDDTUDA	/
URETHRA—	many
Stricture Condyloma	1
Calculus	1 2
Polyps	2 many
Prolapse	2
Periurethral Abscess	

Venereal Warts	1
Caruncle	many
Incomplete	7 92
MARITAL INCIDENCE	
Married	90%
Single	8%
Widows	2%
AGE TACIDENCE	
10-20	5%
20-30	27%
30-40	24%
40-50	25%
50-60	15%
60-80	3%
Over 80	1%

kidneys are always bilateral and are non-operaative cases Rovsing has suggested the relief of tension by puncturing the cysts, but the advantage of this precedure is questionable. These cases are best treated by forced fluids and attention to the co-incident nephritis

Anomalies of the kidney may be ignored unless they interfere with function or produce stasis with co-incident infection in which case

surgical relief is necessary

Silent stones or those producing no symptoms, if there be no interference with function may be allowed to remain and kept under observation. Attempt should be made to cause the passage of small smooth stones in the kidney pelvis by intraureteral manipulation. Great progress has been made in recent years in this technic

Hydronephrosis and pyonephrosis are the results of stasis and infection respectively or combined These conditions, as well as pyelonephritis reduce kidney function and frequently progress to the destruction of tissue in the kidney proper The increase of kidney function and reduction or elimination of infection by intelligent dilatation of the ureter and drainage and lavage of the kidney pelvis is most marked Nephrectomy is the only means of relief in some cases of pyonephrosis and pyelonephritis in which there is persistent infection which cannot be drained, abscess cavities not draining into the pelvis and a very low or absent function, although many of these cases can be markedly improved or cleared up by conservative procedure

The improvement and cure of pyelitis by pelvic lavage at intervals of one or two weeks may be determined by repeated cultures of urine from the side involved. The best results have been obtained by us with acriflavine solution. In pyelitis of pregnancy there should be a minimum of instrumentation. In severe cases very satisfactory drainage is obtained by allowing a catheter to remain in place to the kidney pelvis indefinitely.

Strictures of the ureter vary in caliber and

location although they occur most frequently in the lower third in the broad ligament portion and along the pelvic wall at the bifurcation of the internal iliac artery The congestion of pelvic vessels co-incident with menstruation is frequently transmitted through the adjacent lymphatics and vessels to the ureter at the site of stricture, thus producing further constric-The resulting ureteral colic may aggravate a dysmenorrhea or be mistaken for the Those strictures caused by descending hematogenous infections should have investigation done to determine and eliminate causitive foci in teeth, tonsils, sinuses, etc patients are entirely relieved of recurrent attacks of typical renal colic by the ureteral dilatation co-incident with catheterizing ureters in a routine urological examination

One of the ureteroceles in this series was of the intravesical type which filled with each efflux of urine and the other was of the extravesical type. The anomalies of the ureteral orifices were all the result of constrictions at these sites. They were treated by (1) incision and (2) fulguration through an operating cystoscope. Hydro-ureter like hydronephrosis is the result of stasis. The amount of ureteral dilatation necessary to be termed hydro-ureter is a question of individual interpretation. The three cases in this series were of the very marked type—one a tuberculous ureter.

Cystic degeneration of the bladder neck and of the bladder mucosa just internal to the bladder neck has been observed in a great many of these cases This condition is interpreted as the aftermath of an old infectious or inflammatory process. Not a few of these patients had been subjected previously to complete urological examinations without definite findings or relief of symptoms We have treated them with topical applications of Silver-Nitrate 25 per cent, Phenol and Glycerine (equal parts) and fulguration The most satisfactory results have been obtained with the latter method Fulguration has also been used with good results in bullous edema of the bladder neck

Female cystitis is largely of bacterial origin The most common complication is urethral stricture which is found more often in the outer portion near or at the meatus. The diagnosis may be made from the history, physical examination and urinalysis The reaction of the urine should be changed as soon as diagnosis is made. Autogenous and stock vaccines have not been used in this series although brilhant results have been reported by others After the acute symptoms subside, if bacteria are still present or if abnormal elements are still present in the urine, a complete urological chamination should be done. While cystitis per se, can exist, we should not be content

without a thorough search for causitive factors

Cystitis cystica in this group is the term used to designate cystic degeneration in the bladder in a location other than the vesical neck or trigonum

TABLE 2

DIAGNOSTIC FINDINGS—PATIENTS ADMITTED TO HOSPITAL KIDNEY

Tumor-hypernephromas	3
Polycystic	1 1 31
Anomalies	1
Calculus	31
Tuberculosis	19
Pyonephrosis	14
Hydronephrosis	9
Pyelitis	12
Nephroptosis .	16
	106
URETER	
Anomalies	1
Calculus	14
Stricture	24
BLADDER	39
Tumors	
Carcinoma	10
Papilloma	2
Acute Cystitis	14 8 4 2
Chronic Cystitis	8
Hunner Ulcer	4
Vesico Vaginal Fistula	2
	40
URETHRA	
Congenital Malformation	1
Caruncle	3
Persurethral Abscess	1 3 1 11
Gynecological Cases with Urinary Symptoms	11
	16
The condition of the co	C 1

The ova of Schistosoma Billharzia was found in the urine of one Italian patient presenting lesions in the bladder only

Glandular hypertrophy on the urethral floor at the bladder neck corresponding to Albarans glands in the male has been observed in three cases This condition, as well as contracture

of the bladder neck, has been treated by endothermy desiccation

Caruncle of the urethra is seldom noticed in patients under forty years of age. This condition is very common and responds best to fulguration. In one patient over eighty years of age in this series, a cystocele of extreme degree was present as well as a caruncle 2 cms in diameter which appeared as a ball valve at the urinary meatus. The gynecologists felt that the patient was too senile for surgical relief of the cystocele so we decided to try fulguration rather than excision of the caruncle. This proved most satisfactory and subsequent caruncles have been treated only by fulguration.

Stricture of the urethra has been mentioned previously. This condition is quite common and improvement is rapid following dilatation and irrigation of the urethra and bladder if infection be present. Prolapse of the urethra is due to a general lowering of muscular tonicity and is not uncommonly observed in multipara.

The majority of cases classified as incomplete were those whose attendance at the clinic did not continue for a long enough period to permit complete examination or diagnosis

Table 2 is a tabulation of diagnostic findings in patients admitted to the hospital. It is an interesting observation that eleven of these patients or slightly more than 5 per cent had gynecological conditions but had come to our department because of urinary symptoms. They were all referred to the Gynecological Department as were a great many cases in the out-patient department.

The prognosis in Hypernephroma is dependent upon the speed with which diagnosis is made and the kidney removed. A great increase in the respect for hematuria, particularly of the painless and intermittent type has devel-

TABLE 3-HYPERNEPHROMAS

		حادث الم						
Total Number of Patients	Average Age	Married Single	Number Patients Having Children	Gynecological Complications	Previous Operations With Relief	Previous Operations Without Relief		
3	59	3 M	2	2	1	0		
Location of Pain	Frequency	Hemaluria	Dysuria	Op-rations	Anesthesia	Diagnosis		
1 R.L.* and R.C-V** 1 R.L. and S P ***	2	2	2	3 R Nephrect	3 Para Vertebral	3 R Hyperneph		

Incomplete
1 R.L.***
and L.R.Q

^{*}Right Loin
**Right Costo = Vertebral Angle

^{***}Right Loin and Supra Pubic
****Right Loin and Lower Right Quadrant.

oped in the last decade Complete investigation is promptly indicated when this condition is present. One patient, in this series, seen in the out-patient department, presented a history of hematuria, at first painless of long indefinite duration A pyelogram of the functionless involved side showed a tumor obliterating part of one calyx The extreme debility of the patient and a function of 3 per cent from the other kidney contraindicated operation was transfused and attempts to improve her condition generally were made seen-four months later, the function of the opposite kidney was not improved and the kidney shadow had doubled in size with complete it will be found that the thickened inelastic sub-mucosa has split at certain places over the involved areas. Such ulcers, however, heal fairly rapidly, and one may be surprised by their disappearance, all symptoms persisting as before. If secondary infection has occurred, the other changes of bacterial cystitis may be superimposed.

Traumatic cystitis and extravesical pressure are frequent complications of child birth, misplaced or inflamed organs of the female genitalia, or tumor growths in the latter Extravesical pressure with co-incident discomfort was noted in some of these cases from a ring

pessary.

TABLE 4—RENAL CALCULUS

Total Number of Patients	Average Age	Married Single	λuriber Palients Hacing Children	Gynecological Complications	Previous Operations With Relief	Previous Operation: Without Relief
31	39	21 M 5 W 5 S	14	4	8	6
Location of Pain	Frequency	Hemaluria	Dysuria	Operations	Anesthesia	Diagnosis
14 R. C-V* 11 L. C-V* 5 R. Lom 3 L. Lom 1 R.L.Q** 7 Epig 4 Sup Pub 1 Ureth.	7	4	8	5 R. Nephrot. 3 L. Nephrot. 9 Cystos. 5 R. Pyelot. 9 L. Pyelot. 1 Nephropex.	1 Eth. 4 G-O 12 Pars V 3 G-O-E	14 R. Nephrolith 13 L. Nephrolith 3 B Nephrolith 1 Incomplete

^{*}Right Loin.

obliteration of calyces and a large portion of the kidney pelvis. The operations in this short series were performed under Para-Vertebral anaesthesia. Regional anaesthesia has taken a very important place in urological surgery. Hemorrhage is decreased because the blood pressure is not elevated and anaesthesia is prolonged for six or seven hours, covering the greatest period of post operative shock

Incrusted cystitis is characterized by alkaline deposits on the bladder mucosa. Hager³ has isolated an organism known as Proteus Ammonia which converts urea into ammonia. The resulting alkalinity precipitates alkaline inorganic salts which are deposited on some already inflamed area of the bladder mucosa or on some tumorous lesion. We have been unable to obtain the satisfactory results reported by a few others in the use of Bulgarian bacillus solution in these cases.

Interstitial or sub-mucous cystitis is that type described by Young* in which initial cystoscopic findings are negative. A forcible distension of the bladder produces irregular areas of localized reddening and edema with perhaps some ecchymotic spots. After the distension,

Calculi in the kidney or kidney pelvis are best removed, if possible, through an incision on the posterior surface of the pelvis is less destruction of tissue and less possibility post-operative hemorrhage with technic than with nephrotomy The kidney should be tapped gently with the finger tips to insure dislodgement of adherent particles and the pelvis and calyces should be lavaged with saline solution A fluroscopic examination or a picture on a small X-ray film while the kidney is delivered on the loin will insure against any remaining particles. It is our custom to put a No 20 F soft rubber catheter down into the pelvis when closing the wound and remove this gradually beginning on the fourth post-operative day. In a study made some time ago by ones of us, it was found that all cases of recurrent calcult were accompanied by stasis and infection The elimination of these two elements is an imperative procedure. It will be observed that six of the cases in this series or 2 per cent had previous abdominal operations without relief

In tuberculosis of the urinary tract in general, conservative opinion today is not so in-

^{**}Right Costo = Vertebral Angle.

TABLE 5-TUBERCULOSIS

			TIND OL	O-LUBER	2010212			
olal Number of Patients	Age	Married Single	Children	Gynecological Complications		Prev Oper'ins Without Relief	Location of Pain	Weighl Loss
19	31	118 8 M	2	1?	3 1?	2 1?	2 R. Loin 6 R. C-V	6
							1 R. L Q 4 Sup Pub 1 L. Loin 7 L. C-V 1 L. L Q 2 Ureth	
Frequency	Hematuria		Dysuria	Operations	Anesthesi	a Diagr	10313	Complications
16	3		14	7 Cystos. 5 R. Nephrect. 7 L Nephrect. 2 Pyelog	7 (0) 3 G-O 1 G-O-E 6 Para V 1 Ethely 1 Para V and	9 TB 1 Inco 9 TB	qmo	12 (0) 6 TB Cystitis 1 Kyphosis

sistent as formerly on radical surgical removal of organs or parts involved. A definite tuberculous involvement of a kidney with reduced function, abscess formation or destruction of kidney tissue as well as involvement of the ureter is entitled to nephrectomy and ureterectomy If the major focus be eliminated, the secondarily involved areas will respond to general and local treatment Tuberculous bladder ulcerations caused by descending infection respond very promptly to fulguration and topical application following the removal of the kidney and involved ureter When the ureter is not involved, nephrectomy is sufficient. I was very much embarrassed, some time ago, to receive the pathologist's report finding no tuberculosis in a kidney which I removed from one of the cases in this series-an eighteen year old girl The guinea pig report had been positive from this side and there was a suggestion of pyelographic shagginess in the up-It would seem that the amount of decrease in function in the involved kidney should be considered to a large extent in deciding the advisability of nephrectomy

Another patient in this series—a woman fifty years old, refused operation, despite a

3 Ureth

positive guinea pig finding and a slight shagginess of one of the calyces She was referred to the Urological Tuberculosis clinic which was established several years ago in our departat New York Hospital Nine women have been referred to this clinic from the Female Of these nine cases, one was ill with inoperable renal tuberculosis, another was the case just cited and six were post-operative nephrectomies for renal tuberculosis. Five of the six post-operative cases had tuberculous These are all receiving general and special treatment which consists of rest, fresh air, diet, and Koch's Old Tuberculin in graduated dosage. They also receive both air cooled and water cooled mercury vapor quartz lamp The cystitis patients are given treatment methylene blue to relieve the burning on urination, also other bladder sedatives as required All of them are doing well especially the two non-operative cases who have gained weight and have had alleviation of their symptoms There are two post-operative patients in this clinic merely with the idea of building up their general health as they have no symptoms

You will notice that the average age incidence in this series as in the other series is an

TABLE 6-PYONEPHROSIS

Total Number of Patients	Average Age	Married Single	C	hildren	Gynecological Complications	Previous Operations With Relief	Previous Operations Without Relief
13	41	9 M 4 S		6	0	0	2
Location of Pain	Frequency	Hematuria	Dysuria	Operations	Anesthes	a Diagnosis	Complications
6 R. Loin 1 R. C-V 2 Epig 4 Sup Pub 5 L. Loin	8	4	5	5 R. Nephre 2 L. Nephre 4 Cystoscop 2 (0)	ct. 3G-O_	3 Pyonephro	R. 1 Chr Cys. L 1 L Ectopic B Kidney 1 Pylo Nephrit

1 Hydronephro

interesting observation. The number of sites of pain in these cases obviously exceeded the number of patients. I am sorry that space does not permit the tabulation of the respective locations of pain in each individual patient. There seems to be an equal involvement of the respective kidneys in renal tuberculosis. This has not been so in the other pathological conditions in this series.

Pyonephrosis, hydronephrosis and pyelitis have already been discussed. The number of

ureteral strictures and kinks complicating the hydronephroses is not so high as one might expect. Most of the cases of hydronephrosis and pyelitis were, admitted to the hospital for twenty-four hours following routine urological examinations or for dilatation and lavage.

The pendulum of popular opinion on the advisability of nephropery in the treatment of nephroptoses has swing back and forth several times. The enthusiasm for this operation reached

TABLE 7-HIDRONEPHROSES

		IA	DEE 1-1	LIDRONGPH	ROSES		
Total Number of Patients	Age	Narrie Single		hildren	Gynecological F Complications	rerious Operations With Relief	Precious Operation Without Relief
9	36	7 M 2 S		5	4	0	3
Transferred from Other Services	Location of Pain	Frequency	Hematuria	Dysuria	Side Involved	Operations	Complications
4	1 R. C-V and R. Loun 2 R. C-V and Sup Pub 2 L. C-V 3 L. Loun and L. C-V	7	1	4	3 R. 4 L. 1 R. and L.	4 Cystos. 1 L. K Drain 1 Cystoscopy an Pyclog 3 Dilat. and Lavage	4 Strict. 1 Kink d 1 Strict. and Stone Uret. 1 Stone Kidney and Pregnancy 1 Bilateral
			TABLE	8—PYELITI	S		
Total Number of Patients	Age	Marri Singl		Children	Gynecological P Complications	rerious Operations With Relief	Previous Operations Without Relief
12	29	10 N 1 S 1 W		6	0	0	1
Location							
of Pain	Frequency	Hematuria	Dysuria	Operation	s Anesthesia	Diagnosis	Complications
2 R. Loin 5 R. C-V 2 R. L Q 2 Sup Pub 2 Epig 2 L. Loin 2 L. C-V 1 L. U Q	6	1	7	8 Cystoscopi Pyelog 1 Cystoscopy Dilat. 1 Cystoscopy 2 Incomplets	and	1 Chr R Nephropto 3 Chr B Pyelit- 13 1 Chr L Pyelit- 18 2 AC B Pyelits 2 AC R. Pyelits 3 AC L Pyelits	1 Pregnancy 1 Calculus
111104		•	Table 9-	-Nернкорт	osis	o no mi yenus	
Total Number of Patien :	Age	Married Single	Children	Gynecologia Complicati	al Prev Operation	ns Prev Operations Without Relief	Transferred from Other Services
16	37	9 M 5 S 2 W	2	2	1	5	0
Location of Pain	Frequency	Hematuria	Dysuria	Operation	s Anesthesia	Diagnoms	Complications
11 R. C-V 1 R. L Q 1 Sup. Pub 2 L. Lom 4 L. C-V 1 L. L Q 1 Ureth.	3 ,	4	3	7 Cystos, an Pyelog	2 Para V yand 2 Para V and E. pex. 1 Para V cand and Gwa	11 R. Nephroptos 5 B Nephroptos	3 Kink I Meno- pause I B Pye- hits I R. Pye- hits I R. Pyehits and Kink

its height at the time Kelly and Edebohls were reporting their brilliant results a decade ago. It is reasonable to assume that a patient with bi-lateral nephroptosis must have some ptosis of the entire abdominal content and a nephropexy will not give relief of symptoms However, when the condition is unilateral, particularly when complicated with kink or torsion in the ureter. I believe that nephropexy may be done to advantage if improvement has not been obtained by elevation of the kidney with a belt, dilatation of the constricted ureter and lavage of the Eight nephropexies in this infected pelvis total series of fifty-one cases—seventeen per cent—is evidence of the satisfactory results obtained by using the elevating belt, combined with dilatation and lavage. The extreme majority of right sided involvement and the occurrence of five or thirty-one per cent of these cases giving a history of previous abdominal

operations without relief is worthy of com-

Ureteral calculi and strictures of the ureter have been discussed under non-operative pro-Please note that five ureterotomies were done on a total of twenty-one cases in the Practically all of these were entire series cases of rough stones impacted in the natural narrowing in the lower third or in strictures of the ureter

In Table 11 the minor details of histories are incomplete in a number of cases because they were admitted only for routine examination or for a short period following dilatation and lavage Please note the great majority of right sided involvement and the fact that seven or thirty per cent of these cases had from one to four previous abdominal operations without relief of symptoms

Time will not permit an extensive discussion

TABLE 10-URETERAL CALCULUS

Total Number of Patients	Age	Married Single	Children	Gynecologica Complication		Prev Operations Without Relief	Location of Pain
14	40	13 M 1 S	8	0	4	1	6 R. Loin 6 R. C-V 1 R. L Q 3 Epig 2 Sup Pub 4 L. Loin
Frequency	Hematuria	Dysuria	Op	erations	Anesihena	Диадпозы	Complications
7	4	6	6 Cys Dili 2 Cys 1 Cys Roi	tos. and I at. 1 toscopies	GO S Para V Para V and Eth Eth	R. Ureter Calc L Ureter Calc. 1	1 Pyonephros. I. Ureter Absoess

		TAE	LE 11—STRI	CTURE OF U	RETER		
Total Number of Patients	Age	Married Single	Children	Gynecological Complications	Prev Operations With Relief	Prev Operations Without Relief	Location of Pain
24	34	14 M 88 2 ?	7	6	0	7 30%	7 R Loin 2 R C V 4 R L Q 2 R U Q 2 Sup Pub 5 L Loin 1 L C V 1 L L Q 1 L U Q
Frequency	Hem	aluria	Dyeuria	Side Involved	Operati	опв _ С	omplications
7		1	4	13 R. 5 L. 3 R. and L	17 Dilatatu and La 3 Dilatation and Be 1 Dilat. and age and 1 Pyelot.	vage 1 Sto ns 1 Ure lts 3 K F i Lav- 1 Don [Belt 1 Hyc I B C	ne terocele

of bladder tumors Benign papilloma respond satisfactorily to fulguration or radium or both Every benign papilloma is a potential carcinoma and Ewingo says that it is very difficult to determine just when the change occurs The diagnosis is confirmed by obtaining a piece of the tumor by means of a Rongeur forceps through an operating cystoscope. Great prog- It will be noted, however, that the average age ress has been made in the last decade in the treatment of malignant bladder tumors Each case must be studied individually before deciding on the choice of treatment. If a wide area

The ages extend the hypernephroma series from forty-four to seventy All of them complained of hematuria

Tables 13 and 14 are not of much value because these patients were in the hospital only over night following routine examination and many details are not included in their histories of acute cystitis cases was forty-two and of chronic cystitis cases it was fifty-six years

I have had no slide made for the patients admitted to the hospital for Hunner ulcer

TABLE 12—CARCINOMA OF THE BLADDER

Total Number of Patients	Age	Married Single	Children	Gynecological Complications	Prec Operations With Relief	Prer Operations Without Relief	Location of Pain
10	59	8 M 1 S 1 ?	6	5	3	1	10 Sup. Pub
Frequency	Herraluria	Dynura	Operations				
10	10	10	5 Resect. and 1 2 Resect. and 0 1 Resect. and 0 2 Incompleto		lıum		

Cauterization {Actual Cautery Endothermy Fulguration

of healthy tissue is present around the tumor, resection is perhaps the most satisfactory method If extravasation is present, and the surface of the tumor is elevated, the logical procedure is to apply the actual cautery or endothermy and bring the tumor down to the level of the surrounding bladder mucosa When this is accomplished, radium emanation is employed by the implantation of platinum seeds We are not experiencing today the painful sloughing and slowly-healing ulcerations which occurred with early radium therapy The screening of radium by platinum, filters out the irritating alpha and beta rays which formerly caused the sloughing and ulceration and permits a uniform exposure of the tumor to the gamma rays The average age of patients in this series—fifty-nine—is the same as There was a total of four cases, the average age was thirty-three years and resection of the ulcer was done in three cases One of these had a co-incident complication of carcinoma of the rectum She was transferred to Memorial Hospital and lived for nine months This so-called elusive ulcer first described by Hunner is much more frequent in women than in men and is not particularly common—eight in this entire series. Frequency and dysuria were present in each case and were more marked at the time of the menstrual period Pain was reported in various places but most frequently in the bladder region. Our method of treatment has been to use fulguration with local, regional or general anaesthesia and if this does not produce a cure, to proceed with resection of the ulcer Sufficient time has not

TABLE 13-CISTITIS ACUTE

Total Number of Pairents	Age	Married Single	Children	Gynecological Complications	Prev Operations With Relief	Prec Operations Wilkoul Relief	Location of Pain
14	42	8 M 6 S	3	5	0	0	5 Sup Pub 4 Urethra.
Prequency	Нетавига	Dyeuria	Operations	Comp	lications		
6	3	6	9 Cystoscopies 1 Refd to Gyn 2 Fulg Blad. Nec		Int. Hem'roid		

¹ Dilat. of Blad. 1 Cystoscopy and Pyelog

TABLE	14—Cystitis	CHRONIC
TAPLE	TT OISILIS	CHRONIC

				CHICONIC		
Total Number of Patients	Age	Married Single	Children	Gynecological Complications		ns Presions Operations Without Relief
8	56	4 M 2 S 1 W 1 7	4	4	1	1
Location of Pain	Frequency	Hemaluria	I)ysuria	Operations	Complications
1 R. Loin 1 R. C-V 1 R. U Q 1 Epig 6 Sup Pub 1 L Loin	8	0			1 None 3 Cystoscopies 4 Pyelog and Cystoscopies	3 Pyelitis 2 Kidney 1 Arthritis and Infect. Teeth

elapsed to estimate the percentage of permanent cures

SUMMARY

- (1) Many urinary disturbances in women are caused by minor pathological conditions in the urethra or bladder neck
- (2) Gynecological complications are very frequent in urinary disturbances in the female
- (3) Many urinary complaints in women are the result of gynecological pathology and will disappear on eliminating the same
- (4) Many pains occurring in the intra-peritoneal area are referred from the kidneys and many pains in the back are referred from conditions in the pelvis or in the peritoneal cavity in general
- (5) Many needless laporotomies are done because the urinary tract is not previously investigated
 - (6) In this series, the greatest number of

operations without relief caused by mistaken interpretation of pain symptoms was in the series dealing with renal calculus, nephroptosis and stricture of the ureter

(7) Urological diagnosis is on such an efficient basis that complete examination will demonstrate existing pathology in the urinary tract

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THE SURGICAL TREATMENT OF PULMONARY TUBERCULOSIS*

By E W PHILLIPS, MD, ROCHESTER, N Y

WO years ago, Willy Meyer wrote "Advanced Pulmonary Tuberculosis—a Borderline Disease" Pulmonary Tuberculosis is a borderline disease—from its incipiency to the advanced forms—close co-operation, between physician and surgeon, and the proper selection of treatment is essential for the best care of the patient "Surgical Aids in the Treatment of Pulmonary Tuberculosis" is a more appropriate title for this paper

Historical—As far back as 1821, James Carson recommended artificial pneumothorax in the treatment of pulmonary tuberculosis and proved, by experimentation, that it was practical How-

* Read before the Eighth District Branch Medical Society, at Warsaw, N Y

ever, a lapse of several decades followed before Murphy, in this country, and Forlamin, in Italy—independent of each other—recommended and practiced artificial pneumothorax. Chest wall collapsing operations began in 1907, when Brauer advised more extensive operations than had been performed. Friedrich carried out the operation Various surgeons modified operative technique until Sauerbruch's posterior paravertebral thoracoplasty came to be adopted as the standard operation. Today it is the most common type of cliest collapsing operation but there are constantly appearing, in the literature, modifications, some as slight changes—others radical

Paralysis of the diaphragm, by blocking impulses in the cervical portion of the phrenic nerve,

was first reported by Stuertz in 1911 but, apparently—independent of this work—Sauerbruch and Schelepman conceived and put into practice the same idea

The Rationale of the Surgical Aids—It is necessary to understand the normal physiology of the cliest and the pathological picture of tuberculosis in the lung, before one can comprehend the indications for using a particular surgical aid in a certain type of lesion

There is a marked variation in the individual powers of resistance in the battle between the host and the tubercle bacillus. It varies from disease that progresses in spite of the best of treatment to disease that will recover no matter how badly treated or without any treatment. Therapy, in tuberculosis, is directed mainly to the great majority who he between these two extremes.

Parenchymal lesions heal in different wavs. There may be recovery with almost no fibrosis or there may be extremely marked fibrosis. The aim in treatment is to secure healing of the lesion with as little fibrosis and scarring as possible, because fibrosis results in lowering of the vital capacity and consequent crippling of the individual Vital capacity depends upon an intact breathing unit which includes an unimpaired pulmonary elasticity. Fibrosis destroys normal pulmonary elasticity

Yates believes that the quality and quantity of blood delivered to the diseased lung largely determines the type of healing and has shown that the greatest amount of blood is in the pulmonary capillaries, delivered by the least amount of cardiac effort when the capillaries are not either elongated—as in full inflation—nor tortuous—as in deflation. This state is the mean between full inflation and full deflation and can be approached when the diaphragm assumes the expiratory position, following induced paralysis.

Rest, in general, and for the diseased part, is accepted as proper treatment of tuberculosis diseased lung that is functioning with each respiration is not at rest. Inspiration in ordinary quiet respiration is carried out mainly by descent of the diaphragm. Nature so generously supplied man with lung tissue that the tidal air of each respiration is only a fraction of the vital Patients, following unilateral paralysis capacity of the diaphragm, do not complain of respiratory Consequently, compensation must be the result of involuntary increase in the activity of the opposite side. Were this not so, the calling into action of the accessory muscles of respiration would cause subjective symptoms The importance of the diaphragm in quiet respiration can be appreciated when one has seen a patient following bilateral, simultaneous paralysis of the diaphragm There is immediate, acute respiratory distress but compensation, of which the patient

is acutely conscious, is possible through action of the accessory muscles

We have shown that an increased blood supply to the diseased lung, and rest, can be given by a simple operation that causes paralysis of the diaphragm. When a diaphragm has been paralyzed by phrenectomy, it immediately assumes the high expiratory position and is motionless or it may have a slight paradoxical movement, as a result of variations in intra-abdominal pressure. The lung volume on the affected side is reduced by one-fourth to one-third, this alteration of the intrathoracic tension permits retraction of fibrous tissue and obliteration of intrapulmonary cavities.

Yates emphasizes that the quality of the blood delivered to the diseased lung must be good Every means of improving the blood should be employed fresh air, bodily rest, proper nourishment, heliotherapy and, when indicated, blood transfusion of whole, unmodified blood. The best donor is one who is not susceptible to the disease—one who has recovered. Preferably, the donor should be an adult which practically insures—if he is well—that his blood has had a successful combat with the tubercle bacillus.

When irreparable damage to pulmonary parenchyma has taken place, with marked fibrosis and cavitation, healing, with a return to normal, is impossible and we must satisfy ourselves with arrest of the disease. The result will be a permanently crippled individual insofar as his vital capacity is concerned. It is in this type of case that chest collapsing operations are required—to cause obliteration of cavities and to permanently put the diseased lung out of function.

Indications and Contraindications for Surgical Aid —In general, disease that is progressing and shows no tendency to heal under medical treatment, demands the careful consideration of surgical aid

Again quoting Yates, "We must get away from the old precedent of early expectant treatment until patients have demonstrated their incapacity to recover." Then they may be so far advanced that other treatment will be of no value or will only allow healing with permanent crippling.

Disease limited to one lung is not common. This would be the ideal condition to treat. A little too much disease in the good lung has frequently been the cause of disaster due to progression of the lesion, when more work was thrown upon the good side. If disease in the good lung exists, it must not be acute and progressing. Old, hard lesions in the upper lobe are not contraindications to surgery. Any sign of activity in the good base is an absolute contraindication.

Serious impairment of other organs, as heart and kidneys, constitutes a contraindication to major surgery Indications for Phrenectomy —(1) As a supplement to artificial pneumothorax

It has been used extensively by Goetze, who believes all cases treated by pneumothorax should have phrenectomy, as there will be less lung expansion and less work for the diseased lung

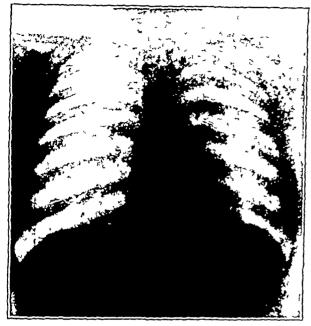


Figure 1 Case 1
Female Age 18 Duration of pulmonary tuberculosis, 1 year Weight 110 Temperature 101-103 Sputum 4 oz

when, after the period of compression, the lung is finally allowed to expand. It will increase the interval between refills during the course of artificial pneumothorax treatment and will frequently prevent the reactions that sometime accompany refills. There is less liklihood of effusion complicating artificial pneumothorax when phrenectomy has been done.

(2) Supplementing thoracoplasty

In the average case, the pulmonary relaxation occasioned by paralysis of the diaphragm, equaling from one-fourth to one-third the lung volume on that side, will permit of a less extensive ribresection to gain the same amount of compression as in thoracoplasty alone. It permits a more gradual change in pressure when used as a preliminary stage, allowing for slower accommodation of intrathoracic organs. The objection to phrenectomy on the grounds that adhesions, about the base, have already immobilized the diaphragm and will prevent any rise, following paralysis, in my opinion, is not sound.

(3) As an independent measure

Phrenectomy has gained the prestige of standing by itself. A few years ago there was almost complete agreement that phrenectomy must be a supplementary procedure. This attitude has been

changed by observing patients, upon whom phrenectomy had been performed, as a preliminary stage of thoracoplasty, or when the patient was too sick to consider anything more radical, proggress so satisfactorily that thoracoplasty was considered to be unnecessary

Phrenectomy will obliterate intrapulmonary cavities that are not too extensive

Many patients with profuse, repeated pulmonary hemorrhages have stopped bleeding coincident with paralysis of the diaphragm

Yates advocates phrenectomy in place of artificial pneumothorax and says it will accomplish all that artificial pneumothorax can, without the dangers incident to pneumothorax treatment and the inconvenience of repeated refills over a period of years. It is going to take time to provi the correctness of this view.

Indications for Chest Collapsing Operations—To collapse one side of the chest, permanently throwing out of commission the whole of one lung, results in crippling of the individual Careful study is imperative before electing this type of therapy. The question of the future prospect of the patient, with treatment continued along conservative lines, must be considered. If from the result of experience, it is thought that the prognosis is bad, then, in the absence of contraindications, major surgery is indicated. Chronicity, prolonged hospitalization, dangers of



FIGURE 2 CASE 1
19 months after phrenectomy Symptomless Doing her own housework. Weight 131 Note high position of diaphragm

spreading the infection and ultimate death from tuberculosis are weighted against the mortality incident to operation and the forty to sixty per cent chance of so complete an arrest of the disease as to allow the patient to live at home and be partially, or wholly, self-supporting

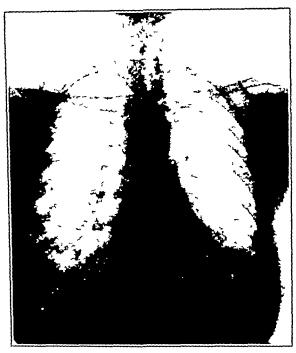


FIGURE 3 CASE 2
Female Age 39 Large cavity above left diaphragm

Extensive unilateral disease with marked fibrosis and cavitation, with the heart and trachea pulled toward the diseased side, the diaphragm pulled up and the ribs together, is the most satisfactory type for thoracoplasty

Large pyopneumothorax cavities require extensive resections in order to bring the layers of the pleura together and obliterate the cavity

Localization of the disease in one lobe, either upper or lower, and with the remaining lobe free from disease, is best treated by a partial thoracoplasty with sufficient resection of a limited number of ribs to allow collapse of the involved lung and maintenance of function in the normal lobe

Certain Points in the Technique of Operations—Phrenectomy—the phrenic nerve arises from the third, fourth and fifth cervical roots. It passes from above and externally, downward and forward across the scalenus anticus muscle. It is easily accessible to approach through a short horizontal incision behind the posterior border of the steriomastoid muscle, in the fossa just above the clavicle. Impulses through the nerve may be interrupted by alcoholic injection in the nerve, crushing of the nerve, simple section or section and removal of the distal portion of the nerve by gradual twisting. It is not uncommon to remove between thirty and forty cm of nerve by this means. The last method—exaresis—is the one

commonly used and causes a permanent paralysis. For a temporary paralysis, crushing the nerve with a hemostat, after the method described by Yates, is preferable. The operation is performed under local anesthesia. While the nerve is being pulled upon, some patients complain of severe pain in the chest and, in very nervous patients, a few inhalations of gas-oxygen during this stage, may be desirable. To insure complete, permanent paralysis, Gravesen advocates removal of at least ten to twelve cm of the nerve because, in from twenty to thirty per cent of cases, there is an accessory phrenic which joins the main stem below the level of the subclavian vessels.

Thoracoplasty - Sauerbruch's posterior paravertebral thoracoplasty is a subperiosteal resection of ribs-one to eleven, inclusive Varying lengths of ribs are resected, according to the size of the chest and the indications Usually the total varies from one hundred and twenty to one hundred and sixty cm for a complete thoraco-It has been shown that a shorter resection of ribs will permit a better collapse if the resection is carried back to the transverse processes of the vertebrae The operation is best performed in stages—usually two—although some operators elect a one-stage operation for certain cases Sauerbruch, Gravesen-who is following the foot-steps of Saugman-and others of extensive experience, advise the removal of the lower ribs

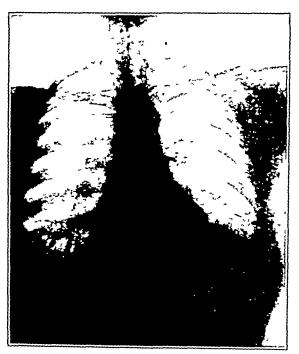


FIGURE 4 CASE 2
Obliteration of cavity following phrenectomy

in the first stage Their experience has been so great that any departure from their routine must have sound reasons To obtain a good collapse.

in extensive disease with apical involvement, it is necessary to resect the first rib which will allow caving-in of the apex of the chest. Resection of

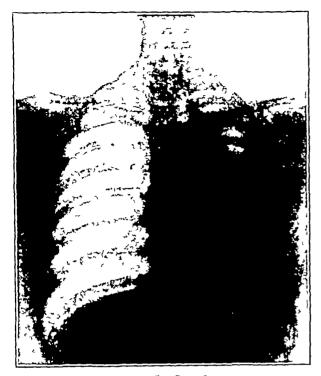


Figure 5 Case 3

Female Age 42 Extensive left-sided disease Typical case for chest collapsing operation

the first rib is the most difficult phase of the operation, because of its depth in the wound and the intimate relationship of the subclavian vessels The rib guillotine of and the brachial plexus Lilienthal aids greatly in cutting the first rib Stages of the operation should be as close together as the patient's condition will permit because, if too long an interval elapses, there will be considerable new bone formation in the field of the first Usually from stage, interfering with collapse ten to fourteen days is a satisfactory interval Local infiltration and nerve block with novocain is the anesthesia of choice. This question of anesthesia is the subject of considerable difference of opinion, some surgeons prefer to supplement local with inhalation anesthesia-mainly gas-Gravesen and oxygen. Sauerbruch uses local Archibald use the combined anesthesia of local plus inhalation Operating time is probably shorter when the patient is unconscious but it should rarely take much over an hour to complete a stage under local, including the time spent in injecting the anesthetic

Some form of compressive dressing is applied to the chest after operation to guard against hemorrhage in the operative field, to prevent paradoxical movement of that portion of the chest which is unsupported by ribs and to cause, gradu-

ally, an increase in the extent of the collapse which does not reach the maximum until several weeks have elapsed Compression throughout this period is of value

The contrast between the X-ray picture of a chest collapsed by thoracoplasty and the appearance of the patient's chest, is striking. There is much less deformity and chest asymmetry than one would suppose to be possible. Dressed in ordinary clothing, the deformity passes unnoticed. When, at operation, the wound is carefully closed in layers and early post-operative motion of the shoulder is insisted upon, it is surprising to see so little impairment in function of the shoulder motions.

When there remain unobliterated apical cavities, it is sometimes necessary to supplement a posterior thoracoplasty by anterior resections or the more formidable apicolysis

For a partial thoracoplasty, the removal of a limited number of ribs from the transverse processes to the sternum will allow collapse of the diseased area and preserve function in the uninvolved lung

I have had no experience with intrapleural pneumolysis, either by thoracotomy or through the thoracoscope, in pulmonary tuberculosis Jacobeus reported an eight per cent mortality from empyema complicating the cutting of adhesions

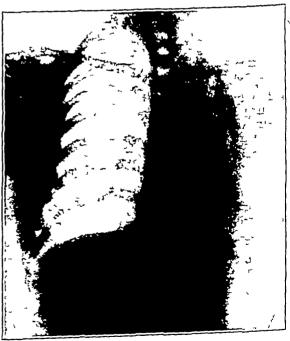


FIGURE 6 CASE 3
Symptomiess one year after combined phrenectomy and paravertebral thoracoplasty

through the thoracoscope In one case of bronchiectasis, in which satisfactory compression, by artificial pneumothorax, was impossible, because

of adhesions between the lung and parietal pleura, we were led, by X-ray and fluoroscopic study, to believe that the adhesions were few and cord-like. Upon opening the chest to sever these adhesions, it was found that the adhesions were extensive and that the X-ray study had given an erroneous idea of operability.

The recent suggestion of Yates—that removal of certain lesions by Graham's cautery method of pneumectomy may be the logical procedure—is interesting when one reviews the history of the early surgical work in pulmonary tuberculosis Extirpation was considered the ideal and successful resections were reported by Stretton, Tuffier, Doyen, Lawson, Sonnenburg and McEwen I am unwilling to try out his suggestion at this time

Results of Surgical Aids — Phrenectomy — There is no operative mortality. The operation is almost free from accidents. In one case, the thoracic duct was opened but simple ligature of the leaking area was followed by perfect healing. In another, troublesome hemorrhage was encountered from the transverse cervical artery. The patient showed no appreciable effects of the blood loss.

In most cases, following paralysis of the diaphragm, there is almost immediate improvement, the temperature and pulse tend to subside, the patient feels stronger, eats better and begins to gain weight. Cough and expectoration diminish markedly and may stop entirely

The following quotation was contained in a letter from a physician, upon whom a phrenectomy was performed by Dr. Wells of Saranac, for rather extensive disease of the right lung which was being treated, with only partial success, by artificial pneumothorax. "The effect of the procedure (phrenectomy) was immediate and striking. My temperature and pulse dropped that day and have been down ever since. Cough decreased and I lost the spasmodic attacks I had been having. Sputum increased for forty-eight to seventy-two hours and, since then, has been decreasing

I feel great—have been sleeping and the old appetite is picking up. I had the most remarkable subjective sensation of rest and peace—I don't know how else to describe it—on that side, immediately afterward, and it has persisted"

Chest Collapsing Operations—Naturally, so extensive an operation as a thoracoplasty, performed upon sick patients, will have some mortality. However, it is surprisingly low. Sauerbruch, in over nine hundred thoracoplasties, reports a four per cent mortality. Gravesen reports a seven per cent mortality and Archibald an eight per cent mortality.

From twenty to twenty-five per cent of cases treated by thoracoplasty will die of progression of the disease in a few months following operation. On the other hand, the reports of much improved, or relatively cured, cases vary from forty-seven to sixty per cent. In a series of one hundred and nine cases, followed from one to seven years after operation, Gravesen reports forty-three per cent able to work.

The operative mortality and the later deaths from progression of the disease will depend, to a large extent, upon the selection of patients for major surgery. The extent of the rib resection plays some part in the mortality—the shorter the resection, the less the mortality

Conclusions

- (1) Surgical aid is frequently of great importance to a case of pulmonary tuberculosis before it becomes advanced Procrastination, in electing the correct method of treatment at the right time, results in patients too far advanced for recovery
- (2) Phrenectomy, as an independent measure, deserves an important position in the treatment of pulmonary tuberculosis
- (3) Thoracoplasty, in a group of patients with advanced disease and a bad prognosis, allows a decidedly worth while percentage to return to their homes and gainful occupations

UNDULANT MALTA FEVER, WITH A REPORT OF A CASE*

By H B GILLEN, MD, COHOES, N Y, and H C GORDINIER, MD, TROY, N Y

EFINITION—An infectious disease of long duration caused by the Brucella melitensis and Brucella abortus, closely related organisms, and characterized by a series of pyrexial attacks, with constipation, muscular pains, arthritis, anemia and enlarged spleen

Etiology—The earlier history of this disease concerned itself almost exclusively with the micrococcus melitenis, discovered by Bruce in 1886. It was considered to be a small coccus, Gram-negative, growing singly, in pairs,

* Read before the American Therapeutic Society, May, 1927

or in short chains. At that time it was thought to be transmitted through goats' milk, chiefly on the shores of the Mediterranean, and to a less extent in the tropics and goat rearing sections. It was not until 1918 that Evans established the relationship of Brucella melitenis causing Malta fever in goats, and the Brucella abortus causing contagious abortion in cattle. These two closely related organisms are now considered to be the etiological agents of undulant fever, the former transmitted through the drinking of raw goats' milk from infected

goats, the latter through cows milk from cows that have aborted Absolute evidence of this transmissibility to man was established by Keefer in 1924 with the publication of a case in man Additional evidence of the relationship of infected cows' milk is furnished by Evans, Duncan, Huddleson and Carpenter Laboratory infection, hogs and slaughtered cattle are also considered as sources of infection

Distribution in the United States—The fact that so many cases have been reported from so many widely separated areas leads to the conviction that the disease is almost ubiquitous in the United States and not confined to any particular area as once was the supposition In support of this fact it is to be recalled that cases have been reported in Baltimore, Washington, D C, Utah, South Dakota, Wisconsin, New York, California, Connecticut, Virginia, Michigan and many other areas

Mode of Infection — From a review of the reported cases it is probable that the source of infection is through drinking raw goats' and cows' milk from cattle that have aborted, laboratory infection in workers using cultures of the organisms, slaughtered cattle and hogs Since the organisms are present in the discharges of infected animals, it is probable that water may possibly be a source of such infection

Symptoms -

1 Pyrexia—102° to 104° to 105°, markedly irregular or even intermittent

2 Gastric disturbances, constipation obstinate, nausea and vomiting not infrequent, diarrhoea occasionally

- 3 Profuse sweats
- 4 Muscular pains
- 5 Headaches, restlessness
- 6 Spleen enlarged

The characteristic attack is that of a period of fever, with symptoms lasting one to three weeks. A period of defervescence follows, there may be slight fever or normal temperature and convalescence in from ten to twelve days. Relapse occurs for shorter periods. There is often a long apyrexial period, which may again be followed by milder relapses. The number of undulations are variable, about three in mild cases but they may be numerous. The duration is uncertain and variable, lasting three to six months or the disease may be prolonged to two years.

The symptoms often accompanying undulant fever are severe headaches, arthritis with often a large effusion, pain agonizing in character, especially in the sacroiliac joint, or orchitis and epididmitis with pain and even slight swelling, fibrositis, especially at the ankle joint,

anemia (progressive in type), great debility and insomnia

Pathology—The spleen is enlarged and organisms are constantly present in it and may be obtained by aspiration. There is also degeneration of the liver and kidneys. Acute nephritis may occur. The intestinal tract shows nothing characteristic.

Diagnosis — Clinically it is difficult The type and course of the fever, associated with headache, nausea and vomiting, constipation, and joint pains would be suggestive, but not conclusive

Laboratory methods are the best means of confirming the diagnosis Blood cultures from suspected persons, blood serums, from the patient on which agglutination and agglutinin absorption tests are made, render a positive diagnosis

Larson and Sedgwick in 1913 demonstrated that many persons harbor agglutinins for Brucella abortus in their blood. Evans considered that a reaction in a 1.20 dilution was suggestive and should receive further study. Hull and Black only considered a reaction that was complete in a 1.50 dilution. Dilutions are usually made 1.25 and 1.500. Report of one case in a dilution as high as 1.6400 was made by Evans.

The history is important in that possible sources of infection may give valuable information, leading to a possible diagnosis

Differential Diagnosis —Undulant fever must be differentiated from the following diseases

- 1 Typhoid and paratyphoid fever
- 2 Malaria
- 3 Acute and subacute rheumatic fever and from infectious arthritis
- 4 Tuberculosis
- 5 Tularemia
- 6 Subacute bacterial endocarditis

the patient, Case Report -- Present illness white, male, age 54, was taken ill January 14, He complained of nausea, slight recurring colic-like pains in his abdomen His tem-Pulse a little accelerated perature was 100° It was discovered by his physician that he had an urticarial-like rash over the entire trunk He was sent home and the following morning his temperature was 994° and in the evening rose to 103° He was nervous and irritable, he was quite discomforted from the irritation of the urticarial rash which still persisted His temperature continued with an afternoon exacerbation and a slight morning remission February 13, 1927, he was sent to the Cohoes Hospital by his physician He complained of weakness, loss of appetite, recurring slight chilly sensations and some discomfort and pain in the back, and perspired freely

Expunination —Disclosed a fairly well nourished man without dyspnea, cyanosis or edema.

Tongue Without tremor, coated brownish white, save at the edges which were perfectly free

Throat Slightly red

Pupils Mid-wide, equal and reactive both direct and consensually Discs and urinal normal

Hearing Perfectly normal

Facial Muscles Symmetrical and normal

Lungs Chest movements were normal Respiration 20 Lungs clear throughout

Heart Heart's impulse in normal position Cardiac dullness 9 cm to the left of the midsternal line and 1 cm to the right Heart sounds perfectly clear, no abnormal accentuations, no adventitious sounds

Liver Liver duliness in the 5th interspace to 2 cm below the costal margin. Lower border perfectly smooth and not at all tender on

palpation

Spleen Splenic dullness, on percussion, extends from the 9th to the 11th rib in the midavillary line Spleen at this visit not palpable.

Abdomen Moderately full. No muscle spasm or tenderness detectable No roseola found An erythematous rash was found, discreetly distributed over the abdomen and chest

Reflexes Tendon reflexes of both upper and lower extremities were slightly hyperactive All superficial reflexes were present and active.

Laboratory Findings—The usual routine examination of the urine showed an essential negative finding Diazo reaction, on repeated examination, was negative. Urine and feces were tested for typhoid, paratyphoid and B dysenteriae, but were negative on each occasion Blood culture was sterile after 120 hours Blood submitted for complement fixation test, both for tuberculosis and syphilis, negative B melitensis was definitely agglutinated in a 1 1280 dilution of the blood serum, and partially agglutinated in a 1.2500 dilution of the blood serum, while no agglutination of B typhosus or B paratyphosus was obtained Blood counts showed a leucopenia 5600, 5000, 4800, 5480, the differential contained 85% of small lymphocytes, 5% large lymphocytes, 10% large mononuclears, 205% transitionals, 55% polynuclear neutrophiles, 05% myeloctes, and 005% basophiles The red cell count was 5,280,000, no variation in size or shape. Blood smears were negative for malarial parasites

Specimens of milk and blood were obtained from the cow whose milk Mr N had been drinking Organisms of the abortus-melitensis group were definitely agglutinated in a 1 40 dilution of the cow's serum. No organisms of this group were found in the specimen of milk, but their presence may have been intermittent.

Worthy of mention in this case is the absence throughout of a positive Diazo reaction in the urine, also the retention through the entire course of the febrile reaction of the infraumbilical reflexes. In the typhoid group of fevers, the umbilical reflexes are almost never present and the Diazo reaction positive

A noteworthy feature of this case was that each evening about eight, the patient was seized with a severe prolonged rigor followed by the evening exacerbation of temperature, after which there was a profuse drenching perspiration. With this evening rise in temperature, he became excited, nervous, irritable, but displayed no delirim at any time. During the course of the illness, he suffered with remarkable vasomotor flushings.

Mr N's temperature, as shown with accompanying charts, continued with evening exacerbations and morning remissions for about ten weeks with two or three intermissions lasting a day or two At present his temperature is perfectly normal, it has been so for a period of about three weeks and he seems perfectly well

Treatment—His treatment was eliminative and expectant All precautions were used similar to those in other acute infectious diseases, such as typhoid fever

A vaccine for undulant fever has been used rather extensively in Europe, but so far as we could ascertain from a study of the literature, rarely, if at all in this country. Hence, we felt warranted in not attempting its use

Acriflavine was considered as a therapeutic agent in this case, but owing to the fact that it had been thoroughly used by Warren, Smith and Linder on two cases reported from the Clifton Springs Sanitarium, without any apparent results, we concluded not to use it

It is interesting also here to note that in the last issue of the American Medical Association Journal of May 7, 1927, a case is reported in which mercurochrome used intravenously seemed to have a very salutary effect.

Our object in recording this single observation is to add another case to the few now on record and especially to draw attention to the fact that undulant fever is probably much more prevalent in this country than heretofore supposed, and also to state that from a diagnostic standpoint, this disease must be carefully considered in every long continued fever. Our laboratories, therefore, should be equipped to perform the serological and cultural tests necessary for its recognition.

We wish to thank Dr Ruth Gilbert of the New York State Health Department for her interest and cooperation in directing the laboratory work of this case.

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PERINEPHRITIC ABSCESS IN CHILDREN*

By ADOLPH G DESANCTIS, MD, NEW YORK, NY AND

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ERINEPHRITIC abscess is the result of an unresolved inflammation of the loose areolar tissue surrounding the kidney which has gone on to pus formation Just as some cases of cervical adenitis will resolve and others break down to form an abscess of the cervical glands, so will many cases of perinephritis resolve and probably remain clinically unknown and go on record as a cured case of fever of unknown origin or of gastrointestinal upset. It is only when the perinephritis breaks down with pus formation and either points posteriorly in the lumbar region or a mass is felt in the abdomen in the region of the kidney that we begin to suspect a perinephritic abscess

The literature has greatly neglected in recent years perinephritic abscess in children Gibney¹ up to 1880 reported 28 cases of permephritic abscess (not all children) Nieden2 in 1897 found records of 166 cases of whom 23 were under 15 Kuster* between 1896-1902 found years of age records of 230 cases, 24 of whom were under 10 years of age Townsend observed 6 cases in nine years, 1894-1903, of which the youngest of the group and on record was about 5 weeks of age

From May 18, 1920, to May 18, 1927, in the New York Post Graduate Medical School and Hospital a total of 37 cases were observed, seven of whom were children

Case 1, No 49626 History-M P E, female, age, 6 weeks, weight, 6 pounds Admitted May 18, 1927 Two weeks after birth, infection in left finger which subsided, followed by infection in right elbow which became red and swol-

* From the Pediatric Department—New York Post Graduate Medical School and Hospital

Mother then noticed swelling in right flank posteriorly

Physical Eranunation — Appearance shows evidence of malnutrition Abdominal examination with anesthesia revealed mass in kidney region extending to right lower quadrant, soft and fluctuating Posteriorly, fluctuating mass about size of egg just below free border of costal margin Mass was aspirated (on day of admission and pus obtained)

Diagnosis —Perinephritic abscess

Operation -5/18/20, abscess on elbow incised and drained 5/19/20, incision over right kidney lumbar region pus obtained

Temperature -97 on admission Reacted after operation to 101 then fluctuated Temperature at death 97°

Laboratory Examination -Two cultures from perinephritic abscess and one from elbow showed staphlococcus albus

Case 2, No 29303 M B, male, age, 5 years Admitted April 2, 1923 Chief complaint, 1, Dyspnea since yesterday, 2, Irregular fever, 3, Frequent colds

History - Frequent colds since birth weeks ago had pneumonia One week prior to admission feet became swollen, then whole body appeared swollen

Physical Examination -General condition, poor Yellowish skin and somewhat cyanotic eyes, petechiaon sclera and conjunctivae Neck, marked venous pulsation Heart—1, Heaving impulse, 2, Double mitral murmur, 3, P2 greater than A2 Abdomen, large mass over right kidney Skin, small hemorrhagic spots on shoulders

Temperature -100, rose to 103 and remained high Pulse 160 Resp 40

Diagnosis -- Malignant endocarditis Perinephritic abscess

Laboratory Examination—Blood chemistry negative Blood Wassermann negative Blood count, RBC, 948000 Hbg, 18% White cells, 6400 Polys, 61%, Lymphs, 36%, Urine, negative

Complications —4/30/23, discharging left ear, with mastoiditis Died April 4, 1923

Case 3, No 30461—J P., male, age, 10½ months Admitted May 11, 1923 Chief complaint—1, fever, 2, gas, 3, stomach trouble, 4, cranky

History—Six weeks ago child had pneumonia during which both ears were opened. Three weeks ago child began having boils which were opened at various intervals. Last boil incised two days ago. One week ago child had fever, both ears were opened with relief but was cranky all week. Abdomen became distended. Patient was in another hospital for above condition.

Physical Examination—Poorly nourished, both ears draining Abdomen-mass in region of right kidney seems to be continuous with globular swelling in right lumbar region which is neither red nor inflamed but slightly fluctuating

Temperature—102 Subsided after operation Diagnosis—Perinephritic abscess

Operation -- May 15, incision in right lumbar region

Laboratory Examination — Urine, 4 specimens, negative Blood count—white cells, 29800, polys, 60%, lymphs, 40% Culture from abscess, Staph Aureus

Complications —Furuncle of right buttock Discharged —Cured June 3, 1923

Case 4, No 39453—C S, female, age, 28 months Admitted March 10, 1924

Clucf Complaint—1, Anorexia for past five days, 2, Inability to straighten out legs, 3, Boil on ribs two weeks

History—Two weeks ago pain in right lower rib Mother noticed a small red boil which did not come to a head. Five days ago child had high fever, anorexia, and held left leg fixed to abdomen. Effort to straighten leg causes pain and marked resistance. Walks with difficulty on toes. Symptoms most marked past three days.

Physical Examination—Well nourished infant. Abdomen-spasticity and rigidity chiefly in left side. Mass in abdomen in region of lower part of left kidney.

Diagnosis—On admission 1, Perinephritic abscess, 2, Psoas abscess

Laboratory Examination —X-ray, genito urinary tract, negative Kidney, normal size Lumbo-sacral spine, negative Blood, white cells,

25300, polys, 84%, lymphs, 15% Urme first two specimens showed few pus cells. Next two specimens were negative and subsequent specimens after operation showed many pus cells.

Temperature —On admission, 102, fluctuated between 100 and 103 Four days after operation dropped to normal

Operation —3/14/24 Incision and drainage in lumbar region for perinephritic abscess, pus obtained

Discharged — Cured April 13, 1924

Case 5, No 19425 A B, male, age, 3 years 2 months Admitted November 17, 1926

Clust Complaint—1, fever, 2, diarrhea, 3, cough, 4, mability to move leg

History—Fever five days ago with abdominal distension. Then developed cough and child perspired profusely. Temperature fluctuated as high as 105. Abdominal distension continued and father noticed that child did not move left leg.

Physical Examination —Well nourished child Throat, congested Abdomen, distended, tympanitic indefinite mass in left lower quadrant with tenderness Left knee flexed, extended with difficulty and considerable pain. Right leg, normal Left thumb, paronychial infection with possible bone involvement

Diagnosis —Psoas abscess Perinephritic abscess Paronychial infection left thumb

Temperature —On admission, 102 Pulse, 148 Respiration, 30 Temperature fluctuated irregularly as high as 106

Laboratory Examination — Urine negative. Blood count white cells, 16000, polys, 84%, lymphs, 16% Blood culture, negative X-ray of spine, negative

Operation —Laparotomy-intraperitoneal cavity negative, left kidney was fixed with marked retroperitoneal edema. No fluctuation. Child developed cardiac failure under anesthesia—incision closed, did not respond to stimulants and died 48 hours later.

Case 6, No 74554~V~C, male, age, 10 months Admitted 5/14/27

History—Fever 10 days Crying continually, difficulty in breathing and became drowsy

Physical Examination—Well nourished infant acutely ill In typhoid state, has croupy cough Lungs and heart negative Abdomen, smooth mass felt in region of left kidney

Diagnosis - Perinephritic abscess

Laboratory Examination — Urine-albumin (large amount), pus cells (many), bacili—countless motile bacilli X-ray, chest negative, kidney enlarged Blood count, white cells, 17200, polys, 82%, lymphs, 18%

Temperature - Fluctuated between 102 and 104

Operation —5/13/27—Incision and drainage for perinephritic abscess, pus obtained

Culture — From pus bac col communi Died 5/18/27

Case 7, No 24652 M K, male Age, 1 month 6 days Admitted 5/17/27

History—Crying and fever since 5/16/27 Cause undetermined by family physician On May 12, 1927, mother noticed swelling in right flank

Physical Examination —Well nourished infant, crying Abdomen, swelling right abdominal flank, tender and fluctuating

Laboratory Examination—Urine, negative Blood count white cells, 13800, polys, 69%, lymphs, 31%

Temperature —101 on admission Subsided after operation

Diagnosis —Perinephritic Abscess

Operation —Incision over right kidney region, pus obtained

Organism — Staphylococci Isolated from pus Discharged — June 7, 1927 Cured

Discussion

The problem of perinephritic abscess is purely diagnostic. The early recognition and subsequent surgical interference with as little delay as is necessary to corroborate, the diagnosis will materially decrease the mortality rate. To await the diagnosis until the abscess points posteriorly or a large mass is felt in the abdomen is delaying surgical intervention. It is as important for us to be on our guard for a perinephritic abscess as in an appendiceal abscess, although it is by no means as frequent.

Etiologically it is of either renal or extrarenal origin. The extrarenal origin is the more important of the two. In our series of cases in children not one was secondary to a kidney infection. This mode of infection is comparatively rare when one takes into consideration the incidence of renal disease. Hunt from the Mayo Clinic collected for a period of ten years. Jan 1914-Jan 1924

Nineteen perirenal abscesses in 742 nephrectomies for pyonephrosis

Twelve perirenal abscesses in 1234 cases of renal lithiasis

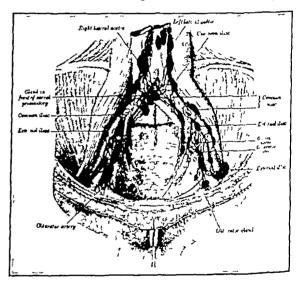
Ten perirenal abscesses in 644 nephrectomies for renal TB

Making a total of 41 cases of perirenal abscesses secondary to 2620 cases of primary renal disease. Miller found evidence of renal disease in four of a total of 36 cases. However, Braash with a total of 67 cases found that 38 were secondary to renal disease.

Permephritic abscess secondary to renal discase is usually through the lymph channels or di-

rect extension The lymphatic vessels of the kidney form three plexus, one in the substance of the kidney, a second beneath its fibrous capsule and a third in the perinephritic fat. The second and third communicate freely with each other The vessels from the plexus in the kidney substance converge to form 4-5 trunks which issue at the hilus, here they are joined by vessels from the plexus under the capsule and following the course of the renal vein end in the lateral aortic The perinephritic plexus is drained directly into the upper lateral aortic glands These glands are situated adjacent to the psoas muscle particularly on the left side. Hence when they become secondarily involved, they may produce symptoms simulating Potts disease with psoas abscess or hip-joint disease because of contracture of the psoas muscle

Of the seven perinephritic abscesses in children three were on the left side and of the three, two gave some evidence of irritation of the psoas muscle. This is due to the fact that on the left side the lateral aortic glands which drain the perinephritic abscesses in children three perinephritics.



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To illustrate psoas irritation in left perinephritic abscess let us review two cases

C S, age 28 months Diagnosis left perinephritic abscess, had inability to straighten left lower extremity and kept it flexed on abdomen

A B, age 3 years and 2 months Diagnosis left perinephritic abscess, the father noticed that child did not move left lower extremity and it

was extended only with difficulty, resistance and considerable pain

We feel that this is a valuable sign in left

perinephritic abscess

The extrarenal of primary perinephritic abscess is due to metastasis usually from an insignificant infection. Five of the seven cases were definitely due to metastasis, of the remaining two, one gave a history of an upper respiratory infection and in the other the cause was undetermined Four of the five, that gave a definite history of metastasis, had boils, superficial abscess or paronychia prior to the onset of the perirenal abscess and the fifth was a metastasis from an endocarditis evidence that the condition is of metastatic origin was had when a culture from a superficial abscess which was incised on admission gave the same organism as that obtained from the perinephritic abscess on operation, namely the staphlococcus al-In four out of five cultures taken, staphlococci either albus or aureus were obtained staphlococcus was isolated in all cases preceded by boils or superficial infection Copes reports three cases following whitlow and stresses this as the etiological factor. In 100 of the 108 cases collected by Richardson, there was a history of furuncles, carbuncles, felons, paronychia, tonsilitis and septic wounds

It is difficult to explain how the infected embolus passes into the renal artery through the kidney and thence into the perirenal fat. Many are of the opinion that the embolus becomes embedded in the cortex forming a cortical abscess too small for detection which ruptures into the perirenal tissue Of 108 cases supposed to be due to metastatic infection, Richardson^o found that in 33 cases the perirenal abscess was apparently an extension of a cortical abscess. However, it is not at all unlikely that since the plexus of lymph vessels in the perirenal fat intercommunicates freely with the lymph vessels directly beneath the capsule, the infection may spread from the metastatic cortical infection through these lymph channels directly into the perirenal tissue.

The urine is often negative. In only two cases was ous found in the urine. Not until the cortical abscess communicates with the calices and thence the pelvis does pus appear in the urine

Perinephritic abscess may sometimes be mistaken for Potts Disease or hip joint disease The absence of kyphosis, the sudden onset and rapid formation of an abscess with a leucocytosis and a high temperature should rule out tuberculosis of the spine for they are rarely found in beginning Potts Disease. In hip joint disease all motion is limited whereas in perinephrite abscess only extension is limited. In hip disease there is marked spasticity with atrophy of muscle

Given an infant or child with unexplained fever. gastro-intestinal disturbance, vague abdominal symptoms, a leucocytosis and a history of whitlow, one should always think of a perinephritic abscess. When an abdominal mass is palpated in the region of the kidney or the abscess points posteriorly then the diagnosis is almost certain

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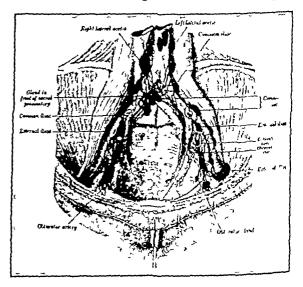
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EDITORIAL



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For list of officers of County Medical Societies, see this issue, advertising page xxviii

REFERENCE COMMITTEES

The preparations for the annual meeting of the Medical Society of the State of New York are more extensive and complete than ever before because the activities of the Society are now standardized on a broad, permanent basis The reports and suggest the officers and this Journal been committe ce commitand rtion to be OI tees

taken by the House of Delegates at its annual meeting

Some medical societies have adopted the Fplan of appointing the Reference Committees a na ionth in advance of the annual meeting, in order their members may have time to make confin , mil tory investigations and to formulate broad do plans that shall secure coordination of their variagrous ac ficec tivities

POPULAR EDUCATION IN PUBLIC HEALTH

Success in public health work depends on the support of the people quite as much as on the skill and earnestness of the doctors Arousing favorable public opinion toward the scientific work of the doctors is the peculiar field of lay health organizations

The practice of public health and civic medicine requires a combination of three condi-

tions

- 1 Scientific knowledge made available by a few research workers
 - 2 Physicians ready to apply the knowledge
 - 3 People ready to receive it

A movement in public health starts from a center of discovery and spreads through a community in ever-widening waves The center is usually a research laboratory where the discoveries, such as toxin-antitoxin and insulin are developed As the waves advance they While the research diminish in intensity worker is familiar with all phases of the subtect, the family physician needs to be familiar with only the application of the product or method, while the layman needs to know only that it exists, and is valuable as a health measure and is available at the office of physicians

The speed of propagation of waves of medical knowledge from a center is usually in direct proportion to the need of a community. Physicians apply a preventive measure according to the demand which the people make for it. A case of smallpox, for example, speeds up the distribution of knowledge of vaccination, and a desire for its application as a preventive measure, but the demand for the procedure often changes to opposition when the epidemic passes by

The function of a lay organization is to create a demand for public health where none has previously existed. It seeks to transform knowledge into strong desire and finally into action. Physicians will supply the scientific knowledge and the means of applying it, but lay organizations are charged with the work of arousing a strong public sentiment which will lead all the individuals of a community to seek and accept the advice of the doctors.

Two methods of transmitting medical advice to the people are in common use

- 1 Through the doctors
- 2 Directly to the people

This distinction is important and is at the basis of much misunderstanding between the doctors and lay organizations Physicians are

the sole dispensers of medical service, and they are the best judges of what service is needed, from surgical operations to popular medical advice It seems self-evident that the advice of physicians should be followed and also sought by lay organizations engaged in health education and demonstrations Physicians expect lay organizations to do the work of educating people in medical topics, and they are willing to endorse the new movements and demonstrations conducted by laymen, but the doctors also expect to be consulted during the course of the demonstrations A movement which is in a state of evolution, as is the practice of public health and civic medicine, requires constant readjustment, in which the physicians are deeply interested When a demonstration has gone on for a year or five years, courses of action become crystallized and a change difficult, only by frequent conferences can medical misunderstandings be avoided

The psychology of leading people in public health is a fertile field of investigation, experimentation and demonstration. No movement has sprung full grown from the brain of any man or organization. The most successful movements in public health have been developed from within a community as a result of the active support of its doctors. The first essential in any public health movement is that physicians shall take an active part in it and not merely support it with a resolution at the annual meeting of the county society.

The attitude of physicians toward public health has undergone an evolution during the last decade Physicians were opposed to the practice of public health when the methods were those of socialism and state medicine Doctors were luke-warm and mactive when the seemingly impossible task of popular medical education was first proposed, and they stirred themselves into action when practical clinics in tuberculosis, child welfare and other subjects were proposed, and they became almost enthusiastic as the modern programs of public health and civic medicine were developed along practical Today the situation is that physicians realize their duty to assume the leadership in public health and civic medicine. They cannot afford to live only in the past with its contests and failures mingled with its successes The present has its problem of developing a program which will be suited to the needs and resources of the individual communities That program will be as varied as the temperaments and resources of the people, as diagnosed by physicians

THE LONDON LETTER

This issue of the Journal introduces a new department, the London Letter, in order to set forth the greater medical movements which are developing in England. These letters will give special attention to administrative medicine and the practical methods which are peculiarly adapted to English customs.

England has made some daring experiments

in the social side of medicine, but the English methods of private practice and hospital management are similar to those of the United States It must be remembered that many medical customs differ widely in the several States. The London Letter will be fitting company for the Journal's department of Our Neighbors, which describes conditions in other states.

SURVEY OF THE SIXTH DISTRICT BRANCH

Self examination is an excellent procedure to which doctors are not given. Physicians like the real heroes of the World War, do not wish to discuss the value of their own achievements, or those of their medical societies, yet the modern practice of public health requires that physicians report their activities for the benefit of both themselves and their neighbors.

The officers of County Societies do more work than they realize, and when their activities are listed on a balance sheet the total is commendable. The record for the Societies of the Sixth District Branch, made by their own officers is printed on page 608—of this issue. It would have been more extensive if it had been made by observers from outside the counties.

LOOKING BACKWARD

THIS JOURNAL TWENTY YEARS AGO

The Tuberculosis Problem The prevention of tuberculosis was just becoming recognized as a public health problem twenty years ago It is a striking coincidence that while the National Tuberculocic Association is now conducting a campaign for the early recognition of tuberculosis, this Journal of May 1908 printed seven articles on the same subject, covering thirty-two pages The first article was by Dr John H Pryor, of Buffalo, who said "Outside of New York City in this state prevention seems to be a delusion and a snare Of 100 patients questioned within the last two years only one-third had received reasonably accurate or complete instruction Even when methods of prevention are properly taught and supervised, in a home, infection may occur The discipline and control which are possible in special institutions seem to be entirely successful, but elsewhere the danger exists in a comparative degree

The whole system of prevention, as it exists today, is largely a diplomatic game between the physician and the health authorities, and its chief purpose seems to be the encouragement of false security and the study of results instead of causes,

No consumptive should be allowed to reach a stage when he can communicate the disease to another without an attempt to supply rational relief and segregation. Fortunately some time must elapse after the disease can be recognized before the malady can be conveyed. It has been proved that we can no longer wait, in a large number of instances, for the patient to seek us with his complaints. He evidently must be searched for and found, and the place to look for him is among those who have been exposed. Given an advanced case, an incipient should be traced who is following in his path. The principal places to search are the house and the workshop.

Physical disinfection of premises was considered a major preventive for Dr Pryor says

"Disinfection after death may be most imperfect and simply give rise to false security"

The term phthisis was still in common use and one of the articles was entitled "The early diagnosis of phthisis"

The conditions revealed by this series of articles are in marked contrast with those of the present day when popular sentiment supports all measures necessary for the prevention of tuberculosis



MEDICAL PROGRESS



Prognosis and Control of Patients with Heart Disorders in Pregnancy-Burton E Hamilton urges the importance of proper classification in the control of patients suspected of heart disease in pregnancy For the purpose of prognosis and treatment he separates all patients into three groups Class I, those with severely damaged hearts and those who have congestive heart failure, past or present, rheumatic fever, present or recent, or signs of active endocarditis, a dangerous disorder of the heart such as auricular fibrillation, a serious complication such as nephritis or hypertension Class II, cardiac cases with signs of possible or doubtful heart damage, which is not considered serious-systolic murmurs and doubtful enlargement of the heart, and a small group with paroxysmal tachycardia, not severe Class III includes principally patients with cardiac neuroses, extrasystoles or faint basal systolic mur-In Class II and Class III the prognosis is excellent, in the author's 423 cases belonging to these groups there was no mortality due to the heart condition Class I patients cannot be considered safe pregnancy risks, they should be sterilized In 114 Class I cases the maternal death rate was reduced from the previous hospital death rate of 18 per cent to 38 per cent and the infant mortality from 26 to 19 per cent. This reduction is attributed to an early recognition of the heart condition and to better control of the patient during pregnancy More than 90 per cent of Class I cardiacs, those furnishing the deaths, are patients with mitral stenosis These patients should be placed on a rigid regime, the main features of which are ten hours in bed each night, lying down for a half hour after meals no hurrying, climbing, lifting, or shopping Care should be exercised to avoid exposure to infection as much as possible Delivery should take place in a hospital Heart failure may be sudden and the signs few, coughing after evertion or the expectoration of a small amount of blood should be regarded as suspicious With early heart failure the pregnancy should be terminated, if it occurs at six months or later, there is a chance that by persistent hospital care the patient may be carried along until the child is viable. She should not only be expertly delivered, but should be carefully controlled for some time afterward -New England Journal of Medicine, March 29, 1928, except, 6

A Form of Senile Seizure—Hugh Barber (British Medical Journal, March 24, 1928 1,

3507) describes a form of seizure which he has seen in six apparently healthy elderly people The attack was characterized by unconsciousness, some degree of clonic spasm of the face or limbs, perhaps more pronounced on one side, followed in a few minutes by violent behavior requiring restraint. After a time the patient recovers and will say the whole incident is a blank. All the patients were between 60 and 75 years of age, with some evidence of cardiovascular degeneration, but they were robust, stout, full-blooded people There had been some degree of hyperpiesis, but no serious renal disease. In one instance anger precipitated the attack, but otherwise there had been no history of effort The patients recovered in periods varying from one to three hours, and the attacks did not recur, nor have other symptoms developed Barber believes the attack is due to slight hemorrhage on the surface of the brain, producing coma and cerebral irritation, analogous to what may be seen occasionally after concussion. In one case lumbar puncture revealed normal fluid is a vascular lesion seems probable, because of the sudden onset, and there is the analogy of epistaxis and retinal hemorrhage occurring in this type of patient. Uremia does not seem probable, the recovery is too complete, and the blood urea was not unduly high in the one case tested. The type of patient is not suggestive of epilepsy, although the analogy of a convulsion from loss of cerebral function probably holds good

The Diagnosis and Treatment of Carbohydrate Indigestion - Edward S Emery points out that, while great interest has been shown in carbohydrate indigestion in children, little attention has been given to a study of the condition in adults Failure in digestion of carbohydrates produces quite characteristic symptoms when the disorder is marked. These consist of alternating constipation and diarrhea associated with a great deal of distention and gurgling in the lower abdomen When the symptoms are severe, the stools are quite striking, the essential points in their examination being the increased amount of starch, the presence of iodine-staining organisms, and the tendency of the stools to ferment. When the process is not so active the diagnosis may be more difficult and occasionally must depend on a trial-and-error method of treatment Whenever one obtains the symptoms of an irritable colon with normally formed stools the possibility of acid stools should be considered and

investigated Many of these cases belong to the fermentative group, and the removal of starch from the diet brings about a normal reaction in the stools and a coincident disappearance of the symptoms The treatment of carbohydrate indigestion consists in the removal of all starch from the diet for a period of ten days, at which time a few slices of well toasted bread may be added If this is well borne. after three of four days the patient may take a little cereal After enough starch has been added to make the diet more palatable, it is safer to add 3 to 10 per cent of vegetables before allowing a larger amount of the pure carbohydrates Potatoes should be permitted last of all, as they are likely to produce a relapse, which makes it necessary to return to the starch-free diet for another ten days lief afforded by this treatment is striking, and in no instance has a relapse been noted -New England Journal of Medicine, March 15, 1928, cxv111, 4

The Problem of Alastrim—Professor G Sobernheim and Dr Zurukzoglu have carried out experiments intended to reveal the intimate nature of this socalled benign variola, known over much of the world under a variety of designations-alastrim, amaas, Kaffir pox, white pox, etc, etc A scab from an alastrim patient in England was used for the various tests which were carried out on the rabbit and calf like ordinary experiments in vaccinia The outbreak on the skin of the rabbit could not be distinguished from ordinary vaccinia and this was true in successive propagation to a series of rabbits and finally to a series of calves was also found that inoculation with either virus immunized against the other and this was true also of antibodies obtained from the blood At the same time the authors do not contend that the two viruses are identical or that alasrim was originally derived from true variola, such points will receive consideration later The problem is by no means so simple while alastrim often is without mortality it is well known that exceptionally its death rate is Once estimated in Brazil, the original home of alastrim, as anywhere up to 14 per cent, the death rate in the Denver epidemic of 1922 was 30 per cent, and for all practical purposes the authorities were dealing with an epi-Ordinary vaccination demic of true variola gives good protection against alastrim, although this varies considerably In Switzerland, 90 per cent of the alastrim victims had not Again, alastrim victims will seldom respond to later vaccination The basic difference between alastrim and vaccinia is the fact that it is possible for the former to undergo a mutation into true variola, although in its own right it may have a small mortality, so

that it must be extremely difficult to distinguish between the two, the more so as true variola may sometimes show a relative benignity—Deutsche medizinische Wochenschrift, March 2, 1928

Diagnosis and Treatment of Overtraining —M Brustmann and H Hoske state that the apathy, indifference, and disinclination to train, precocious fatigue, and delayed recuperation, with lowering of efficiency are the symptons usually attributed to overtraining There are, however, many more symptoms such as insomnia, marked sweating, restlessness, digestive disturbances, etc. A distinction should be made between the somatic and psychic symp toms and the latter often appear long before the former The patient may attribute his troubles to outside influences such as bad In some cases the depression is endogenous and due to the psychic makeup which is inclined to moodiness and unsteadiness. We often note the development of a pronounced aversion to the sport for which the subject is preparing himself A moody athlete may also infect the spirit of his comrades in training The prime cause of these psychic peculiarities is not overwork or poor adjustment, but simply the monotonous existence of the training camp Training does of course modify the metabolism and the nervous equilibrium. For example it increases vagotony as shown by the slow pulse, lowered blood pressure, etc, but this is all compatible with the increased functional capacity Overtraining, however, in the last analysis is equivalent to lowered functional capacity, although there are pathognomonic symptoms such as the profuse sweats, the rest lessness, and tremor on exertion Stitch in the chest, muscular cramps, anorexia, and loose bowels or constipation are often mentioned High pulse rate is sometimes seen, such as a resting pulse of 80 Another pathognomonic symptom is insomnia or troubled sleep followed by drowsiness As regards treatment, the authors are opposed to the cessation from work, save in extreme cases when the athlete may intermit for 8 to 14 days Training evercises must usually be cut down. Sugar and alkaline phosphates are useful Under dynamometric control the functional efficiency is slowly restored -Munchener medizunsche Wochenschrift, February 10, 1928

Treatment of Acute Cholecystitis—Henry Otto Bruggeman, writing in the Annals of Surgery, March, 1928, lxxxvii, 3, advises a conservative course in all types of acute inflammation of the gall-bladder, if the disease is limited to the organ and its immediate neighborhood. He compares acute cholecystitis to acute salpingitis in that it rarely kills if treated conservatively. It differs from acute appen-

dicitis in that it does not cause widespread peritonitis unless a perforation occurs early in the attack, and this fortunately is a rare As a rule operation should be avoided until signs of acute inflammation have sub-The patient, however, belongs in a hospital under the observation of a surgeon Rest, morphine, ice-packs, and the administration of large quantities of water and glucose suffice, in most instances, to limit the inflammatory process The gravest danger in this conservative treatment is the possibility of a mistaken diagnosis The author has seen acute appendicitis, mechanical ileus, and a perforated ulcer diagnosed as cholecystitis and abstention from operation practised. On the other hand, he has lost patients who were operated upon in the acute stage of cholecystitis, and he now believes they might have lived had operation been postponed When he is impelled to operate during the acute stage he usually finds the gall-bladder so damaged that he is driven to perform a cholecystectomy, even though his preoperative intention is to do a simple drainage operation, but he has not found cholecystotomy an easy operation in these cases A review of the literature shows a wide difference of opinion as to the indications for operation, and among those who advocate immediate operation there is a marked divergence of views as to the operation of choice is, however, ample support of the position that operation is rarely indicated in acute cholecystitis In mild cases it is obvious that the plan of treatment adopted makes little difference in the outcome

Meningoencephalitic Phenomena After Vaccination-Dr K. von Mallinckrodt of Elberfeld draws attention to a serous meningitis which accompanies many acute infections and was formerly hardly known, but is now recognized through the medium of lumbar puncture as present, though rarely, in mumps, pertussis, variola, vaccinia, etc But little allusion is found in textbooks to this complication, which is at times very slight in degree, amounting only to a meningeal irritation. The author has seen three severe cases in the past few years A boy of 8 was vaccinated and presented no complications for the first ten days At that time cerebral symptons developed with tonic rigidity which at first suggested tetanus although the patient was comatose Examination of the vaccination scab showed no tetanus bacilli but on account of the lockjaw the case was treated as tetanus Death under hyperpyrevia occurred on the fifth day showed edema of the brain and membranes which apparently excluded tetanus in favor of serous meningitis. The second patient was a girls of 6 years On the tenth day after vac-

cination there was a chill followed by symptoms suggestive of tuberculous meningitis, and death occurred five days later The autopsy showed simple serous meningitis The third patient was a girl of 7 who developed meningeal symptoms on the tenth day, but made a good recovery Epidemic encephalitis could be excluded by the marked meningeal symptoms and the paralyses of the ocular muscles There is of course much that is obscure in such cases and it is difficult to trace a connection between such a disease and vaccination, although for the present the writer thinks the latter must be held tentatively responsible -Deutsche medizinische Wochenschrift, Feb 17, 1928

Diagnosis of Lymphogranuloma Inguinale —H Geisler, dermatologist to the Altona City Hospital, states that despite the recent great interest in this newly isolated affection the profession in general know little of it and his own knowledge is due largely to the fact that he has seen patients from the tropics in the In all he has Hamburg Tropical Institute seen four cases, the last one in the Altona Hospital In the last-named he had a chance to test Frei's intracutaneous reaction with two control cases of chancroidal bubo, a further control test being a prick with simple saline The Frei test resulted positively for the suspected lymphogranuloma case and negatively in the cases of chancroidal bubo, while all of the control punctures with saline were negative He might have made a counter test by inoculating the two kinds of pus on the subjects with the opposite disease but this was regarded as entirely unnecessary and impracticable in routine work because of the relative scarcity of chancroidal buboes at the present In none of the author's cases was there a primary lesion on the penis, and if coitus is responsible there must in these cases have been an incubation period of several weeks pus was either sterile or contained ordinary pus exciters and the part played by the latter in the formation of the abscesses and fistulæ is uncertain. Apparently a living virus is necessary to explain the disease Conservative treatment gives very slow results, the patients remaining interned for several months only successful treatment mentioned by the author is the parenchymatous injection of iodoform-glycerin While excision is not always practicable on account of adhesions, it is the method of choice whenever the entire gland packet can be cleanly removed. In regard to the autonomy of the disease the author associates it with the strumous buboes of old time clinicians -Klinische Wochenschrift March 11, 1928

Etiology of Gastric Ulcer -In an intensive

study of ulcers and the gastric motor phenomena, Lewis Gregory Cole (Acta Radiologica, vi, 29-34), observed an interesting relationship between the sulcus angularis and the most frequent site of gastric ulcers. The sulcus angularis, a mucosal apron, which hangs down or projects about one-third the way across the lumen of the stomach between the corpus and the pyloric canal, is a functional contraction rather than an organic fold, and is therefore not easily studied surgically or by necropsy, it is best studied by means of serial roentgenology It is attached to the lesser curvature at the exact point where Aschoff says the blood supply is already taxed to its At this area about four square centimeters of mucosa are supplied with blood by about one square centimeter of gastric wall The cramping of the blood vessels, which Bergmann considers an important factor in his spasmogenic theory of gastric ulcer, is a constant factor in this apron-like fold whether or not the stomach is in a state of spasm the peristaltic sulci relax during diastole and move from one area to another during each gastric cycle, with the sole exception of the sulcus angularis Therefore the blood vessels in this region of the sulcus are kinked during diastole, in addition to the diminished blood Furthermore, the concentrated digestive secretions follow the rugæ from the fundus and impinge on the proximal surface of the sulcus angularis, which in turn deflects this secretion into the chyme in the sinus of Forssell, the proximal surface of the fold being thereby subjected to the strongest gastric secretions before they are diluted by chyme Trauma, particularly that associated with vomiting, is greatest on the proximal surface of this mucosal fold The mechanical trauma of the gastroscope, the stomach tube, and particularly the string, as employed in the string test, should be avoided The string, which has become infected during its passage through the mouth, saws its way into the sulcus angularis, thus becoming a menace to the gastric In addition, as it cuts into the sulcus, it becomes blood tinged, making the diagnosis of ulcer from this finding misleading these observations it is evident that the sulcus angularis is worthy of serious consideration as a factor in the etiology and pathogenesis of gastric ulcer

Thyrotoxic Stomach Disturbances—Professor H Curschmann refers to some intestinal symptoms of Graves's disease which have long been known, such as diarrhea, but there is no corresponding familiarity with certain stomach disorders, for some of the leading reference works ignore these while others merely men-

tion a few rare symptoms. A few of the most recent do indeed supply this omission but all of them came out in 1927 and the author was familiar with these manifestations as early as 1925 when he reported a case of recurrent vomiting of thyroid origin Had not the connection with the thyroid been established the case would have been recorded as one of hysterical vomiting Since the beginning of 1927 the author has seen four additional cases of the same severe type-simulating the stomach crises of tabes-and one of severe diarrhea The mechanism is not known but there is a tendency to the association of the gastric crises with cardiac attacks The best treatment comprises irradiation of the thyroid and thymus which rapidly relieves the vomiting and the entire Graves' syndrome responds to the same treatment, with or without the addition of other measures, such as arsenic and sedatives The resemblance to tabic crises suggests an irritation of the abdominal sympathetic which probably leads to spasm of the pylorus the author's material, however, the röntgen diagnosis was limited to the absence of ulcer and cancer and there is no special mention of any use of the screen -Münchener medizimsche Wochenschrift, March 9, 1928

Oral Sepsis - Professor O Walkoff, an oral surgeon, gives a short resume of the Anglo-American doctrine of oral sepsis as a fertile cause of systemic disease, and although he claims a German physician antedated the Americans in pointing out the association between internal disease and buccal troubles, nevertheless the idea of focal infection has never gained a foothold in Germany, where the claims of Rosenow and others are regarded as quite without warrant, especially since they It is at least lead to wholesale extractions possible he says, to treat these teeth conserva-We may regard infected teeth as suspicious but we have not got the proofs against The author's method he calls strictly medicinal—that is there is no apicectomy or operation of any kind, the roots being treated entirely through the pulp cavity. He claims to show by rontgenograms that large granulomata have been made by this means to dis appear from the apical region. If a fistula is present in the jaw this will close of itself after treatment of the focus Thus the teeth are retained for cosmetic and functional purposes, infection is destroyed, and the bone The treatment may defect is regenerated The author's technique require a long time need not be described, as it is inferior to that of some of our own conservative dentists who add to ordinary resources the use of electrical sterilization, the violet ray, etc - Deutsche medisimsche Wochenschrift, March 16, 1928



LEGAL



By LLOYD PAUL STRYKER, Esq Counsel Medical Society of the State of New York

STATUTE LAW

The third of our promised series of editorials is herewith submitted Statute Law

The word "Statute" has been defined by Bouvier as "A law established by the act of the legislature The written will of the legislature solemnly expressed according to the forum necessary to constitute it the law of the State"

Another standard work has defined the term "Statute" as "The written will of the legislature, rendered authentic by certain prescribed forms and solemnities, prescribing rules of action or civil conduct, in respect to either persons or things, or both" The term "Statute Law, 'according to the same authority is "Frequently used interchangeably with statute, but the term is broader in its meaning, and includes not only statutes as already defined, but also the judicial interpretation and application of such statutes"

Under our form of government, national statutes are enacted by the Congress of the United States, state statutes by the legislature of the State.

Under the United States Constitution "Every bill which shall have passed the House of Representatives, and the Senate, shall, before it becomes a Law, be presented to the President of the United States, if he approves he shall sign it, but if not he shall return it with his objections to that House in which it shall have originated, who shall enter the objections at large on their Journal, and proceed to reconsider it. If after such reconsideration twothirds of that House shall agree to pass the bill, it shall be sent, together with the objections, to the other House, by which it shall likewise be reconsidered, and if approved by two-thirds of that House it shall become a But in all such cases the votes of both Houses shall be determined by year and nays, and the names of the persons voting for and against the bill shall be entered on the Journal of each House respectively If any Bill shall not be returned by the President within ten days (Sundays excepted) after it shall have been presented to him, the same shall be a Law, in like manner as if he had signed it, unless the Congress by their adjournment prevent its return in which case it shall not be a Law"

The same section of the Federal Constitution provides that "All bills for raising revenue

shall originate in the House of Representatives, but the Senate may propose or concur with amendments as on other bills"

The powers of the national Congress with respect to legislation are specifically set forth in the constitution. The matters upon which Congress is authorized to legislate are the laying and collecting of taxes, and the providing for the common defense and general welfare of the United States, the borrowing of money, the regulation of commerce with foreign Nations, and among the several States, and with the Indian Tribes, the establishment of a uniform rule of naturalization, and uniform laws on the subject of bankruptcies throughout the United States, the coining of money, regulation of the value thereof, and of foreign coin, and the fixing of standard weights and measures, the making of provisions for the punishment of counterfeiting the securities and current coin of the United States, the establishment of Post Offices and post roads, the promotion of progress of science and useful arts, by securing for limited times to authors and inventors the exclusive right to their respective writings and discoveries, the constituting of tribunals inferior to the Supreme Court, the punishing of Piracies and Felonies committed on the high seas, and offences against the Law of Nations, the declaration of war, granting of letters of Marque and Reprisal, and the making of rules concerning captures on land and water, the raising and supporting of armies, but no appropriation of money to that use shall be for a longer term than two years, the maintaining of a Navy, the making of rules for the government and regulation of the land and naval forces, the provision for the calling forth of Militia to execute the Laws of the Union. suppress insurrections and repel invasions, the providing for organizing, arming, and disciplining the militia, the exercise of exclusive legislation over territories and the District of Columbia, and lastly, and perhaps the most important of all this general grant of power is given by the Constitution to the Congress "To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof "

It is under this last blanket clause that au-

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thority in the National Congress to pass laws not provided for in the specific grants of power has been found. Thus, for example, in the early days of the Nation, the question of the right of the Federal Government to charter and organize a bank of the United States was contested on the ground that no specific power to legislate on this subject was given, but it was held that the organization of a national bank fell within the general authority to make laws "which shall be necessary and proper in carrying into execution" the specific powers of legislation granted

The provision of the New York State Constitution with regard to the legislative powers of our State Legislature is almost identical with that laid down by the Constitution of the United States as to the powers of Congress But there are provisions in the State Constitution which are not found in the Federal The first is that "no bill shall become a law after the final adjournment of the legislature, unless approved by the Governor within thirty days after such adjournment" Thus, in the National Government an adjournment of the Congress before the expiration of ten days after the presentation of a bill which the President had not signed defeats the passage of the law In the State, the adjournment of the legislature does not defeat the passage of any such bill provided the Governor approves of it "within thirty days after such adjournment"

Another difference between the two Constitutions in the matter of law making, lies in the fact that the President must either sign or veto a bill of Congress (unless he permits ten days to lapse before an adjournment, thereby causing the bill to become a law) Under our State Constitution, however, the Governor is authorized where the bill contains several items of appropriation of money, to veto one or more of such items although approving of the other portion of the bill If the Governor does veto one or more such items, when the bill is returned to the legislature with his veto, it may reconsider the same and if it approves of the items by two-thirds of the members of each House the items vetoed become part of the law "Notwithstanding the objections of the Governor"

One of the most interesting differences between the powers of our State Legislature and the powers of Congress with respect to legislation, lies in the fact that under our State Constitution it is specifically provided that "No private or local bill which may be passed by the legislature shall embrace more than one subject and that shall be expressed in the title" No provision of this kind is found in the National Constitution, with the result that many acts of Congress contain "Riders" that is, provisions which are not germane to the

general purposes of the act and which are inserted in the hope that the President, rather than veto the entire bill, will permit the passage of this added provision in no wise connected with the general nature of the action The effect of such a practice is known to everyone, it has produced and stimulated "log-rolling". The history surrounding the enactment of this provision of the State Constitution is interesting In 1791 the Bank of New York obtained a charter giving it a practical monopoly of the banking business in the City of New Its stockholders and directors were Federalists, with Alexander Hamilton at their head In the course of time the bank came to wield what was believed to be a controlling political influence, and Aaron Burr conceived the idea of organizing a rival bank. The legislature at that time, however, was in the hands of the Federalists and bank charters were granted as a matter of political favor There had been a scourge of yellow fever and in this Mr Burr saw his opportunity He petitioned for the charter of a company, the purpose of which was to afford an abundant supply of pure and wholesome water The capital of this water company was two million dollars, but as it was probable that the construction of the water works would not absorb the whole of that sum, Mr Burr caused to be inserted in his charter a seemingly innocent provision that the "surplus capital might be employed in any way not inconsistent with the laws and Constitution of the United States or of the State of New York" When the charter was granted Burr used the authority of this grant for the organization of one of the strongest banking institutions of the City, and it is still in exis-The precedent which Burr set was followed, or was attempted to be followed on many subsequent occasions, until finally the constitutional convention in 1846 inserted in the Constitution the provision that no private or local bill could embrace more than one subject, and declared that such subject must be expressed in the title

The New York State Constitution does not (as does the Federal) define the specific subjects upon which the legislature is authorized The legislature's power of legisto legislate lation is contained in this brief grant "The legislative power of this State shall be vested But the State in the Senate and Assembly" Constitution forbids the legislature from passing private or local bills, changing the names of persons, laying out or discontinuing roads, locating or changing county seats providing for changes of venue in civil or criminal cases incorporating villages, providing for election of members of boards of supervisors, selecting, summoning or impaneling grand or petit jurors, regulating the rate of interest on money

opening and conducting of elections or designating places of voting, increasing or decreasing fees, percentages or allowances of public officers during the term for which they are elected or appointed, granting to any corporation, association or individual the right to lay down railroad tracks, granting to any private corporation, association or individual any exclusive privilege, immunity or franchise whatever, granting to any person, association, firm or corporation, an exemption from taxation on real or personal property, and providing for the building of bridges (with one exception)

The State Legislature, however, is authorized to pass "General Laws providing for the cases enumerated in this section, and for all other cases which in its judgment may be

provided for by general laws"

With the exception of these prohibitions, the State Legislature may pass any law which does not conflict with the State or Federal The Congress of the United Constitution States, however, has not the general power to legislate, but has only such power as is expressly granted by the Constitution, and though the Federal Constitution does not contain some of the salutary restraints upon legislation by which the State Legislature is circumscribed, the Federal Congress is specifically prohibited from passing laws for the suspension of the writ of habeas corpus, except where in cases of rebellion or invasion, the public safety may require it, from passing bills of attainder or ex-post facto law, from passing capitation, or other direct taxes, unless in proportion to the census, from enacting taxes or duties upon goods exported from any State, from giving preferences by any regulation of commerce or revenue to the Ports of one State over those of another, or from causing money to be drawn from the Treasury except in consequence of appropriations made by law, and from granting titles of nobility

This in a very brief way, suggests some of the powers and limitations upon legislation imposed by our Federal and State Constitutions. But these restrictions and the restrictions of the various Constitutions of the several States do not prevent forty-eight State Legislatures and the National Congress from enacting every year a mass of Statute Law so large, so ponderous and so complex, that no one human mind is capable of grasping or understanding all of it Some of the Statutes which are passed are wise and farseeing, some are passed upon an intelligent conception of the needs of the community, and some are not

Under our government the people do not personally enact their laws, but select representatives in the persons of State assemblymen and State senators, National representatives and Senators of the United States to do

How well or how poorly this work for them it is done depends upon the character, training, ability and experience of the legislators which the people choose. In the last analysis then. criticism for unwise and unworthy legislation rests upon the shoulders of the people themselves. We get as good laws as the legislators whom we delegate to perform this work, enact for us No better and no worse A State Legislator should be actuated by the interests of his State and should be able to think in statewide terms A national legislator should have a nation-wide conception of his duties how seldom is this the case, is a matter of all too-common knowledge! Too often the assemblyman is concerned only with the interests of his assembly district, or a representative in Congress with the promotion of the interests of his particular constituents,—the affairs of his particular Congressional district Much is said and justly said in criticism of the character of much of our legislation Much more is said and should be said of the undue proportions to which the Gargantuan mass of State and Federal Legislation has now swollen, and almost nothing is done about it

Ours is in theory a representative government. It may be made representative at any time. Often it is not representative for the reason that the individual citizen takes no interest whatever in the nomination or election of the best man capable of performing the duties which they are delegated to perform. One of the results of this is found in the constant necessity of construing the meaning of the words and phrases of the Statutes. Were the decisions of all the Courts of the Nation and the States to be examined, a surprisingly large proportion of these decisions would be found to relate to subjects of this kind.

But as has been pointed out in one of our previous editorials, there is one salutary restraint upon the law-making power in this country which is not found in England, and that is the power of the Courts to declare a law unconstitutional. If a Statute violates a provision of the State or Federal Constitution the judiciary has the power to nullify it

The study of Statute Law today is one of the largest and most complex of the duties devolving upon a lawyer. Before he can properly advise his client as to the merits of the case, he must examine and consider each Statute which has any bearing or might be determined to have any bearing upon he facts in hand. After he has done this he must understand in what way the particular words of the Statute have been construed by the Courts, and if those particular words have not been judicially construed, he must construe them himself. He must ascertain whether or not

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the Courts have expressed themselves with regard to the Statute which he is considering Often he is called upon to determine whether or not a Statute is or is not constitutional, that is to say, whether the law in question violates any of the rights of his client accorded by the Constitution Where he has become convinced

that this is the case, he must in Court champion the rights of his client by challenging that which the legislature has enacted

Far too many laws are passed Unwise statutes are enacted This evil grows worse instead of better The remedy lies with the people who nominate and elect their legislators

CLAIMED NEGLIGENT CURETTAGE

Here it was charged that a surgeon was negligent in the performance of an operation upon his patient in that he had failed to remove a dead child from the plaintiff's womb, that by reason of such negligence the patient suffered severe pain and anguish and her nervous system was affected and her body generally and particularly the womb. She claimed she was confined to her bed in a hospital for four weeks and to her home for many months. That she was obliged to submit to a further operation upon her womb and incurred medical, hospital and other expenses, and sought by this action to be compensated for such injuries.

About June 20th the plaintiff had called on the defendant physician at his office and informed him that her family physician had stated that she was pregnant. That about three years prior to this time she had been operated on for cancer of the rectum and because of that fact and the probable dangers to her of pregnancy, the family physician had advised that the present pregnancy be terminated. The history of the patient showed that her menstrual periods were regular until about three weeks prior to the time she was first seen by the defendant physician, that that menstrual period had been missed and she had not menstruated since

By palpation and digital examination the defendant examined the patient's abdomen, vagina and womb Upon further examination he found a colostomy in the lower left part of the abdomen There was no evidence of an anus, the entire lower portion of the bowel having evidently been removed at the previous operation. The defendant found that the prior operation had so distorted the organs of the pelvis that it was very difficult to adequately palpate the uterus through the vagina The uterus appeared to be moderately enlarged to about the size of a six month pregnancy The defendant felt that the above findings indicated and confirmed the opinion of the family physician that a therapeutic abortion was indicated He then conferred with the family physician and an operation was arranged for, to be performed upon the plaintiff at her home, the family physician assisting at that time, also another physician who administered the anaesthesia

When the patient was sufficiently under the anaesthesia the defendant performed the necessary operation for a therapeutic abortion, he having previously sterilized himself and all his instruments likewise being sterilized. The cervix was grasped with a pair of bullet forceps. Due to the previous operation the cervix and uterus were situated much higher and more posterior and to the left than usual The cervix was dilated with difficulty owing to the presence of a small growth in the anterior wall of the uterus The uterine canal was further distorted. After adequate dilatation of the cervix with a dilator, the uterine cavity was curetted with a sharp curette Owing to the distortions present a small portion of the anterior wall behind the growth could not be reached by the curette and to reach the same it would have been necessary to make an incision through the cervix, which procedure was counter-indicated at that time After the operation was completed the patient was returned to her bed The defendant and the other physician remained with the patient until she had complete-She was left in ly come out of the anaesthesia the care of the family physician

The defendant saw the patient again about four days later, at which time she was doing nicely. She was not again seen by the defendant until about a month later, when she called on him at his office, stating that she had failed to menstruate since the operation. Upon examination, the defendant found that the uterus was only moderately enlarged and he advised the patient at that time to return to him in about three weeks. She never returned to the defendant surgeon and nothing further was heard from her until the malpractice action was instituted.

This action eventually came on for trial and was submitted to the jury which rendered a verdict in favor of the defendant thus successfully terminating the action in the surgeon's favor



LONDON LETTER



LONDON LETTER

London has been much occupied during the last weeks of February by the celebration of the bicentenary of the birth of John Hunter. When little Jock opened his eyes on the world in the poor farm house at Long Calderwood, on February 13, 1728, there was little to show that before his death in 1793, this wee infant would transform the whole scientific aspect of Surgery, and earn for himself immortality Fate wraps up her gifts so cunningly that many must remain unrecognized and unaccepted, but rarely, perhaps, has a supreme gift been offered to mankind more unassumingly Dr William Cullen, the local country doctor, paying an ordinary visit to Hunter's parents, asks the father what he purposes to do with William, the elder of the two brothers, and Mr Hunter replies that he hopes to get him into the Church—the highest ambition of the Scottish middle class of that time Cullen offered to take William as his assistant, and the hand is stretched out to seize the gift of Fate. Had mankind known how much depended on the father's answer, all Nature would have held its breath to listen So William goes as assistant to Cullen, develops his wonderful skill as an anatomist and teacher, and then to London invitation to John to join him follows, and the stage is set. There is still difference of opinion as to which of the three, Dr William Cullen, Dr. William Hunter, or John Hunter, was the greatest man, all three became famous, and if John has received the hon's share of honor, at least it is well bestowed, and amazingly deserved

The general discussions at the various Medical Societies in London have covered a wide range of subjects, and of these not the least interesting were the discussions on Pernicious Anæmia at the Medical Society of London, where the value of the Liver Diet, which we owe to Minot and Murphy, was demonstrated, and on Chronic Appendicitis in Children at the Royal Society of Medicine

We have been fortunate to have as visitors this winter two famous Americans. Dr. Vincent Lyon of Philadelphia addressed the Medical Society of London on the uses of the Duodenal Tube in Diagnosis and Treatment, and Dr. Howard Kelly came from Baltimore to deliver the Hunterian Lecture to the Hunterian Society, choosing for his title "Rubbing and Reasoning" Dr. Max Cheval is to demonstrate his method of Radium treatment of Cancer of the Cervix Uteri in the near future. These visits from neighboring countries are much appreciated and are especially valuable as a means of keeping the medical

profession in touch with the trend of modern thought

Among modern methods of treatment perhaps none has caused more interest than the treatment of cancer of the mouth and tongue by radium. The staff of Westminster Hospital have been much interested in this branch of work and a demonstration recently given at that institution showed how remarkable has been the advance in this form of attack upon the scourge of malignant disease.

A hurried visit to Paris gave the writer an opportunity of seeing Dr Pauchet at work and this eminent French surgeon in a short conversation emphasized the tendency among some surgeons of the present day to treat duodenal ulcer with high acidity by partial gastrectomy. He evidently approves of this principle and more will be heard of it

Two problems have come much to the fore lately in regard to London hospitals The first is the question of accommodation for paying patients, that is, for people of moderate means: the second is the decision of certain hospitals to exclude women students During the war hospitals which had hitherto taken only men students opened their doors to women, but the tendency since the Armistice has been gradually to withdraw this privilege. Within the last week the matter appears to have reached a head by the decision of three more London hospitals to exclude women in future It is a highly controversial question, and is still under discussion

Illness nowadays is one of the most serious handicaps that can be imposed on men and women earning their livings. The growing compulsion for people to live in flats or limited accommodation makes it impossible for any but slight illnesses to be nursed at home, and the prohibitive prices for rooms in nursing homes, to which must be added medical fees and nursing charges, render it equally difficult for patients to leave their own houses Everything is done for the sick poor, and everything is obtainable by the wealthy as regards medical attention and accommodation, but between these two extremes is a huge middle class, mostly head workers, for whom up to now little has been done. Certain hospitals have set aside paying wards for this class of patient, but even their charges seem rather high for moderate There is some talk of building special ıncomes hospitals for these paying patients but the cost of construction and maintenance is so heavy that at present the scheme seems unlikely to materialize.

H W CARSON, FRCS, MRCS LRCP



NEWS NOTES



GOVERNOR SMITH AT THE ANNUAL MEETING

The Committee of Arrangements for the Annual Meeting has announced that Governor Alfred E Smith has accepted the invitation to be the guest of honor on Tuesday, May 22, at the annual banquet of the Medical Society of the State of New York in Albany

Governor Smith is the friend of physicians and the upholder of scientific medicine. The members of the Medical Society of the State of New York will be glad to welcome him, and to show their appreciation of his services to public health.

MANUFACTURERS' SESSIONS

Many exhibitors of commercial products at the annual meeting of the Medical Society of the State of New York have interesting things to say about their products, and some have moving pictures illustrating the production and use of their wares. Some of the talks and pictures have been given before scientific societies and have been proven to have an educational value. The managers of the exhibit have therefore invited a few of the exhibitors to give their talks or show their pictures in a room specially provided for them facing the exhibitor's booths.

This provision for the exhibitors is an original and unique feature of the annual meeting. It is an experiment without precedents for guidance, but those taking part have submitted outlines of their addresses and pictures, and have given proof of their high ethical character and educational value. The program is as follows

MANUFACTURERS' SESSIONS

Lectures, Demonstrations and Pictures by Commercial Exhibitors

Place, Main Floor of the Armory

Program

Tuesday, May 22

(a)—11 a m -12 m — Moving pictures, by E R Squibb & Sons Immunity and the products that protect (b)—3-4 p m—The story of two Vitamines in their relation to health and growth (Cod Liver Oil)

Wednesday, May 23

- 1000 a m—The Meaning of Illumination and Transillumination in Diagnosis and Surgery Talk by W P Schmid, of the Cameron's Surgical Specialty Company, Chicago and New York
- 10 15 a m—Illustrated talk, cod liver oil as a factor in child growth and health, by Daniel R Hodgdon, MD, of the H T Dewey & Sons Company, New York
- 10 30 a m—Klim as a Basis for the Whole Milk Formula, by Gerald Milot, of the Merrell-Soule Company, Inc., New York and Syracuse
- 1045 a m Valve Tube Rectification in X-ray Machines By Joseph F Zauner, of the Wappler Electric Company, New York
- 200 pm—Motion Picture illustrating the use of Dryco Milk, by the Dry Milk Company, New York
- 215 pm—Ultraviolet Light Lamp A talk of E B Smith, of the Hanovia Chemical and Manufacturing Company, Newark, N J
- 230 pm—The Pollenair Filter and how it removes pollens from respired air, by F H Wilberding, of Pollenair, Inc., Cleveland, Ohio

REPORT OF COMMITTEE ON NURSING AND NURSING EDUCATION

To the House of Delegates-

Gentlemen

Your committee reports that its investigations confirm the conclusions expressed last year. While there appears to be no shortage of nurses, their distribution in rural communities is faulty in spite of improved roads and increased motor serv-

ice, which should improve the availability of

From the viewpoint of demand, distribution and of supply the question is acutely economic

The patient's demands, never budgeted in advance, are met by an adequate supply but at a cost which is usually difficult or impossible to meet for the amount of service which the patient thinks he needs

Members of your committee have carefully observed the nursing of private patients during the past year and report that except in acute conditions they found full time twelve hour nurses very frequently unoccupied—sitting around for hours at a time. Good nurses reported this mactivity very tiresome and in the home sought relief in some household duty and in the hospital loaned themselves to assist other nurses in difficult cases.

Home nursing is the most difficult to manage As long as statistics continue to show that 95 per cent of American housewives do their own housework, when this responsible person becomes sick, it will be imperative that the nurse adjust

herself to a very elastic service

Part time nursing of one or two or four hours daily is often all that is needed in addition to directed observation and attention by some willing member of the family. Such a service might cost one or two or four dollars daily and be within the financial ability of the patient. While our present standards of living continue we cannot expect an educated specially trained person to work in the house for the fifty or sixty cent an hour wage of the uneducated scrub woman or laundress.

In the hospital it would seem to be perfectly feasible for the nurse to work eight or ten or twelve hours steadily, allocating the cost of eight or more dollars over a number of patients—the number varying according to the quality and

quantity of service needed

Visiting nurses are doing splendid work and are gradually extending their field in homes for privately paid service as a knowledge of their availability grows. Physicians could help by educating their patients as to the possibilities of part time service in homes and in hospitals and very often in hospitals by assuring their patients of the adequate care rendered by floor nurses.

Physicians complain that the cost of nursing to the patient absorbs more than his available finances—so that at the end of an illness the payment for medical service is indefinitely postponed or never met. It would seem that group nursing in hospitals might work to the advantage of all three—the patient to pay less—the nurse to work shorter hours at larger wage—and the physician to get his fee

The work of the Utica Visiting Nurse Association herewith illustrated* shows the progress of this part time service slowly reaching the knowledge of the public—and, we are told, with the entire approval of the physicians and nurses of that city

Physicians continue to complain that nursing education tends to develop physicians' assistants and technicians rather than nurses who are willing to assume all of the care of the sick individual. They also complain of public health nurses and

others—practising medicine—making diagnoses—carrying stethoscopes—and other paraphernalia which serve to impress lay people with their scientific equipment—prescribing remedies, advising operations, referring patients to physicians or specialists without consulting the family physician, thereby discrediting the nursing profession in the eyes of practitioners of medicine and incidentally fermenting discord between physicians and lay organizations which these nurses sometimes represent, thus defeating the best interests and purposes of otherwise helpful agencies

Hospital heads still complain of burdensome demands for housing nurses, and training school heads complain of unreasonable loading of curriculum particularly in subjects for which a small service requires affiliation with other

schools

Even in large cities the number of children hospitalized is so small, in one city less than 1 per cent for all causes, that there is very little general experience, especially in handling medical cases. It would seem that experience in nursing the surgical child would be reasonable qualification for nursing any type of child patient and in small towns outpatient nursing of children in their homes might replace affiliation for Pediatrics in distant cities of New York or other States.

Preventive medicine, preventive vaccinations, general dissemination of health knowledge to the lay audience through public schools—through press and radio broadcast—is in our opinion influencing the incidence of disease among children to such an extent that hospitalization of

children will continue to decrease

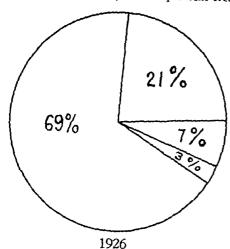
Your committee feels that affiliation for all causes should as far as possible be eliminated from the training of the basic nurse because it embarrasses the small school and disturbs the normal essential development of the nurse Your committee's definition of the Basic Nurse in our report of last year—"The basic nurse is a graduate who has completed a general hospital training school course in the theory, practice and art of nursing in two years, is fitted to nurse patients either in a hospital or at home and is eligible for the degree of Registered Nurse" may well be modified, in the light of the knowledge of the over-supply of nurses, to require longer terms of study by the minimum requirement of four years in high school-this to include all of the didactic teaching within the high school, giving all of the time of service in the hospital to the teaching of the art of nursing by demonstration and practice

The training schools have difficulty in securing and retaining competent teachers for financial reasons. This condition might be remedied by the use of high school teachers or others especially prepared to give competent instruction in the basic sciences in a pre-training school course.

Your committee feels that a basic fundamental standard should be reached to consist in large

^{*} See page 602

BEDSIDE CARE OR TREATMENT VISITS The per cent paid for, and the per cent free.



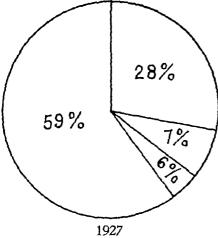
Total Bedside Care Visits 15,128

69% Paid by Insurance Companies

7% Paid in Full by Patients

3% Paid in Part by Patients

21% Free



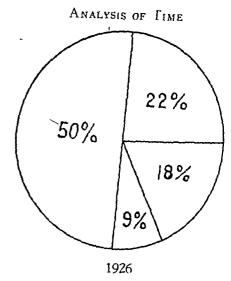
Total Bedside Care Visits 19,281 59% Paid by Insurance Companies 7% Paid in Full by Patients

6% Paid in Part by Patients

28% Free

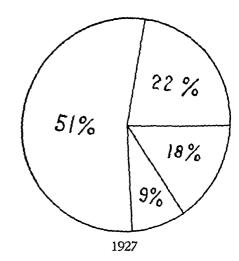
measure of training in the art rather than in the science of nursing and that there should be the same basic standard in all of the states-whether in New York, New Jersey or Missouri Your committee believes that fundamental training is necessary no matter what the nurse's specialtythat opportunity should be provided for develcoment in any line-but only after completion of the basic course

Your Committee finds the State Department of Education co-operative and open-minded on all questions affecting the practice of medicine as related to the practice of allied professions and eager to learn the irreducible minimum for the



50% of time was spent in homes of patients 22% of time was spent in travel 19% of time was spent in office

9% of time was spent in Child Health Stations



51% of time was spent in homes of patients 22% of time was spent in travel 18% of time was spent in office

9% of time was spent in Child Health Stations

number of nursing schools for basic educational requirements and for affiliations

The Registry Bill enacted last year has been generally well received-but has not been long enough, nor strictly enough enforced to make itself properly understood. This law is in the interest of the public in preventing unqualified or immoral persons undertaking nursing service, and through identification, protecting the qualified nurse from impersonation by unregistered incom-

The nurse rightly views the future of her profession with dismay—as she sees the increasing output of an increasing number of training

18,000 nurses were graduated in the United States in 1927 and 4,000 are now in training in the State of New York alone 4,000 physicians were graduated in the United States in As the Grading Committee discovers in the answers to questionnaires by over 40,000 physicians, that the average physician employs only one or one and a half nurses at one time, the ratio of last year's graduation of four and onehalf nurses to one physician if continued, promises still more serious financial embarrassment If the present ratio of increase in nurse graduation continues the Grading Committee estimates that 60,000 nurses will graduate in 1965 are now 2,096 training schools in the United States-139 of them in New York, and more are being organized The private duty nurse now works only eight months of the year and her average yearly wage is \$1,300 The Public Health nurse works twelve months and averages a yearly salary of \$1,700. The institutional nurse works twelve months of the year and averages \$2,000 A few special part time nurses in New York City make \$5,000 a year by dividing their services among several patients. More than half of all nurses are in private duty service and 45 per cent of these private duty nurses plan to seek some other form of work, chiefly because of long periods of unemployment, and there seems to be a steadily lessening prospect of improvement

The immediate remedy would seem to lie only through better distribution of the present supply, through cutting down the number of nursing schools, and limiting the number of students to be

accepted

Some of the schools of nursing seem to be conducting schools merely because they need the services of the nurses in the hospitals and report that they would have to close the institution if they could not get student nurses. It is impossible to deny the seriousness of the situation

Graduate nurses must take care of themselves in a businesslike way, must either attain the upper and better paid fields of institutional and public health service, or they must plan to sell their time or special ability at prices the patient can afford in a flexible manner that will give them a decent living and possible provision for their old age

While your committee finds the nurse problem increasingly difficult of solution it feels the importance of suggesting ways and means which may be helpful to the sick—to the nurse—to the physician

Your committee recommends

- 1 The establishment of official registries which shall be endorsed by the county medical societies and conform to the requirements of the registry law
- 2 The stimulation of the coordination of all nursing service in each county
- 3 The encouragement of hourly, part-time or group nursing
- 4 The extension of the visiting nursing service
- 5 That didactic teaching in the basic sciences be given in the high schools—where the teachers are, and all hospital training be devoted to training in the nursing arts
- 6 That four years of high school be the minimum requirement to enter schools of nursing
- 7 That the number of training schools be reduced
- 8 That affiliation be as far as possible eliminated

Respectfully submitted,

NATHAN B VAN ETTEN, Chairman E ELIOT HARRIS
ANDREW SLOAN
J RICHARD KEVIN
GEORGE W KOSMAK
GEORGE R CRITCHLOW
GEORGE E BEILBY
ARTHUR S CHITTENDEN
WALTER H CONLEY

REPORT OF COMMITTEE TO STUDY THE CURRICULUM FOR NURSING EDUCATION IN THE STATE OF NEW YORK

To the House of Delegates— Gentlemen

Your committee has met and has begun the study of the curriculum for nursing education in this State and reports that a very satisfactory entente has been established with the Department of Education of the State of New York. That the work is going on but is not sufficiently advanced to be reported on at this time.

Your committee recommends that this study be continued for another year

Respectfully submitted,
NATHAN B VAN ETTEN, M D, Chairman
E ELIOT HARRIS, M D
GEORGE R CRITCHLOW, M D
JAMES SULLIVAN, Ph D,

Commissioner of Education Marion Durrell, R N,

City Hospital, New York ELIZABETH GREENER, R N,

Mt Sinai Hospital, New York
Eleanor Lee, RN,
Presbyterian Hospital New York

REPORT OF COMMITTEE ON IMMUNIZATION OF CHILDREN AGAINST DIPHTHERIA

To the House of Delegates—Your Committee presents the following

Progress Report

of the Second Year of Diphtheria Prevention In New York State, Exclusive of New York City

 January 1, 1927 to January 1, 1928

 Number of
 1927
 1926

 Children
 217,000
 110,000

 Inoculated

The complete tabulation of children inoculated against diphtheria in the State during 1927 shows approximately an increase of 100% over 1926. This number represents only those treatments reported to the State Department of Health. It is estimated that between 25,000 to 35,000 children have been treated chiefly by private physicians in their offices, for which reports have not been received.

Units of	1927	1926		
Toxin-Antitoxin				
Distributed	1,119,095	750,000		

The free distribution of toxin-antitoxin by the State Laboratory increased 50% during 1927

Diphtheria Cases and Deaths

In common with states throughout the country, New York State shared in an increased prevalence of diphtheria during 1927 Studies by the United States Public Health Service, Metropolitan Life Insurance Company and the State Department of Health shows clearly that diphtheria tends to follow a seven-year cycle and that 1927 was in many states the peak year of a cycle

1 Apparently the State Campaign has not been carried on sufficiently long to prevent a diphtheria epidemic year but that it had a part in keeping down the increase in diphtheria cases and deaths over what it otherwise would have been is indicated by the following summary

Total 1927 1926

Cases 3,928 3,647 an increase of 321 cases—8%

Deaths 255 251 an increase of 4 deaths—1½%

- 2 Thus it will be seen that both the increase in cases and deaths during the year was comparatively small. One of the most significant points gleaned from last year's experience was that of the 255 deaths only three children had received toxin-antitoxin inoculations. In other words, the deaths from diphtheria occurred in the non-treated group
- 3 Diphtheria cases increased 73% in New York City during 1927, as compared with 8% in the area of our campaign, that is, the State, outside of the Metropolis, diphtheria deaths in-

creased 47% in the city, as compared with only $1\frac{1}{2}$ % in the rest of the State

4 Dr William H Park stated recently that he considered the more favorable record for New York State could be directly attributed to the intensive prevention work of the past two years, whereas, in New York City, immunization work had greatly dropped off during this period

Campaign Extends Nationally

- 1 The Saturday Evening Post in an editorial September 3, 1927, carried a strong commendation of the campaign to its several million subscribers. Likewise, editorial comment and stories have appeared during the year in the Woman's Home Companion, the Ladies' Home Journal, Pictorial Review, Good Housekeeping, Poster, and Children—The Magazine for Parents
- 2 A publicity session of the Twentieth Annual Meeting of the American Public Health Association at Cincinnati was given over entirely to a detailed report of the New York State Diphtheria Prevention project and to consideration of the publicity material which has been developed
- 3 Diphtheria prevention literature and posters put out by the State Committee are now receiving wide distribution to health officers throughout the country. A number of posters and leaflets have been ordered for a campaign in New York City, during 1928

Progress in Organization

- 1 Health officers in nine second-class cities of the State were called together by the State Commissioner of Health in November to urge their more intensive effort to secure the immunization of pre-school children
- 2 County medical societies and individual practitioners throughout the state continue to take part in local undertakings and the number of immunizations done by physicians in their private offices show marked increase
- 3 Albany, Peekskill, Middletown, Salamanca, and Utica, were among the cities which conducted creditable community campaigns during the year
- 4 Use of the house-to-house canvass to persuade parents to have their children immunized was shown to be an essential part of efforts to secure protection for pre-school children

Publicity Promotion

Special items of interest in the State Committee's program in respect to publicity include the following

Publication of Handbook No 2, "Preventing

Diphtheria "

Securing pledge from General Outdoor Advertising Company of \$25,000 worth of billboard space free

Distribution of a quarter of a million pieces of

diphtheria literature

Publication of new posters and leaflets, as well

as foreign language material

175,000 buttons ordered for distribution to children when they receive the third toxin-antitoxin treatment

3,300 clippings of liphtheria news stories and editorial reviews from the newspapers

Emphasis During 1928 will be directed to securing the more intensive inoculation of preschool children in the cities upwards of 50,000 in population by

- 1 Sending special organizers to such cities to assist the health authorities in organizing community action, and a house-to-house canvass to persuade parents to have their children treated
- 2 Publishing a handbook of instructions for this type of effort.
- 3 Enlisting the cooperation of various women's organizations, civic clubs, and fraternal bodies
- 4 Promoting a diphtheria prevention poster contest in high schools and normal schools

Your committee invites the studious attention of every delegate to the following statistics with the hope that through his increased interest every district will show marked improvement during 1928

TOTAL NUME STA			TIONS IN N YORK CITY	
State (Exc. Over 10,000 Under 10,000	•			15,269 13,445 1,824
1923	Ĭ924	1925	1926	1927*
28,694	32,368	28,835	118,736	217,153
22,710	23,818	19,292	64,164	121,103
5,984	8,550	9,543	54,572	96,050

^{*} To March 25, 1928

	וענ	(PHTHE)	RJA			
	Cases			Deaths		
Cities	1925	1926	1927	1925	1926	1927
Buffalo Rochester	436 401	546 520	737 505	29 49	27 27	59 21
Albany Syracuse Utica Yonkers	137 141 410 255	60 102 377 249	110 63 218 431	7 5 23 15	4 2 32 15	10 3 12 23
Binghamton Mount Vernon Niagara Falls Schenectady Troy	30 12 70 39 112	73 45 27 37 26	22 49 103 12 21	4 1 4 2 11	8 8 3 2 2	3 1 9

	Dı	гнтнен Сазез			Death	•
Cities	****	1926		10.05	1926	
	1925	-	1927	1925	1920	1927 1
Amsterdam Auburn	9 20	9 8	5 10		1	1
Elmira	10	12	11	2	2	
Jamestown	62	16	71	2 1	2 2	
Kingston	23	4	ζ	2	-	1
Newburgh	109	41	5 5 65	2 20	7	•
New Rochelle	22	iŝ	65	ĭ	•	3
Poughkeepsie	9	5	60	1 2 2 2 3	1	3 3
Rome	14	10	4	2		
Watertown	16	9	4	2		
White Plains	26	9	11	3	1	1
Batavia	8	5	4	2	1	
Beacon	5	1	3	1		1
Cohoes	8 5 9 29	14	36	_	Ţ	3
Corning	29	19	4	2 3	1	
Cortland	12	9	3	3	1	1
-		_	_			
Dunkirk	11	1	5		_	
Endicott	7	17			2 1	
Freeport	8	7	8		3	
Fulton Common	5 18	10	3	1		
Geneva	10	10	J	,		
Glen Cove	6	5	11			1
Glens Falls	4	3	-			1
Gloversville	17	17	1 6	2	1	1
Hempstead	1	6	i	4	•	
Herkimer V	•	4	6			
Herkinet v		7	u			
Hornell	4	17	1			
Hudson	10	3	2		1	j
Il on V	28	4	Š	3	•	i
Ithaca		7	2 5 5 3	J	1	
Johnson City	5 5 67	20	3		3	
Johnston n	ž	3	J		1	
Lackawanna	67	38	84	6	2	4
Little Falls	10	10	Ğ	6 2	ĩ	•
Lockport	9	4	4	1	1 3 1 2 1 2	1
Mamaroneck	8	10	6		_	
	•		-			
Middletown	9			1		
No Tonawanda	6	1	4			
Ogdensburg	2		2	1		2
Olean	24	5	4 2 5 6 1	1		
Oneida	38	5 7	6	3		
Oneonta	3	1				
Ossining	3		1	1		
Oswego	6	4	1			
Peekskill	12	4	4			
Plattsburg	51	23	3	4	1	1
Port Chester	20	7	9	2	1	
Port Jervis	38	12	22	1		1
Rensselaer	5	17	4	1		
Rockville Center	7	13	12	1	1	
Salamanca	1	3	2		1	
c	_	_				
Saratoga Springs	9	2	13		_	2
Tonawanda	2	14	5		3	
Valley Stream Watervliet	4	7	4			
John John Pa	12	11	5		1	1

	T-A-IN PLACES OVER	10,000 POPULA	тіон Ассо	MPLISHED D	URING 192	7	
Citics Buffalo Rochester		Total 28,812 7,493	<i>Under</i> 5 1,720	5-9 18,962	10-14 8,001	15— 129	Age ? 7,493 Est
Albany Syracuse Utica Yonkers		4,408 9,950 6,313 4,218	1,763 1,992 2,020 346	2,016 5,991 2,843 2,646	613 1,855 1,397 1,192	16 59 53 34	53
Binghamton Mount Vernon Niagara Falls Schenectady Troy	•	2,473 1,546 3,858 1,531 808	690 481 498 790 167	1,222 832 2,263 411 496	522 232 1,016 60 144	39 1 81 270 1	
Amsterdam Auburn Elmira Jamestown Kingston Newburgh New Rochelle Poughkeepsie Rome Watertown White Plains		462 1,025 2,217 2,036 2,200 68 1,173 880 1,211 255 648	50 389 465 828 676 47 192 471 94 50 165	272 492 1,667 1,078 920 17 631 267 959 120 429	137 113 84 91 566 4 315 131 157 80 52	3 3 1 26 38 35 11 1 5 2	28 13
Batavia Beacon Cohoès Corning Cortland		692 313 340 846 519	3 63 44 128 130	421 178 237 303 322	256 72 56 339 59	12 3 76 8	
Dunkirk Endicott Freeport		882 426	92 14	452 367	320 45	18	
Fulton Geneva		256 2,331	11 615	100 987	136 675	9 11	43
Glen Cove Glens Falls Gloversville Hempstead Herkimer		202 588 545 622 810	160 92 172 24 121	42 356 324 456 574	109 49 133 114	31 1 1	
Hornell Hudson Ilion Ithaca Johnson City		783 396 199 948 271	233 128 1 346 98	395 250 148 507 161	152 18 50 82 12	3 13	
Johnstown Lackawanna Little Falls Lockport Mamaroneck		525 1,760 485 1,041 401	101 197 64 100 192	349 729 395 701 183	75 786 24 240 26	48 2	
Middletown North Tonawanda Ogdensburg Olean Oneida		1,137 241 284 691 366	468 40 137 102 63	451 139 113 476 218	212 57 32 98 73	6 5 2 12	15
Oneonta Ossming Oswego Peekskill Plattsburg		760 28 313 1,556	204 19 352	411 8 257 753	139 1 42 301	6 14 150	
Port Chester Port Jervis		602 1,107	109 349	469 459	23 231	1 68	
Rensselaer Rockville Center Salamanca		180 1,114	92 197	84 447	361 361	59	50
Saratoga Springs Tonawanda Valley Stream Watervliet		131 239 228 486	10 34 5 63	99 200 182 357	20 5 41 65	1	

DIPHTHERIA DEATHS

	(Exc. N Y	C. and	State Institutions)	
	Over		Under 1	0,000
	Deaths	Rate	Deoths	Rate
1915	300	13 5	191	77
1916	319	14 1	171	70
1917	371	161	223	93
1918	342	14 4	180	76
1919	581	24 0	232	9.9
1920	650	257	204	8.9
1921	582	22.8	227	97
1922	384	148	197	8.2
1923	300	11 4	154	6.2
1924	248	93	122	4.8
1925	225	8.4	108	41
1926	177	` 6.4	72	28
1927	170	61	93	35

The protection of at least 300,000 children against diphtheria each year for the next three years by means of toxin-antitoxin treatments is the goal for the completion of the five-year State campaign, outside of New York City, by the State Diphtheria Campaign committee

The effort to wipe out diphtheria in the state is supervised by a conference committee meeting

monthly, and representing the State Departments of Health and Education, State Medical Society, Metropolitan Life Insurance Company and the State Committee on Tuberculosis and Public Health and also President Sadlier

Your committee believes that the progress of immunization against Diphtheria is creating a growing sentiment for preventive medicine among all classes of our citizens, that the general public is now looking toward the physician for leadership in public health activities as never before, and that an appreciation of the immediate importance of preventive inoculations will furnish the physician of the future with a wonderful field for an increasingly active use of the talents which his education has developed

Your committee recommends increased activity in Diphtheria prevention by every County Society through special committees and through stimulation of the personal responsibility of every member for the success of this work

Respectfully submitted,

NATHAN B VAN ETTEN, Chairman

THE SPRING ASSEMBLIES OF THE POST GRADUATE MEDICAL ASSOCI-ATION OF NORTH AMERICA

The Inter-state Post Graduate Medical Association of North America will hold a series of spring assemblies from May 17 to June 9, in some of the larger western cities having clinical facilities and means of entertaining several hundred physicians. The Association is well organized with Drs. William and Charles Mayo as prominent leaders. Dr. Lewellys F. Barker of Baltimore is president, and Dr. W. B. Peck, Freeport, Illinois, is managing director.

The Association conducts three series of assemblies annually

- 1 A tour of American Medical Centers in the late spring
- 2 A tour of Enropean Clinics during the summer
- 3 An Annual Assembly in the fall—this year in Atlanta, Ga

The spring tour to American centers will start from Chicago on the night of May 16. The members will travel in Pullman cars which will be available throughout the trip About two days will be spent in each center, and travel will be by night so far as possible. The program of each day will consist of clinics beginning early in the morning and lasting until noon. The afternoons will be given to pleasure and side trips. Any physician may enroll for the trip and may take his wife.

vision will be made for the entertainment of the ladies at each center

A physician wishing to enroll will buy a ticket which includes practically all his expenses, including botel bills, during the tour of nearly one month. The cost from Chicago and return to that city will be slightly more than five hundred dollars.

The itinerary is as follows

Leave	Chicago	May	16
"	St. Louis	"	18
11	Nashville	"	21
44	New Orleans	**	
44	Dallas	"	23 24
45	Los Angeles	**	28 30
# 6	San Francisco	"	30
ee	Seattle	June	1
**	Portland	· u	2
"	Denver	"	2 5 7
"	Omaha	11	7
"	Rochester, Minn	"	9
Arrive	: Chicago	cc .	10

Arrangements may be made to attend the meeting of the American Medical Association at Minneapolis beginning on June eleventh Several hundred physicians are expected to take the trip Dr Frederick P Reynolds will represent the New York Academy of Medicine on the tour

SOCIETY ACTIVITIES IN THE SIXTH DISTRICT BRANCH

Dr Wilbur G Fish, President of the Sixth District Branch, sent a questionnaire to the Secretaries of the Counties of the Sixth District Branch, in order to obtain a report of the activities of the societies for the year ending February 1, 1928 The points of the questionnaire were as follows

- 1 Postgraduate courses given and arranged for
- 2 Public Health work, viz, Clinics, T B work, Toxin-antitoxin work, Child Welfare, County Public Health Committee, Nurses, etc

3 Scientific papers read at meetings other

than Postgraduate meetings

4 Increase of members due to notices sent to non-members of Sixth District Branch meeting

5 Any other activities of your Society

The Tompkins County Medical Society reported as follows

- 1 Postgraduate course now being given in Physio-therapy One on Diagnosis of early T B being arranged for
- 2 Three active members on County Health Committee
- 3 Subjects Prevention of Cancer Bronchiectasis The Cause of Pain in Pleuritis Chest Surgery Traumatic Lesions of the Nervous System and Increased Intracranial Pressure

4 No increase in membership

5 Study of the County Health Unit System of Public Health Work as applicable to Tompkins County

Public meeting on the subject of Prevention

of Cancer

Committee on Public Relations formed

Holds ten regular meetings each year, one of which is joint meeting with the Cortland County Society held as a daytime dinner meeting at which some medical authority presents a paper Balance of the time spent in sports and social intercourse

The Chenango County Medical Society reported as follows

1 Postgraduate course on heart disease November 18—Etiology of Heart Disease and Bacterial Endocarditis

November 25 -Arrythmia Recognition and

Treatment

December 2—Valvular Lesions Myocarditis

December 9—Hypertension, including Blood Chemistry, Blood Pressure and Treatment,

also Angina and Coronary Occlusion
2 18 Pre-school consultations were held in
the county Pupils were examined by members of the Medical Society 76 toxin-antitoxin
clinics were held Local health officers did

this Eight TB clinics were held and five mental clinics

The county nurse is employed by the Board of Supervisors, who appointed a committee of nine to act as County Public Health Committee. This committee is composed of three of the supervisors, three from the County Medical Society and three laymen. Two of the doctors are members of the advisory committee directly in charge.

While the Medical Society as an organization has had no special representation in the child welfare work, several members of the Society have given of their time and talent, such as eye, ear, nose and throat and medical

treatment at greatly reduced rates

3 Papers read at meetings other than Postgraduate courses were Tuberculosis up-todate, by Dr Benedict, Cutaneous Syphilis, Illustrated by Lantern Slides, by Dr Schuyler P Richmond

4 Have taken in two new members

The following report was received from Tioga County

- 1 The Tioga County Medical Society had a postgraduate course in Pediatrics, in June and July, 1927 We have arranged for a postgraduate course in Internal Medicine for this spring
- 2 Our Society has three members on Public Health Committee and we direct the work almost entirely of the two nurses, one a public health nurse and one a maternity. We have endorsed Toxin-Antitoxin work but have done no active work as a Society. We held several child welfare clinics in conjunction with State Department of Health and members of the Society acted as examiners.
- 3 The Gwathmey Rectal Anesthesis in Labor, by Dr Stuart B Blakely of Binghamton Foreign Body in the Eye, by Dr Louis D Hyde of Owego

4 No

5 Active Legislation work

Broome County reported as follows

The Broome County Medical Society had a Postgraduate Course in Pediatrics in 1926 and a Postgraduate Course in Obstetrics in 1927

The County Society has taken some activity in promoting and using toxin anti-toxin in children of pre-school age. It has done nothing particularly in association with TB work or with Child Welfare

A great number of scientific papers have been presented at the regular county meetings by men invited in from other cities. Our meetings are held every month and the papers presented have covered much of the field of medicine and surgery with some of its special issues.

No increase in membership took place from the notices sent to non-members a membership committee and its function is to investigate and encourage non-members to join the Society Its function however, does not materially increase membership

The following report was received from

Otsego County

We have had two series of lectures, one on obstetrics and one on pediatrics We have arranged for a series to be given in May on

Internal Medicine

2 Dr Winsor has held monthly clinics on TB during the year. He is also on call or can be seen at the County Sanitarium any Toxin antitoxin use has been very general throughout the county, given at the hospitals and by the men in this county Nothing this past year on Child Health but this was gone over a year ago well There are several doctors on the Public Health work but would not say they were the controlling factor

3 May 4th Dr H L K. Shaw gave a paper

on Malnutrition of Infants

We had no meeting in June, as our custom has been, because the Postgraduate lectures ran over our date In December we had a paper by Dr K. Winfield Nev of New York on Traumatic Lesions of the Nervous System

In March, we had Dr Robert E Plunkett of Albany on T B and Dr Mars on Digestive

4 We have taken in only two new members, new comers in the county None of the older men have become interested because of the canvass

5 No work along this line

Cortland County reported as follows

1 Have completed the Course on Obstetrics and have arranged for a course in General Medicine

2 The Society has taken no active part in

Public Health work, but Clinics, TB work, Toxin-Antitoxin work, Child Welfare work, etc, are endorsed by the Society County Public Health Committee has been active in investigating the problem of a County Health Unit The Society has recommended to the Board of Supervisors of the County that a full time county health unit be installed

3 The following papers have been read March 18, 1927 "Aims and Purposes of Mental Clinics," by Dr Mary F Brew, Bing-"Retrocedeal Appendicitis," by Dr

J E Wattenberg, Cortland June 24, 1927 "Ancient Principles Applied to Modern Practice," Dr William D Johnson,

Batavia

September 9, 1927 Dr William L Wallace

spoke on the "Nurse Question" December 16, 1927 Dr Sadl Dr Sadlier, President of the State Society spoke on the Need of Medical Organizations Taking the Lead in Medical Problems and Dr Lawrence, Executive Officer of the State Society spoke on "Subjects for Study for the County Society"

4 No increase in membership has resulted from notices sent to non-members in Cortland

County

5 No other activities to report

The report from Chemung County was as follows

- 1 There was no postgraduate work in 1927 Two lectures completed of the present course 1928
- 2 We have no connection with Public Health work, etc, although our Society is represented thereon by one of our members who is Health Officer
- 3 December 13, 1928 Dr James Sullivan of Buffalo on "Surgery of The Gall Bladder"

5 Outing in June, 1927, at The Cold Brook Club

BRONX COUNTY MEDICAL SOCIETY

A regular meeting of the Bronx County Medical Society, held at Castle Hall, on April 18, 1928, was called to order at 9 P M, the President, Dr Gitlow, in the Chair

Election of candidates being in order, it was moved and carried that the Secretary be instructed to cast one ballot for the following candidates for membership Archie Cohn, Maurice Forman, James A Moore and Abraham M Skern

Dr Boas reported for the Committee on Public Health and Medical Education members of the Committee are at present engaged in an extensive study of the questions of Medical Service in the Public Schools and Baby Health Stations

The Scientific Program proceeded as follows

PAPERS

- 1 "The Injection Treatment of Hemorrhoids," Stephen J Spitzer
 - 2 'Peptic Ulcer, Samuel Weiskopf

The above Papers were discussed by Drs Henry Roth, Frankfeldt, Rosenzweig, Wechsler, Goldman Landsman (with lantern slides) Knapp and Appel

It was moved and carried that a vote of thanks be extended to the readers of the Papers and the gentlemen who discussed them

I J LANDSMAN, M D, Secretary

MEDICAL SOCIETY OF THE COUNTY OF QUEENS

A stated meeting of the Society was held at Eagle Palace, March 27th, 1928, at 8 30 P M, President Dr F G Riley, in the chair

Dr Chalmers gave notice of a presentation of plans for a new building for adoption at the next meeting, and moved that subscription blanks, as presented, be adopted by the society

The following were elected active members Harry D Berlin, MD, Rosedale, Kenneth Scott Bulger, MD, Kew Gardens, Paul Gebel, MD, Maspeth, Jerome F Granoff, MD, Hollis, Vincent Juster, MD, Jamaica

The following were elected Associate Members Leo G Goldberg, M D, Jamaica Hospital, Julius Tenke, M D, Jamaica Hospital, Martin Lester Weitz, M D, Jamaica

Dr E E Smith, secretary, announced to the membership a Seminar to be conducted at the Kings County Hospital under the auspices of the Joint Committee on Graduate Education of the Long Island College Hospital and the Medical Society of the County of Kings during the week of April 23-28, 1928

The following resolution was adopted

Whereas, the Borough of Queens has no city beds available for patients requiring free medical or surgical treatments, excepting those in the Queensborough Contagious Hospital, and

Whereas, this condition, especially in emer-

gencies, may be the cause of a serious morbidity and mortality, and

Whereas, it is the unanimous opinion of the Medical Society of the County of Queens that a sufficient amount of money should be appropriated by the Board of Estimate and Apportionment to erect, without delay, a City Hospital large enough to meet the needs of the people of the Borough of Queens, therefore be it

Resolved, that His Honor the Mayor of the City of New York and the Board of Estimate and Apportionment be and hereby are petitioned to erect a City Hospital in the Borough of Queens

SCIENTIFIC SESSION

Miss Teresa O'Neill addressed the Society in regard to the nursing service in the County of Queens

1 The address of the evening, "The Profession and Public Health," was given by Thomas P Farmer, M.D., Chairman of the Committee on Public Health and Medical Education of the Medical Society of the State of New York

2 Presentation of Motion Pictures, "The Doctor Decides" and "Delay Is Dangerous," by the Queensborough Tuberculosis and Health Association represented by Dr Charles S Prest

E E SMITH, MD, Secretary

THE DUTCHESS-PUTNAM MEDICAL SOCIETY

A regular meeting of the Dutchess-Putnam Medical Society was held at Vassar Brothers Hospital, Wednesday, April 18, 1928 The meeting was called to order by the President, Dr H St John Williams at 9 05 P M

The minutes of the previous meeting were read and approved

Dr E A Stoller of Poughkeepsie, N Y, was

clected to membership

Dr John A Card rendered a report of the public health and public relations committee and of the legislation committee. There was discussion by Drs Sadher and Harrington. The report was adopted

A bill was received from the public health and relations and legislative committee for expenses to the amount of \$7500 This was ordered paid

The President announced the following committees

Milk

Dr J E Vigeant, Chairman, Drs S E Appel,

Wm H Conger, C B Dugan, C A Crispell

Library

Dr A L Peckham, Chairman, Drs G L Lane, G J Jennings, J N Baldwin, C D Cadwell

Legislation

Dr John A Card, Chairman

Public Health and Public Relations

Dr John A Card, Chairman, Drs Scott I ord Smith, C Knight Deyo, W A Krieger, E Gordon MacKenzie

Scienlific Program

Dr Arthur J Bedell, N Y—"Lantern slide demonstration of photographs of orbital disease reviewed from the standpoint of general medicine"

Meeting adjourned at 11 00 PM for re-

freshments

There were forty members present
H P CARPENTER, Secretary



MEDICAL WARES



ARTIFICIAL LIMBS

The manufacture and fitting of artificial limbs is the oldest branch of orthopedics bronze artificial leg to supply the part missing after an amputation above the knee was found in a tomb at Capua dated 300 B C. The skeleton also had a bronze girdle, evidently as the sup-The ordinary contrivance used port to the leg to replace a missing foot was the common peg leg, such as was worn by Peter Stuyvesant, the last Dutch Governor of New York Pliny mentions that a soldier named Sergius living 167 BC had an iron artificial hand which he used on his enemies with terrific effect contrivance was used as a formidable weapon by an armored German knight, Goetz von Berlichingen, in the 16th century The simplest contrivance to take the place of the human hand consists of a hook attached to an arm collar. It is a curious fact that the hook is still one of the best contrivances to replace the missing hand of a common laborer The manufacture of artificial limbs in the United States may be considered to date from the year 1853 when A A Marks started the business in New York City, which is still conducted by the third generation of the family

The early makers of artificial limbs tried to imitate all the motions of a joint. The ankle joint, for example, was made movable, but great difficulty was encountered because the weight borne on it caused the bearing parts to wear out rapidly and to become unstable and squeaky. Rubber for the manufacture of feet was first used in 1863. Its flexibility and adaptability rendered an ankle joint unnecessary. The standard form of artificial foot today is made with a wood core covered with flexible rubber. The anterior quarter of the foot is somewhat flexible and the heel is springy, so that the absence of an ankle joint is noticeable to

a minimum degree
Many attempts have been made to imitate the natural hand and wrist so that the fingers may be made flexed and controlled by bands and levers, but experience has shown that the principal value of flexible fingers and wrist is that of esthetics Expert demonstrators of movable hands and controllable fingers will perform operations such as shaving and picking up pins, but a person with an ordinary amount of mechanical ability will find a rubber hand satisfactory Those who can afford the luxury of movable fingers can wear the hand for show purposes, while using the ordinary form of hand for work.

The framework of fingers of a modern artificial hand consists of flat wire made of Nor-

wegian iron which may be flexed back and forth for hours at a time without breaking, and yet will remain fairly rigid in any shape in which it is bent. This core of iron is covered with fabric and rubber which is vulcanized to form a firm imitation hand. The fingers of such a hand when partly flexed will support a weight of 100 pounds, which is amply sufficient to enable a man to carry burdens and grasp small objects.

The popular idea of an artificial limb is that it is made out of cork. This impression doubtless came from a popular song entitled "The Cork Leg," which was widely sung in the 40's and 50's. This song had eleven stanzas which recited the exploits of a cork leg which persisted in carrying its owner away against his will. The last stanza read

"He walk'd of days and nights a score,
Of Europe he had had the tour
He died—but though he was no more,
The leg walk'd on the same as before"

The material of which most artificial limbs are made is willow wood covered and strengthened with rawhide. The wood is shaped and hollowed out by hand according to measurements supplied by the physician Metal does not lend itself to artificial limb manufacture, because it is susceptible to corrosion by the perspiration, and its odor becomes unpleasant Another reasons for the use of wood is that it may be fitted to the limb A slight swelling or contraction of the stump will alter the bearing parts of the artificial limb so that pain is experienced when the limb is used, but often a slight amount of material scraped or sandpapered from the interior of the limb will ease the pressure and restore the part to comfort

The stump on which an artificial limb is worn must be protected with a woven covering. The standard material which is used for this purpose consists of webbing of wool or cotton which is worn to fit the particular limb.

Nearly everything which goes to make an artificial limb and its accessories is made by hand especially for that particular limb Slight differences in size and shape of the apparatus make all the difference between comfort and pain in wearing a limb. A person who wears an artificial limb must give it constant care and treat it as one would treat an automobile that is subjected to hard usage. It is attention to details which make for comfort. Even the sock which covers the limb must be made to order if the best satisfaction is to be attained.

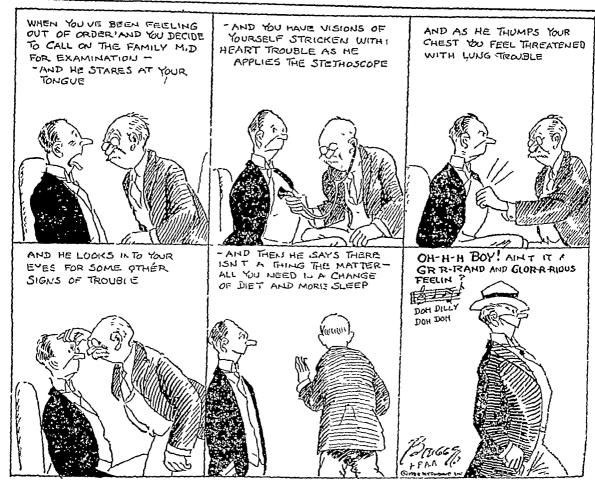


THE DAILY PRESS



Ain't It a Grand and Glorious Feelin'?

By BRIGGS



The Periodic Health Examination as seen by Briggs in the New York Herald-Tribune, April 5, 1928.

CHRONIC POISONING WITH RADIUM

The luminous paint on watchdials consists of small amounts of radium mixed with zinc sulphide. The New York Tribune of April 28, comments editorially on the poisoning of five New Jersey women who worked with the paint. The editorial says

"Habituated, it is alleged to touch their paint brushes to their lips in order to clean and point them, these workers seem slowly to have taken into their systems considerable quantities of the radium material used for the luminous figures on the dials. The result, physicians report, is a progressive destruction of the bones of the body, accompanied by an in-

jury to the red corpuscles of the blood and by other disastrous changes

"Radium seems not to be eliminated by the natural processes of the body but to accumulate in the bones, a circumstance not surprising when one remembers the close chemical similarity of radium to the common and harmless element, calcium, of which the bones are largely composed. Once fixed in the bony substance, the atoms of radium continue to discharge their superlatively powerful rays. It is these rays that work the damage. So long as the luminous radium materials are kept out of the mouth it is unlikely that they will do harm."

THYROIDS AND CHARACTER

Physicians are well aware that there is a physical basis for mentality, temperament and character. This subject has been investigated by Dr. Charles R. Stockard, Professor of Anatomy at Cornell University, who traces some of the characteristics of dogs to their endocrine glands. His investigations were the subject of news items in the New York daily papers, and of editorial comment in the New York Times of April 25, which says

"Some time in the past the excitable Boston terrier had a bad thyroid gland, and descendants are troubled by it. The British bulldog has achondroplasia, or lack of cartilage, and "is one of the most stupid of dogs." Also, it is handicapped by an undeveloped thyroid gland. The brisk and noisy Pekinese and Pomeranians had bad thyroids and pituitaries, the St. Bernard is a victim of acromegaly, or bony overgrowth, and diseased pituitaries, the Great Dane is a freak for size, and somewhere in his line of descent endocrine glands went on a

rampage

"None of these dogs but prevails over his wicked glands in one way or another. The great dogs of Mount St. Bernard devote themselves with intelligence and fidelity to the saving of travelers, the British bulldog belies its looks, and its docility and powers of observation are well known, the Boston terrier is a 'dear' to its owner, and as for the ladies' pets, their gland deficiencies are really their recommendation. If we are to make allowances for human beings on account of their endocrines, indulgence is in order for dogs in the neighborhood that annoy us by high spirits, barking, pugnacity and pursuit of the family cat"

This idea is stated in charming verse in the following poem by James J. Montague, printed in the New York Herald Tribune of May 8th

THYROIDS AND BOX FIGHTING

I used to think that bulldogs fought
Because with courage they were fraught.
I used to think
They did not shrink
Or wince in trials heroic
Because they had the heart and nerve
Which always thrills us to observe
In men of might
And brawn who fight
And take blows like a Stoic

But bulldogs fight. I've lately read. Because they're soggy in the head If they bear pain With grim disdain And bite with savage unction, If they keep fighting when they start Till some one comes and pries apart Their foaming jaws, It is because Their thyroids do not function Perhaps the game lads in the ring Who lead and jab and punch and swing And take rude blows Upon the nose And chin until they're groggy, Are not so gallant after all. Their thyroids may be rather small. And that explains Why bruisers' brains So frequently are foggy

CANNIBAL MOSOUITOES

The schemes for the extermination of mosquitoes are legion. A Texas physician has discovered a solution which will attract bats, that will live principally on mosquitoes. He has constructed open towers which he sprays with his secret solution. The bats come to the towers in great numbers and the guano which they produce yields a profit. The doctor offers to sell the Long Island rights to the use of the roosts for five thousand dollars.

The New York Times of May 2 carries a brief announcement "that a woman in Whitestone, Queens County, has written to Professor R. Legendre of the Academy of France, for a consignment of the invading troops, known as 'cannibal' mosquitoes She said yesterday she has been informed that experiments conducted by the French scholar show

that these cannibal mosquitoes will not attack human bings but that they will eat other mosquitoes. She will launch the mosquito war on her estate in Whitestone, and if the cannibals from Brittany are victorious, she said she would try to carry the campaign into other parts of Queens. She added that she had tried without success to interest New York City Health Department officials in the scheme."

The plan may not be so impractical as it might seem, but like the bat roost scheme, the enemies will die of starvation when the mosquitoes on which they feed are reduced in number. Killie minnows in the ditches of salt marshes are the most efficient of the living enemies of mosquitoes. They are almost as necessary as the free drainage of salt marshes.



BOOKS RECEIVED



Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review, as dictated by their ments, or in the interests of our readers.

- METHODS AND PROBLEMS OF MEDICAL EDUCATION (Eighth Series) Quarto of 375 pages, illustrated. New York, N Y, The Rockefeller Foundation, Division of Medical Education, 1927
- THE THYROID GLAND AND ITS DISEASES By NORBERT ODEON BOURQUE, M.D. Octavo of 250 pages (Chicago, The Author, 1927)
- RECENT ADVANCES IN OPHTHAI MOLOGY By W STEWART DCKE-Elder, MA, DSc Octavo of 343 pages, illustrated Philadelphia, P Blakiston's Son and Company, 1927 Cloth, \$3 50
- Annals of the Pickett-Thomson Research Laboratory (Containing a Historical Survey of Researches on the Streptococci) Volume III Quarto of 316 pages Baltimore, The Williams and Wilkins Company, 1927 Cloth, \$10.00
- Bedside Diagnosis By American Authors Edited by George Blumer, M.D. Three octavo volumes, totalling 2820 pages, containing 890 illustrations. Philadelphia and London, W. B. Saunders Company, 1928. Cloth, \$30.00 a set. Separate desk index volume free.
- Neoplastic Diseases A Treatise on Tumors By James Ewing, A.M., M.D. Third Edition, revised Octavo of 1127 pages, with 546 illustrations Philadelphia and London, W. B. Saunders Company, 1928 Cloth, \$1400
- Percival's Medical Ethics Edited by Chauncey D Leake 12mo of 291 pages, illustrated Baltimore, The Williams and Wilkins Company, 1927 Cloth, \$300
- FIGHTERS OF FATE A Story of Men and Women Who Have Achieved Greatly Despite the Handicaps of the Great White Plague By J ARTHUR MYERS 12mo of 318 pages Baltimore, The Williams and Wilkins Company, 1927 Cloth, \$300
- THE PNEUMOTHORAX AND SURGICAL TREATMENT OF PUL-MONARY TUBERCULOSIS By CLIVE RIVIERE, M D Second Edition 12mo of 311 pages London and New York, Oxford University Press, 1927 Cloth, \$3.25 (Oxford Medical Publications)
- DIAGNOSIS AND TREATMENT IN DISEASES OF THE LUNGS By Frank E Tylecote, M D, and George Fletcher, M A, M D 12mo of 270 pages London and New York, Oxford University Press, 1927 Cloth, \$225 (Oxford Medical Publications)
- CLINICAL RESEARCHES IN ACUTE ABDOMINAL DISEASE By ZACHARY COPE, BA, MD Second Edition Octavo of 214 pages, with illustrations London and New York, Oxford University Press, 1927 Cloth, \$3 50 (Oxford Medical Publications)
- BACTERIOLOGY AND SURGERY OF CHRONIC ARTHRITIS AND RHEUMATISM WITH END-RESULTS OF TREATMENT BY H WARREN CROWE. Quarto of 187 pages, illustrated London and New York, Oxford University Press, 1927 Cloth, \$900 (Oxford Medical Publications)
- THE HARVEY LECTURES Delivered under the Auspices of the Harvey Society of New York, 1926-1927 Under the Patronage of the New York Academy of Medicine. By Dr Fred Neufeld, and others Series

- XXII Octavo of 164 pages, illustrated Baltimore, The Williams & Wilkins Company, 1928 Cloth, \$400
- THE CHARACTERS OF THE HUMAN SKIN IN THEIR RE LATIONS TO QUESTIONS OF RACE AND HEALTH BY H J FLEURE, The Chadwick Trust First Lecture in Memory of Sir Malcolm Morris, MD Octavo of 32 pages New York and London, Oxford University Press, 1927 Paper, \$85
- MEDICAL CLINICS OF NORTH AMERICA Vol XI, No 4
 January, 1928 (Brooklyn Number) Published
 every other month by the W B Saunders Company,
 Philadelphia and London Per Clinic Year (6 issues)
 Cloth, \$1600 net, paper, \$1200 net
- BABY'S HEALTH DAY BY DAY 16 mo Chicago, The Professional Press, Inc., 1928
- THE YOUNG MAN AND MEDICINE. By LEWELLYS F BARKER, M D 12mo of 202 pages New York, The Macmillan Company, 1928 Cloth, \$2.50
- THE EXAMINATION OF THE CENTRAL NERVOUS SYSTEM BY DONALD CORE, M.D. 12mo of 248 pages, illustrated New York, Wilham Wood and Company, 1928 Cloth, \$3.50
- HANDBOOK OF DISEASES OF THE NOSE, THROAT AND EAR FOR STUDENTS AND PRACTITIONERS By W S SYME, M D 12mo of 400 pages, illustrated New York, William Wood and Company, 1927 Cloth, \$500
- Medical Insurance Examination Modern Methods and Rating of Lives for Medical Practitioners, and Insurance Officials By J Paterson MacLaren, M.A., B.Sc. Octavo of 312 pages New York, William Wood and Company, 1927 Cloth, \$5.75
- Mosquito Surveys A Handbook for Anti-Malarial and Anti-Mosquito Field Workers By Malcolm E Mac-Gregor. Octavo of 293 pages, illustrated New York, William Wood & Company, 1928 Cloth, \$5 50
- FIF MEDICAL DEPARTMENT OF THE ARMY Its History, Activities and Organization By James A Tobey Octavo of 161 pages Baltimore, Md, The Johns Hopkins Press, 1927 Cloth, \$1.50 (Institute for Government Research Service Monographs of the United States Government No 45)
- CRAWFORD W LONG AND THE DISCOVERY OF ETHER ANESTHESIA By Frances Long Taylor. Octavo of 237 pages New York, Paul B Hoeber, Inc., 1928 Cloth, \$400
- THE PEAKS OF MEDICAL HISTORY AN Outline of the Evolution of Medicine for the Use of Medical Students and Practitioners By Charles L Dana, A M, M D Second Edition. Octavo of 105 pages, illustrated. New York, Paul B Hoeber, Inc., 1928 Cloth, \$300
- TROUBLES WE DON'T TALK ABOUT By J F MONTAGUE, M D 12tno of 248 pages Philadelphia and London, J B Lippincott Company, 1927 Cloth, \$2.00
- PHYSICAL DIAGNOSIS By CHARLES PHILLIPS EMERSON, AB., MD Octavo of 553 pages, with 324 illustrations Philadelphia and London, J B Lippincott Company, 1928 Cloth, \$700



BOOK REVIEWS



STANDARD METHODS OF THE DIVISION OF LABORATORIES AND RESEARCH OF THE NEW YORK STATE DEPARTMENT OF HEALTH AUGUSTUS B WADSWORTH, M.D., Director Octavo of 704 pages, illustrated. Baltimore, The Williams and Wilkins Company, 1927 Cloth, \$7.50

This splendid work on laboratory procedure and organization deserves the highest praise. It should prove a standard guide for all who are engaged in laboratory

administration,

There is a brief description of the laboratory buildings at Albany There follow chapters on general laboratory procedures including stains, media, preparation of glassware, use of animals, diagnostic tests in bacteriology and serology and examination for rabics and other special and unusual diseases encountered in public health work. Then come methods used in sanitary and analytical work, methods of anti-toxin, serum and vaccine preparation. A valuable feature is the detailed direc tions given for all methods. Concluding chapters deal with methods in the executive offices such as records, reporting, filing, distribution of diagnostic outfits, pur-chase of supplies and clerical work and methods used in research, publications and library departments. This work consists of nearly 700 pages replete with

details The reviewer can only point out the salient features and heartily recommend it to all laboratory directors and workers

E. B. SMITH

KER'S MANUAL OF FEVERS Revised by CLAUDE RUNDLE, OBE, M.D. 3rd Edition 12mo of 346 pages, illustrated. London and New York, Oxford University Press, 1927 Cloth, \$3.75 (Oxford Medical Publica-

This volume is a revised Edition of the well known Manual by the late Doctor Claude Buchanan Ker

The original book has been a standard work of its kind for students and general practitioners, especially in England The present revised edition brings the subject matter up-to-date by incorporating the results of recent research particularly as regards bacteriology, immunology and serum therapy. The book is a brief practical description of the acute infectious diseases, and includes besides the acute exanthemata, chapters on typhus, enteric fever, diphtheria, erysipelas, whooping cough, mumps, vaccinia and cerebro spinal meningitis. The style is brief and simple, the type large and legible and the binding fairly well and attractively done.

Joseph C. Regan UROGRAPHY By WILLIAM F BRAASCH, BS, MD 2nd Edition, revised Octavo of 480 pages, illustrated Philadelphia and London, W B Saunders Company, 1927 Cloth, \$1300

This replete and complete treatise of the subject contains nearly five hundred pages. By far the greater portion of these is devoted to uretero-pyelography, with a most extensive collection of films

In opening, a rather full lustory of the development of the art is given, followed by a bibliography of 137 refer-

ences

The text is clear and concise, and the illustrations which appear on almost every page, absorb the reader's interest. These should add considerably to the knowledge of every urologist, cystoscopist and radiologist, and train the eye to become more expert in the recognition of the many and varied disease changes encountered in this

Braasch's valuable collection and text are an out-

standing contribution to Surgical Urology

It is worthy of note that no mention is made of the subject of pyelovenous backflow Augustus Harris

A TEXT-BOOK OF HISTOLOGY Arranged Upon an Embryological Basis By Dr Frederic T Lewis and Dr J L. Bremer This is a revision of the second edition of Lewis and Stolie's Textbook of Histology, based on the fifteenth German edition of Stohr's Histology Octavo of 551 pages, with 485 illustrations Philadelphia, P Blakiston's Son & Company, 1927 Cloth, \$600

This volume is a revision of the second edition of Lewis and Stohr's Text-Book of Histology. In addition to dealing with the adult tissues and organs, the authors place before the student the embryological approach to the histological study of each organ

Very sensibly Bremer has left out the study of the brain and the cranial nerves, these requiring so exte sive a survey as to be best handled in a separate consideration of neural anatomy

A noteworthy feature is the incentive to supplementary reading by the references to modern and easily accessible publications, showing as it does the growth of American contributions to the subject.

The book is a satisfactorily substantial and comprehensive one and we are indebted to the author for his excellent embryological descriptions of the individual organs and tissues JESSE M FRANKEL

COMPEDIUM OF REGIONAL DIAGNOSIS IN AFFECTIONS OF THE BRAIN AND SPINAL CORD A concise introduction to the principles of clinical localization in diseases and Injuries of the central nervous system By Robert Bing Translated from the sixth German edition by F S Arnold, B.A., M D 3rd Edition, revised Octavo of 204 pages with 102 illustrations, St. Louis C. V Mosby Company, 1927 Cloth, \$6.00

This volume needs no introduction, for it has been known since its first publication (in English) in 1911 as an indispensable guide to the topography of the central nervous system. Few textual changes have been made in the sixth German edition of which the present volume is a translation, but there has been a considerable revision of the illustrations and some of the diagrams have been replaced by others better and more graphic. The volume contains a prefatory note by Dr Sidney HENRY A. BUNKER, JR.

THE TOAGUE AND ITS DISEASES By DUNCAN C L. FITZWILLIAMS, CMG, MD Octavo of 505 pages, sillustrated. London and New York, Oxford University Press, 1927 Cloth, \$11 00 (Oxford Medical Publications)

From time immemorial, in medical practice, the tongue has been a guide to the practitioner Even today, in conditions that are medical or surgical, it gives us important information. How fitting and proper it is therefore to have supplied to us an exhaustive treatise on the tongue.

The material that furnishes the bulk of the text is taken from the records and specimens of St. Mary's Hospital in London Of necessity, other sources have

been used for part of the material

The work includes a detailed and comprehensive consideration of errors of development, functional disturbances, injuries, infections and tumors of the tongue. In connection with the latter large space is devoted to diagnosis, treatment and prognosis. As a fitting climax one chapter is devoted to comparative pathology

The book contains 166 illustrations in its valuable

500 pages One may state, with enthusiasm, that the book is replete with instruction and interest and should be a useful text for either physician or surgeon.

ROBERT F BARBER

Anatomical, Phylogenetical and Clinical Studies on the Central Nervous System By B Brouwer Octavo of 67 pages, illustrated Baltimore, The Williams and Wilkins Company, 1927 Cloth, \$2 50

This book a collection of the Herter Lectures of 1926, given at the Johns Hopkins Medical School, by an internationally acknowledged leader in the field of neurology To those who have had the opportunity of listening to Prof Brouwer during his stay in America, the book will have an additional interest. The first lecture deals with the projection of the retina in the brain. The second with the pathology of sensibility The last, deals with the significance of Phylogenetic studies for the neurologist. The author has based his lectures on a very extensive period of research in the fields of comparative neurology, physiology, and pathology, and balanced by a rich experience in clinical neurology book is one which the average physician would not dispense with, and one which the average neurologist would greatly value Furthermore, it is a book that should serve as a stimulus to the young medical graduate and to the medical profession in general

Practical Bacteriology, Blood Work and Animal Parastrology Including Bacteriological Keys, Zoological Tables and Explanatory Clinical Notes A Compendium for Internists By E R. Stitt, A B, Ph G, M D 8th Edition revised 12mo of 837 pages, illustrated Philadelphia, P Blakiston's Son & Company, 1927 Cloth, \$600

This book has long been a favorite with the reviewer because of its practicality. It now appears in its eighth edition, revised and somewhat enlarged. The increase in size is due to the addition of new matter and methods in clinical pathology which bring this edition as completely up to date as is possible in a text-book. One notes the use of the new bacteriological nomenclature as given in Bergey's Manual, along with the old familiar names. Among the newer tests one finds the Kahn and sedimentation tests. Other new matter includes discussion of dental infections hemorrhagic diseases, sicklecell anemia and liver function tests.

E B SMITH

Insurability Prognosis and Selection Life—Health—Accident. A Treatise on Various Factors that Permit a Forecast of Health and Longevity Selection of Risk for Insurance Appraisal of Claim for Indemnity By H W Dingman, M D Chicago and New York, The Spectator Company, 1927 706 pages, 8vo Cloth, \$1500

This volume is most complete in its contents of the treatment of Life Insurance Medicine with particular reference to the selection of applicants

Part I gives a very complete history of Life Insurance and Selection Methods with a chapter devoted to the numerical selection which is being used so extensively at the present time.

Part II devoted to Personality, taking up the relationship of the applicant, agent, medical examiner, medical referee, and inspector, is something new and vervextensive and conclusive, as well as instructive.

Part III devoted to the Limits of Insurability is most exhaustive and gives in detail the most up-to-date methods used in the selection of risks

Part IV taking up Impairments in general is very interesting and gives in very concise form a study of recognition of the commoner and also more infrequent disease conditions to which apparently healthy individuals may be subject.

The book is a reference book with complete Mortality Tables, Build (Height and Weight) Tables, also giving in detail present methods of the selection of Life Insurance risks, and should be of tremendous value to any Life Insurance Medical Library

G HOLEROOK BARBER.

MEDICO-LEGAL INJURIES BY ARCHIBALD McKENDRICK, F.R.C.S.Ed. Octavo of 341 pages, illustrated London Edward Arnold & Company, (N. Y., Longmans, Green & Company), 1927 Cloth, \$700

When workmen's compensation laws were first enacted several rather radical things occurred. State medicine, for one thing, began That is, practice under state regulation was instituted. Another event, which logically and naturally followed the preceding one, was that practice in the compensation field was conducted under the direction of laymen. Referees and representatives of claim departments of insurance companies are generally laymen and, unless by long experience they have acquired it, lack knowledge of terminology and the fundamental sciences which have to do with injuries

Dr McKendrick's brochure is written frankly as a result of that lack of knowledge, which had created a demand for a treatise in non-technical language to which interested laymen might turn for light. Within these limitations the book is well done and will be distinctly helpful to those concerned in the administration of this sociological statute who, not being physicians, lack understanding of, and familiarity with, traumatic problems

There is much meat in the work which is of interest to the doctor, especially those chapters devoted to the physics of injury, back injuries and relationship of disease and injury Dr McKendrick is a good doctor with a clear understanding of skeletal mechanics and a fine facility for translating technical language into comprehensible terms. He obeys the admonition of John Ruskin—"Think clearly, describe simply" F D J

X-RAYS AND RADIUM IN THE TREATMENT OF DISEASES OF THE SKIN By GEORGE M MACKEE, M D Second Edition, revised Octavo of 788 pages, illustrated. Philadelphia, Lea and Febiger, 1927 Cloth, \$1000

Enough cannot be said in commendation of this excellent book. The author, who is extremely well versed in the subject has handled it in a most able manner

The historical chapters on Roentgen Rays and the Radio Active elements are quite interesting, and are of great value to one studying the uses of these agents. Then follows the groundwork of physics, chapters on Radium technic, X-ray apparatus, tubes, instruments for measurement of X-ray dosage, computation of dosage, X-ray technic, and so on, including all things required in equipment and knowledge by and of an X-ray therapeutist doing superficial work.

Having concluded the physical, or mechanical, side of the work the author, in considerable detail, considers the clinical effects of the rays on the skin, the pathological histology of radiodermatitis, and, finally, the diseases which may be, and which should be, treated by means of the X-ray. These diseases he has grouped according to the results that may be expected. In another table of about eighty cutaneous diseases, he has keyed each disease with a symbol showing the general usage of X-ray in their treatment. Other chapters are devoted to these diseases as individual entities, wherein the treatment is definitely outlined simply enough for the beginner to understand, and here the author also points out numerous pitfalls and contraindications.

As if all this were not enough, there is included an excellent chapter on the medico-legal aspect of Roentgen therapy and Radium therapy. This chapter should be as carefully read as any other in the book—it will prove of interest, and, mayhap, of great value.

It has been a distinct pleasure to review this book for it is so well written, and so beautifully constructed by the publishers E Almore Gauvain ACTINOTHERAPI For General Practitioners B3 H G
FALKNER, L.R C.S I Octavo of 152 pages New
York, William Wood and Company, 1927 Cloth,
\$3.00

This work is an interesting addition to the literature of what is now a rather extensive subject. The personal experience of the author is reflected throughout the book, but that of others does not come in for its share of consideration. The description of the artificial sources of ultraviolet light is interesting and accurate, but is far from complete. A timely note of warning is sounded against the indiscriminate use of the powerful ultraviolet emitters, particularly the present fashion of lay installation and use.

Jerome Weiss

STUDIES IN PSYCHOLOGY Memory, Emotion, Consciousness, Sleep, Dreams, and Allied Mental Phenomena By WILLIAM ELDER, M D Octavo-of 212 pages London, William Heinemann, Ltd, 1927 Cloth, 8 shillings, 6 pence.

New books appear on psychology every few days now The author need accept no standards. He can make a premise, and then have a delightful time by explaining anothing on the premise. It is quite unnecessary to make sure of a correct premise in the minds of nimble mixers of words. It is a relief to find a book in which the author does not try to be erudite, or rush into polysyllabic speech, and who treats the unknown as the unknown. He knows that it is obvious that no one talking about the conscious or the unconscious has anything quite specific in mind. Mythical explanations are quite unsatisfactory to him. What cannot be explained he does not explain. We would like to practice medicine in his neighborhood.

The chapter on the emotions is information. How simple it is to remember that there are only two types of emotions, the pleasurable and the unpleasurable. The physician is only consulted about the latter type. In his discussion of dream analysis the author carefully and capably dispenses with much of the Freudian intellectual sewage.

The information in this book flows easily from the page to the brain of the reader. There is no interference. It is destined to enjoy a degree of popularity not usual with many of the recent books on the same subject.

J ARTHUR BUCHANAN

AIDS TO BIOCHEMISTRY By E. ASHLEY COOPER, D Sc., and S D NICHOLAS, B.A. 16mo of 188 pages New York, William Wood and Company, 1927 Cloth, \$1.50

This small volume contains, in concentrated form, the more important facts and methods of biochemistry. As the authors explain in their preface, this volume is not intended as a text book, rather, it is for students who have already studied the subject who desire to review and bring their knowledge up to date. Directions for the usual tests and laboratory experiments are given

A. H EGGERTH

SPECIAL DENTAL PATHOLOGY A Treatise for Students and for Practitioners of Dentistry and Medicine. By Julio Endelman, M.S., D.D.S. 2nd Edition Octavo of 444 pages, with 371 illustrations St. Louis, The C. V. Mosby Company, 1927 Cloth \$700

This compact textbook of dental pathology is a second edition, much improved, and to which has been added many clear-cut illustrations of not only microscopic pathology but also gross pathological anatomy as seen in the living patient.

To understand the scope of this book, one must remember that the word dental' or 'oral disease" includes all structural or physiologic deviation from the normal in the hard tissues of the teeth, in the pulp, peridental membrane, alveolar process, gingivae, guins, in the soft tissue lining the mouth and in the salivary glands. This is especially to be borne in mind in order to appreciate the effect of focal (dental) infections upon general systemic conditions. For the modus operandi of the pathological phenomena involved in the transportation of bacteria and their toxins from the teeth to remote areas of the body with the resulting reaction, is fully discussed

There is no doubt that this book will continue to hold a high place in dental literature and also be regarded as a good reference book for dentists and physicians interested in special dental pathology

OSCAR RODIN

LECTURES ON THE BIOLOGIC ASPECTS OF COLLOID AND PHYSIOLOGIC CHEMISTRY A Series of Lectures Given at the Mayo Foundation and the Universities of Minnesota, Iowa, Washington (St. Louis), and the Des Moines Academy of Medicine, Iowa—1925-1926 12mo of 244 pages, illustrated. Philadelphia and London, W B Saunders Company, 1927 Cloth, \$250

This series of lectures covers the more recent and important studies in colloid chemistry as applied to the fundamental problems of biology. Each lecture is given by one who has done original work in that particular field and hence every chapter in a resume of the investigator's own results plus his interpretation of the studies of others in similar fields

It is an admirable book for the medical man interested in the basic vital phenomena.

A G

AMERICAN MEDICINE AND THE PEOPLE'S HEALTH AN Outline with Statistical Data on the Organization of Medicine in the United States By Harry H Moore. Octavo of 647 pages illustrated. New York and London, D Appleton and Company, 1927 Cloth, \$500

Mr Moore, Public Health Economist, (whatever that may allege), has inked 650 pages to miss both sides of his subject. Neither medicine nor human conduct are perfect. Around the foibles of each he weaves his theme. One misses the balanced logic, the candor and the honesty of a scholarly and trained investigator and analyst. He finds a jazz-band syncopation of topics and words thru which runs the beat-note of cheap medicine for that "75%" of our people who are neither pupers nor princes of wealth.

The author avows an open mind and then in his test reveals a mind committed to organized state medicine to machined merchandised sick-service. Here subtle and there frank, by invendo and strategem, he argues for an industrialized profession, for the socialization of curative as well as preventive medicine. Boldly he asserts "Compulsory Health Insurance is not a dead issue." "Adequate health insurance for all the people, independent of medical service." How adequate for what? Is this the first step of a two-stage operation to communize sickness and to burglarize the medical profession?

We must thank the author for an excellent forecast of future medicine, if the uplift non-medical neo-bolshevists are to be permitted to shape the laws and social changes of the next decade. Some of our brothers who are too proud to fight, too proud to think of economics, should read this book and cognitate.

F E. ELLIOTT

OUR NEIGHBORS



THE ANATOMY OF GROWTH

Physicians are likely to be hazy in their ideas of what constitutes normal growth. The leading article in the April issue of Northwest Medicine, by T. Wingate Todd, F.R.C.S., Professor of Anatomy in Western Reserve University, deals with this subject in an interesting way, as is shown by the following extracts—Editor's note

The pigmies of the Congo forests have grown to be men but in dimensions they are not more than ten year old boys. They are not misshapen or men with the proportions of boys. The normal increase in dimensions, characteristic of the majority of mankind, has failed, but the features have continued to modify so that the adult proportions are attained. This, then, is our first lesson in dissociation of growth

While increase in dimensions is lacking after adult age is attained, the change in proportions continues throughout life, the individual has grown old we would say. By change of the proportion we can estimate age just as well as by the increase in dimension. This is the central theme of my presentation. It is a qualitative change and yet is as definite, though more difficult of measurement, as the quantitative dimensional change. Now let us clinch this argument by certain cases of dissociation of growth

Here is the skull of a lad of eighteen years, Ludwig by name, arranged with the skull of a normal lad of eighteen on one side and that of a child one year old on the other Ludwig has grown so that his skull cap will fit easily like a hat over the other eighteen-year-old's head Dimensionally he has nothing lacking But note the disproportionately small face, the undeveloped jaws, the rounded forehead, the small cheek bones These are matched by the one-year-old In other words, Ludwig has not matured, his proportions have not kept pace When we look at his with his dimensions side face we see even more clearly the baby jaws, the undeveloped zygoma and mastoid and the lack of muscular ridges on the skull Something has occurred to inhibit the differentiation of maturation of Ludwig's skull, while permitting to the full his increase in dimensions This is the exact antithesis of the pigmies mentioned above

Dimensions are a matter of heredity on the one hand and nurture on the other Little Rose brings a message from her mother asking if I

will tell her what she can take to make her grow big I can give no hope of this for Rose's mother and father are both made on small lines and Rose will always be small and slenderly built. She will always be under weight for her age but may nevertheless be strong. Height and weight tables are apt to be disappointing and we are compelled to search for some standard of growth which is independent both of heredity and nurture. Hence we are driven from the quantitative dimensional measurement to the qualitative proportional determination.

Scammon has shown that, when we consider relative postnatal growth, we must group skeleton, lungs and blood with the body as a whole Of these organs the skeleton lends itself most readily for our determinations For the period of life which we have been studying, namely that of the grade school child, roughly between five and twelve years, Stratz has demonstrated that there is, on the average, a fairly even percentage increment of growth in height, distinctive from the spurts below and above this period If, then, we confine our attention in the preliminary stage to this period of life, we are not likely to be confused by the entry into our observations of factors called forth by special activity

Previous work upon the skeleton gave us courage to engage in an expensive and time-consuming investigation. We had been at work for some years upon closure of sutures and union of epiphyses. Contrary to current assumption, we have discovered a close time-relation in both these phenomena. But whereas individual differences in epiphyseal union are slight, those of suture union are so considerable that it can only be used as an average for the

During the past two years, supported by the Cleveland Health Council and the Board of Education, we have made repeated observations upon the roentgenographic features of the limb epiphyses of between 600 and 700 children. It will be some years before the immense mass of data thus called into being is fully developed.

But we are already in a position to report substantial progress and can assure ourselves of a positive result. Of all the limb epiphyses those of the knee are easiest to study for they are covered by a negligible amount of soft

(Continued on page 621, adv xv)

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OUR NEIGHBORS



THE ANATOMY OF GROWTH

Physicians are likely to be hazy in their ideas of what constitutes normal growth leading article in the April issue of Northwest Medicine, by T Wingate Todd, FRCS, Professor of Anatomy in Western Reserve University, deals with this subject in an interesting way, as is shown by the following extracts -Editor's note

The pigmies of the Congo forests have grown to be men but in dimensions they are not more than ten year old boys They are not misshapen or men with the proportions of boys The normal increase in dimensions, characteristic of the majority of mankind, has failed, but the features have continued to modify so that the adult proportions are attained then, is our first lesson in dissociation of growth

While increase in dimensions is lacking after adult age is attained, the change in proportions continues throughout life, the individual has grown old we would say By change of the proportion we can estimate age just as well as by the increase in dimension This is the central theme of my presentation qualitative change and yet is as definite, though more difficult of measurement, as the quantitative dimensional change Now let us clinch this argument by certain cases of dissociation

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(Continued on page 621, adv xv)

(Continued from page 618)

tissues and the roentgenographic shadows are correspondingly slightly detormed It must be noted that we lay no stress upon ossification of carpals or tarsals, a phenomenon which we do not find to be closely time-linked as is the differentiation of bony epiphyseal outline

While we are examining the children with the x-ray, we are also measuring them, weighing them and determining their muscular We find that our growth curves strength closely parallel those of other workers and we have plotted ours against those of Baldwin's Horace Mann School series

If we apply the information thus received to the undernourished child, we find that it is quite possible to analyze the condition of the child in age, height, weight, roentgenographic development and muscular power By these means it can be demonstrated that there are quite different types of undernourishment, that one type affects weight, another muscular strength, that frequently the so-called undernourished child is really a human weed, whose height has mounted disproportionately to his other features I would close by presenting, as a general object, the thesis that in attacking undernourishment we should first analyze the condition of the child and then concentrate our effort upon that phase only in which the child is deficient, not attempting in the weed type to bring weight up to height, but resting satisfied, if the weight is raised to the local average for age and roentgenographic development

AMERICAN MEDICAL EDITORS' ASSOCIATION

The Atlantic Medical Journal for April contains the following editorial on the American Medical Editors' Association

"The editor of the Atlantic Medical Journal has recently become a member of the American Medical Editors' Association, and it is hoped that this affiliation of our publication with others in the same field of work will be of assistance in broadening the scope of our service-both to our readers and to medical Journalism in general through participation in the activities of those charged with responsibility for so important a branch of postgraduate education

"With the death of the late president, Dr Henry O Marcy, the Association became inactive for five years. At the time of Dr Marcy's death 117 editors were on the ros-Early in January, 1928, the present president, Dr H Lyons Hunt, called a meeting of a few New York editors to discuss the advisability of reviving the Association vote of those present was unanimously in

(Continued on page 622, adv xvi)



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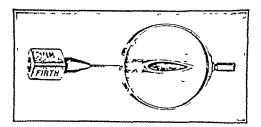
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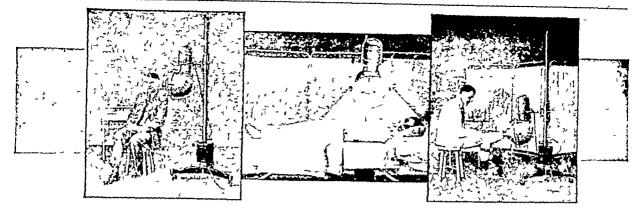
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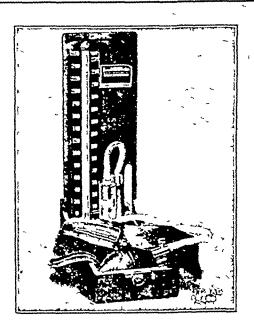
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(Continued from page 622, adv xin)

First, in answer, I would place their inherent potential value to the medical profession and to the community If the claims made for the wives of physicians may be duplicated in fair measure for mothers, sisters and daughters of physicians, you have in the state of New Jersey a conservative average of two intelligent women interested in the work of each of 2,400 physicians—quite a little reservoir of untapped energy, and hitherto an unlisted asset in public health holdings women have acquired a certain professional consciousness which has rendered them alert to help create and maintain the standards of preventive and curative medicine which as individuals they would despair of even attempting. To be concrete (and necessarily personal) I have spoken to date to audiences approximating a total of 2,700 persons on subjects of periodic health examination and diphtheria immunization. I am employed by the state medical society to do this educational work but I have met more than ore member of that society who did not know of my existence and I have received through the members of that society less than 5 per cent of the opportunities which have been afforded me to present this message of theirs That means that 2,000 physicians are so engrossed with actual patients that they pay little attention to the attitude of the well members of the community toward them or their profession Perhaps it is true that the busy physician has little opportunity for contact with the well members of society, but his women folk do have many points of close contact. And yet how many women are going to interest themselves in furthering the program of an organization to which they do not belong or to which they have not some form of attachment? In many instances auxiliary members are also on the local school boards, but apparently they have never before connected the eager, receptive audiences of the school assembly, and the intelligent units of the Parent Teacher Associations with the furtherance of that science to which their husbands are giving their lives And this seems the moment to ask what physician, who has the physical welfare of humanity at heart could say that he does not desire such cooperation, or that the woman he has chosen to be his wife should not or could not logically furnish it?

The second answer to the question, why an auxiliary lies in the possible value of such an organization to the members themselves. I mean by this the acquiring of such elementary and correct general knowledge of medical subjects as they have not the time to gather individually and which their husbands certainly have not time to impart. I have been repeatedly impressed by the fact that every woman who runs a doctor's house seems to feel snowed under by the telephone, and in many cases her sum total of pro-

(Continued on page 624 adv xviii)



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(Continued from page 621, adv xv)

favor That need was felt for the organization can best be demonstrated by the fact that not only practically all members of the old Association came in, but over a hundred new members made application, so that today the Association is stronger than it has ever been As the organization swung into power, numerous meetings were held, officers elected, and committees appointed to study and promulgate a tentative platform. The activity of the Association is shown by the fact that committees have been appointed to study the following subjects.

"Medical Journal Endowment Fund,

"Standardization of Medical Education, "Standardization of Medical Licensing Examination.

"Bringing about of International Medical Reciprocity (four committees, one each in Canada, United States, England and France have already been appointed to study this subject).

"Workmen's Compensation,

"Pay Clinics,

"Commercial Laboratories,

"Open Hospitals,

"Medical Compensation, "Drug Store Prescribing,

"Pharmacy and Therapeutic Products,

"Electrotherapeutic Apparatus,

"Prohibition,

"Legislation,

"Advertising,

"Publicity,

"Policy,

"Public Health,

"Medical Economics"

The list of subjects to be studied does not contain a single subject connected with Journalism

WHY A WOMAN'S AUXILIARY

The Medical Society of New Jersey has an active Woman's Auxiliary which functions largely through the paid educational secretary of the Society, Mrs Taneyhill The April Journal of the Society contains a letter from Mrs Taneyhill from which the following extracts are taken—Editor's note

As your associate in the educational work of the Medical Society of New Jersey, I have had the privilege, during the last few months, of meeting with 13 of the Women's Auxiliaries. In retrospect, these pleasurable occasions have crystallized into several definite impressions that may be of interest to you as bearing on that vexed question, Why an auxiliary?

(Continued on page 623, adv xvii)

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(Continued from page 624, adv rvm)

And then came the redemption of the liver from its lowly estate. With astounding abruptness it became chief over all meats in price A food expert discovered that a diet of calf liver made robust beefy looking people out of pale anemic persons. It made for fat and muscle in short order and the weak became strong over night. The glad news spread abroad through the mighty press, and the demand for liver, hitherto a drug on the market, became active If one, unacquainted with this meteoric rise of the humble liver should, as of yore, enter a butcher shop and ask for a dime's worth of calf liver, he would get about one bite. By jumps, up went calf liver from seven cents a pound to 15, then 20, 30, 40, 50, 60 and 70 cents a pound—away higher than choice beef, lamb or veal in war times

And just as in the grain market reports, we find corn and oats, following wheat upward in stiff markets, so cow's liver partook somewhat of the prosperity of its infant's liver and the market quotation mounted to 30 cents

But as one star differeth from another star in glory, according to the scripture, so different livers have different grades of glory and price The liver of the pig has not kept pace with the rise of calf liver. It remains around seven But there are advantages in this fact, the advantage being with the man of the house if he does the marketing, a lady tells hubby she wants some calf liver as she feels The man, always sceptic, is unable to differentiate the respective glories of liver and takes little stock in the wife's complaint of being anemia's victim. He buys a pound of sliced pig liver for seven cents and pockets the remaining 63 cents The wife eats of the pig liver, convinced that she is eating of the calf and she no longer has symptoms of

The husband, for obvious reasons, encourages his wife to keep her calf liver diet at least three times a week. He now smokes better cigars and more of them

AUTOMOBILE DRIVERS

The problem of the defective automobile driver is being widely discussed in the light of the ever increasing number of injuries and fatalities caused by automobiles. There is a growing tendency to consider that so-called accidents are not merely happenings, but are the inevitable result of conditions which could readily be foreseen and controlled. The following editorial from the April issue of Northwest Medicine deals with this question of the defective driver—Editor's note

(Continued on page 626, adv xx)



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(Continued from page 623, adv xvii)

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THE LIVER FAD

The Journal of the Arkansas Medical Society makes up with quality what it lacks in size Its editorial writers invest a prosaic scientific subject with a gentle humor which is a characteristic of the ideal family doctor. The following editorial is an excellent example of human quality of doctors from editors to family physicians—Editor's note

Yes, Mr Printer and proofreader, the above caption is correct, so please do not make it "The Liver Pad," under the impression that the writer made an error in spelling or hit the wrong key of his typewriter. This story concerns the rise of the liver of commerce. It affords an example of how the humble may eventually find a place in the stomach, if not in the sun. The liver pad has made manufacturers rich, the liver fad promises to do the same for the butcher.

For many years, in fact as long as memory of this generation endures, the liver, as an edible has been regarded as a plebeian dish. On the restaurant menu liver and onions, or liver and bacon, has been the cheapest of viands offered to the hungry. It has been the dish of the third rate boarding house, despised by the proud and haughty, even as in the same class as the equally plebeian corn beef and cabbage. The butcher was wont, on request, to throw in a bit of liver for the cat with the purchase of a steak or chop. The poor in purse could for a dime get enough liver to feed a family

(Continued on page 625, adv xix)

(Continued from page 624, adv. vinn)

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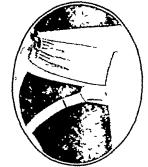
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The Journal of the Arkansas Medical Society makes up with quality what it lacks in size Its editorial writers invest a prosaic scientific subject with a gentle humor which is a characteristic of the ideal family doctor. The following editorial is an excellent example of human quality of doctors from editors to family physicians—Editor's note

Yes, Mr Printer and proofreader, the above caption is correct, so please do not make it "The Liver Pad," under the impression that the writer made an error in spelling or hit the wrong key of his typewriter. This story concerns the rise of the liver of commerce. It affords an example of how the humble may eventually find a place in the stomach, if not in the sun. The liver pad has made manufacturers rich, the liver fad promises to do the same for the butcher.

For many years, in fact as long as memory of this generation endures, the liver, as an edible has been regarded as a plebeian dish. On the restaurant menu liver and onions, or liver and bacon, has been the cheapest of viands offered to the hungry. It has been the dish of the third rate boarding house, despised by the proud and haughty, even as in the same class as the equally plebeian corn beef and cabbage. The butcher was wont, on request, to throw in a bit of liver for the cat with the purchase of a steak or chop. The poor in purse could for a dime get enough liver to feed a family.

(Continued on page 625, adv xix)

ODE TO A SKELETON

The following poem is from an address by Dr A D McKinley of Des Moines, reported in the April Journal of the Iowa State Medical Society. It is reported here because those of our readers who recognize the first three verses will be interested to know that there are two more written in the same style—Editor's note.

Behold this ruin, 'tis a skull Once of ethereal spirit full This narrow cell was hie's retreat, This space was thought's mysterious seat What beautiful visions filled this spot? What dreams of pleasure, long forgot? Nor hope, nor joy, nor love, nor fear Hath left one trace of record here

Beneath this mouldering canopy,
Once shone the bright and busy eye,
But start not at the dismal void,
If social love that eye employed
If not through evil fires it gleamed,
But through the dews of kindness beamed,
That eye shall shine forever bright
When stars and sun are sunk in night

Within this hollow cavern hing
The ready swift and tuneful tongue,
If falsehood's honey it disdained,
And when it could not praise was chained,
If loud in virtue's cause it spoke,
Yet gentle concord never broke,
That silent tongue shall plead for thee
When time unfolds eternity

Say, did these fingers delve in the mine, Or with the envied ruby shine? To hew the rock, to wear the gem, Avails but little now to them But, if the page of truth they sought, Or comfort to some mourner brought, These hands a greater meed shall claim Than all that wait on wealth and fame

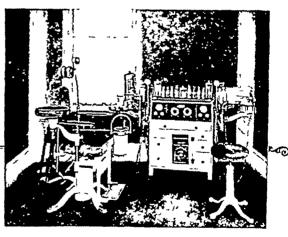
Avails it whether bare or shod These feet the paths of duty trod? If from the bowers of ease they fled, To seek affliction's humble shed, If grandeur's guilty bride they spurned And home to virtue's cot returned, These feet, with angel's wings shall vie, And tread the palace of the sky

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(Continued from page 625, adv xix)

The mortality from automobile accidents in this country has reached such an appalling figure that there is a constant and wide-spread demand for some sort of action to be taken that will check its continuance Many suggestions have been offered and laws have been enacted to protect the public from the death-dealing automobile As yet, however, marked results do not seem to have followed these efforts While there are doubtless many collisions and fatalities, for which the drivers of automobiles are in no manner at fault, yet responsibility for the great majority can be placed on the man at the wheel In a large proportion of cases irresponsibility of youth or the ingestion of alcohol is discovered as the primary fault Recently two youths drove wildly about city streets, finally dashing into a group of high school students awaiting a street car Two of the latter were killed and others seriously The perpetrators of this outrage claimed they were under the influence of liquor and partially stupefied from the effects of barbital

Little attention has been directed toward deficient eyesight as a cause for automobile accidents. Who knows how many drivers on our streets are color-blind, unable to distinguish the red from the green signal lights. In-

stances have been known of active railroad engineers and street car motormen with color blindness which in some manner had escaped observation One is appalled at the contempla tion of possible tragedies at the hands of such individuals The likelihood of similar catastrophies from automobile drivers with this defect is more than an idle dream. In every city men are driving automobiles whose vision is so defective that they barely escape the classification as blind men There is no way of detecting the individuals herein discussed, unless they be subjected to physical examinations Why should not drivers of automobiles be required to take such an examination before being licensed to drive a machine? The conservation of life would seem to demand this as much as the requirement for drivers of other sorts of engines which provide motive power for conveyance of human beings

Probably it would be considered too radical to demand that the mental qualifications of drivers of automobiles should also be ascertained. If the morons and individuals with lesser mental capacities were excluded from the driver class, there would be an immense reduction of accidents. This ideal may be the subject of future legislative consideration. If presented in any feasible form, it would un doubtedly meet with universal approval and

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The first Fortnight will be held October 1st to 14th, 1928, and will be devoted to the problem of ageing and of old age. Special consideration will be given to the early recognition and prevention of disturbances often not the result of ageing but its cause

The mornings and early afternoons will be given to clinical lectures, coordinated clinics and demonstrations in teaching hospitals of the city. In the late afternoons and evenings well known authorities of America and Europe will discuss the general subject from many viewpoints.

It is planned to have a subject chosen each year which is of outstanding importance in the practice of medicine and surgery and which will be approached from every available angle with the least loss of time and the greatest possible opportunity to be offered to physicians from out of town

The profession generally is invited to attend No fees will be charged

A preliminary announcement of this year's program will shortly be made

CASE REPORTS AT THE ANNUAL MEETING

The April issue of the Atlantic Medical Monthly contains a call for volunteer case reports, which will be a feature of the annual meeting of the Pennsylvania State Medical Society, to be held October 1 to 4, 1928, in Allentown The following extracts will show the scope of this novel feature—Editor's note

General Meeting—8 Case Reports of 5 minutes each

Section on Medicine—8 Case Reports of 5 minutes each

Section on Surgery—8 Case Reports of 5 minutes each

Section on Pediatrics—8 Case Reports of 5 minutes each

Section on Eye, Lar, Nose and Throat—5 Case Reports of 10 minutes each

Section on Urology—8 Case Reports of 5 minutes each

For publication in the Atlantic Medical Journal, the 5-minute case reports will be limited to 1,000 words, and the 10-minute case reports to 1,500 words

In the General Meeting and Sections on Medicine, Surgery and Pediatrics, 15 minutes will be allowed for general discussion of these case reports, and 5 minutes for discussion in the Eye, Ear, Nose and Throat section

Volunteer papers, with the titles and abstracts, will be considered by the Committee on Scientific Work on or before May 1, 1928, but the Committee reserves the right to reject a paper if it is not deemed of sufficient merit, or should it not fit in with the skeleton program tentatively planned at its February meeting

RABIES

Dog fanciers sometimes deny that such a disease as rabies exists although such statements are made with less frequency than formerly. The same group sometimes say that human rabies is only an imaginary disease. Physicians know that rabies occurs in human beings with considerable frequency, and they recognize the

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truthfulness of the following editorial in the March 8th issue of New England Journal of Medicine—Editor's note

There should be no death from human rabies That such a death should occur in an enlightened community is a serious reflection on the medical profession and on the public at large No physician of standing should tolerate a supine attitude towards prophylactic treatment, especially in view of the fact that animal rabies is in the community and public opinion is not strong enough to back up the police and other protecting agencies in their attempt to wipe it out. In spite of the ninetyday muzzling law now in force, there have been many stray, and not a few rabid, dogs on our streets The medical profession can greatly augment the efforts of the State Commissioner of Health by enlightening that part of the public with which they are in constant contact, their patients Such measures help, sometimes far beyond our hopes, but let it also be known that no physician in practice ever takes any steps other than the strongest urgings on his part to insist that all patients bitten by animals take the Pasteur treatment at once

It has been the misfortune, this winter, of one of our largest hospitals to have two cases of human rabies die within its Both patients, one sevwalls enty and the other nineteen, died a death that can only be described as horrible The families of these poor victims perhaps suffer the most, in view of the knowledge that the patient's one chance of life was not given to him And, yet, one hopes that the lesson is not in vain associated with these deaths are hardly likely to forget nor are they likely, as times goes on, to fail to use early Pasteur treatment in all cases of dogbite, or to spread the knowledge that human rabies is a disease, always fatal but made practically preventable

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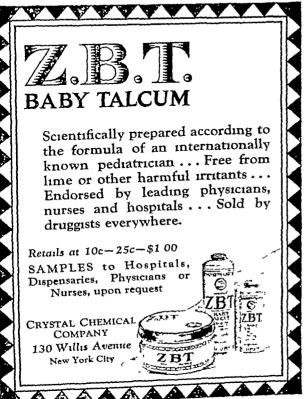
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SEASICKNESS CURED BY SODIUM NITRITE

The Journal of the American Medical Association for April 14 contains the following article on sodium nitrite in seasickness by J F Pearcy, Ph D, and D B Hayden, M D, of Chicago, who write from the University of Chicago School of Medicine and the Department of Otolaryngology of Rush Medical College

"During a study of the effects of blood pressure on the labyrinthine function, we were impressed by the depressant effect of sodium nitrite on the vestibular responses. The results of these studies are in process of preparation for publication. In these studies it was shown that by lowering normal blood pressure to between 95 and 105 mm of mercury the nysstagmus after rotation was greatly diminished, and past pointing was also much diminished and even disappeared entirely in some instances.

"Believing that seasickness is due mostly, if not completely, to overstimulation of the vestibule, we felt that the nitrites offered a direct attack at the long sought but never attained cure for the terrible malady of the ocean voyage Consequently, as one of us (DBH) was about to cross the Atlantic, we decided to put the theory to the test Fate was against us on the trip across for no one suffered mal de mer On the return trip there were sixteen suffering from seasickness They were all given one of the usual treatments, namely, subcutaneous injections of epine-phrine hydrochloride For our test the patients were divided into two groups, eight to serve as controls and eight to have nitrite treatment The groups were chosen with the effort to have them as equal in symptomatol-The members of the control ogy as possible group were prostrated on the average two days, and there was not much variation from that period The members of the other group were given from 3 to 5 grains (02 to 03 Gm) of sodium nitrite every two hours until they experienced relief The average period of time before the members of this group were free from ocular nystagmus, vertigo, ataxia and nausea, and were comfortable on deck and able to eat meals was four hours! These persons did not suffer from any recurrence of symptoms

"Although this work has a sound experimental basis, the actual tests having been adequately controlled and 100 per cent of cures obtained, we expect to use nitrite in a much greater series before drawing final conclusions. We are certain that they will cure many cases of seasickness but it is possible that there are cases that will not be cured."

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PRESIDENT'S ADDRESS—THE ART OF MEDICINE*

By JAMES E SADLIER, M.D., F.A.CS, POUGHKEEPSIE, N Y

As we consider in retrospect the scientific achievements of medicine during the past half century we are impressed by the multitude of scientific discoveries which have been made, the importance of which can scarcely be estimated, neither can their worth, in conserving human life, be evaluated It has been a Golden Era in scientific medical advancement, and one wishes he could pause for a moment and give due recognition to a few of the thousands of research workers and investigators who, following the trail blazed by Morton, Pasteur, Lister and Koch, have made this world a reasonably safe place in which to live, and that, in spite of its ever increasing density of population and its segregation in the urban sections Time will not permit me to dwell upon this phase of our scientific advancement with its deeds of bravery and self sacrifice, of discouraging failures and brilliant successes Enough for me to say that in the history of medicine of the past half century there are the written and published facts relating to the progress that has been made, likewise in the hearts of the people there will ever, over the future generations, be a grateful recognition, which will give credit and honor to the profession which, without thought of self, has succeeded in advancing the science of medicine far beyond the progress made along other lines of endeavor No profession has made such wonderful strides as has ours and especially is this true of the past quarter of a century Indeed the advance has been so great and the relative security to life so enhanced that it is difficult for the present generation to visualize the danger to life and the suffering that existed in the old days of ignorance, disease and pestilence. Progress in the scientific advancement of medicine has been so great that should a surgeon to-day have the same mortality in his practice that appertained in the nineties he would be a proper subject for investigation The advance in scientific knowledge has been so rapid that, at a recent Health Conference, Surgeon General Hugh S Cumming made a plea for the subordination of research to the applica-

 Delivered at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y May 22 1928. tion, in public health work, of the knowledge now at our command. Whilst we cannot agree to this thought of limitation of investigation by research workers we are impressed by the significance of the remark as indicating the progress in scientific medicine and the necessity of putting in practice the known and established methods of disease prevention and cure, thereby obtaining for the community and the individual the advantages to be obtained through elevation of the Art of Medicine to the high standard now enjoyed by scientific medicine. Allow me to quote from the Presidential Address of Dr. Wendell C. Phillips

"The history of no other science contains brighter pages than those illumined by the scientific conquests of the great men of medicine. The new developments in medical science have created the necessity for changes in modes, methods and economics so far reaching as to affect all phases of national, family and individual life.

"The physician both of the present and of the future must be an integral part of our civilization and much concerned with its changes" (Jour

A M.A Vol 86, April 24, 1926)

We realize the vastness of the unexplored and unchartered territory in scientific medicine still left for present and future investigators in the special field of research, aided, we hope, by a closer contact with the clinician than has existed heretofore. Turning now from the scientific aspects of medicine to the practical application of the knowledge possessed—to what extent are we utilizing the knowledge gained to make it productive in the prevention of disease, the lessening of human suffering and the prolongation of life? Herein lies the duty of the medical profession of to-day, to give the people the results to be obtained from the progress which has accrued from scientific investigation

The medical schools of this country, with very few exceptions, are producing a high grade class of physicians with a broad comprehensive view of their duties and responsibilities as medical men. It is understood that methods of instruction cannot be standardized. Widely different views are entertained as to just what should be



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of medicine. Perhaps at the present time they could be used to a greater extent than they are by the Internist who does not seem to realize as fully as the other specialists the advantages to be obtained from proper hospitalization and super-Undoubtedly this will vised care of patients gradually be overcome and the home treatment of disease be much reduced Furthermore it is reasonable to assume that the modern plan of caring for established disease in hospitals, with the utilization of laboratory facilities, the Hospital Conference and the personal contact with the various specialists will gradually eliminate the former more individualistic type of physician and in his place develop the broader medical man of the present day who realizes the necessity for cooperation with others and the utilization of all beneficial agencies for the proper performance of his work in curative medicine. Realizing this in the diagnosis and treatment of disease means that it will be but one step farther in advance to recognize the importance of adopting similar methods in developing that newer phase of our work which has to do with the prevention of disease, and the proper discharge of our duties as custodians and leaders in all that has to do with civic medicine and the development of an improved Public Health condition in our country In no other field of medicine is there such woeful lack of application of knowledge which we possess

Dr William H Welch has said -

"When a Koch discovers the tubercle bacilli, a Banting discovers insulin for the relief of diabetes, or a Von Behring an antitoxin for the cure of diphtheria, or a Park demonstrates the value of the toxin-antitoxin for the prevention of diphtheria, the world draws a long breath as if saying to itself, 'Now we are rid of that terror which has haunted the human race for centuries' It then straightway forgets and goes on its way comfortably assuming that of course the great discovery, or invention, is being carried into effect.

"The actual facts are quite different A few people, those of unusual initiative, or ample means, or who happen to be under the care of exceptionally alert physicians, or within the jurisdiction of exceptionally competent health officers, receive the benefits of the new discoveries, but the great mass of the human race goes on as before, and the death rate from these diseases is reduced slowly and over long periods of time

"In fact, the health field has a woefully ineffective distribution service, as compared with
the laboratories of the world. We know how
to do a lot of things which we do not do, or
do on a wretchedly small scale. Few of the
great discoveries of preventive medicine, except
the prevention of yellow fever, are anywhere
nearly fully applied."

We are conscious that there is an ever increasing recognition upon the part of the intelligent public that the art of preventive medicine has not kept pace with the known scientific advances and it is for the physician of the present and future to so conduct his activities as to bring preventive medicine to that increasingly high standard as an art that curative medicine now enjoys veloping the art of preventive medicine we must ever recognize the duty and responsibility of the medical man to assume the initiative and to lead along correct lines of procedure which will insure unity of action and harmonious agreement between the various agencies which work, and should cooperate, in this field of endeavor Medical men have been so preoccupied with curative medicine that they have failed in many instances to take over this newer activity and hence lay organizations have appropriated the field and often indeed with the consent of the physicians Every physician must concede the vital need of lay organizations in public health work are indispensable in assisting in the teaching of preventive medicine, in arousing the public mind to the ever present need of personal hygiene and the anticipation of disease or early recognition of developing pathology, in encouraging the development of facilities for the physician by which he can practice better medicine of both a curative and preventive type, in stimulating a demand for medical service at a time when proper treatment can be applied with the least hazard to One could go on indefinitely enumerating the benefits and advantages to accrue from a harmonious interlocking of the activities of these organizations with our medical body. In this great field of human activity there must be a recognition that medical men unaided cannot do full justice to the art of medicine without having at their command assistance from outside agencies. In this work there is glory enough for all and there is a proper sphere of usefulness for each type of service to humanity in our endeavor to prevent or cure disease But in accepting the assistance of lay agencies we should be ever mindful of the fact that by reason of his particular type of education the physician is basically trained to be the leader in such health work, and in those communities where we find the physicians exercising a gentle and friendly leadership over lay organizations and directing the health activities of their community we note a more advanced public health condition and better progress in preventive medicine. We are for tunate in having several such counties in this state and they indicate a blazed trail of progress which wisdom would prompt us to follow supervisors in one of these counties were questioned as to the possible advantages of a county health unit and the reply of the chairman was "If our physicians desire it and feel that it would advance health conditions we will make

taught the under graduate, and many of us feel that too much time is being devoted to the laboratory side and too little to the practical clinical phases of medicine which, in the final analysis, represents to a considerable degree, the real worth of the man in his future work. My only criticism of present teaching of medicine would be along the line of stressing the importance of a more practical clinical teaching and that the under graduate be impressed to a greater extent with the importance of the subject of Preventive Medicine so that he fully understands that his future life work carries with it a broad civic responsibility to render service along all recognized lines of Preventive Medicine as well as the actual care of established disease I am not one of those who desires a reduction in the present scope of under graduate teaching, although I believe that changes might be instituted leaning towards increased development of the man as a clinician with a greater sense of responsibility in Civic medicine, Public Health, and the Prevention of Too many of our young physicians approach the practice of medicine with an inadequate sense of their duty to both their Profession and the community from this standpoint Early in their career these young practitioners should realize that, by reason of their medical education, they are members of a profession which should assume the leadership in all matters appertaining to prevention as well as the diagnosis and treatment of disease, and that it is as much a duty to prevent illness as to care for that which is already developed

It has been a personal observation over years that we do not give sufficient importance to the early symptoms indicating a possible change from health to disease Physiology fades into pathology slowly and somewhat insidiously but not without evidences of the changes even though slight in These early initial signs of disturbed function depend in type upon the organ involved To the patient they represent something which has not heretofore existed and may or may not produce concern, depending largely upon the intelligence of the person To the physician they should suggest a possible change from normal to abnormal function, from physiology to possible pathology, and should lead to an investigation of the particular organ or organs suspected and not be deferred until, by reason of a large group of symptoms it becomes relatively easy to determine the diagnosis, but frequently too late for cure to be obtained This means adequate painstaking history and examination which frequently leads to the early recognition of diseased conditions at a time when appropriate treatment will eradicate them

Two years of office as President-Elect and President of your State Medical Society has presented a wonderful opportunity for me to get acquainted with the physicians of this state, observe the quality of service they are rendering

to the sick, the type and character of the men who make up the great rank and file of the field workers of our profession, to note the environment in which and the equipment with which they practice the healing art It has been a source of deep and increasing gratification to observe the excellent type of scientific medical care that is rendered our citizens by the medical profession of our state There is no question that curative medicine is being practiced increasingly well and that the profession as a body is eager in its desire to render the most efficient service possible One notes with pride the large and enthusiastic audi ences gathered at the various county society meetings, the splendid reception accorded our post graduate instruction courses, the interest in staff meetings of hospitals and the recognition that they constitute still another method of utilizing the vast clinical resources of such institutions for educational purposes Everywhere one turns in the state he notes the advancing progress in studying the science of medicine and its consistent application to the diagnosis and treatment of disease Physicians and laymen alike are recognizing the importance of hospitalization of the sick and as a result new hospitals are being developed in increasing numbers, old institutions are being enlarged, clinics and laboratories are being estab. lished, thus demonstrating that the present hos pital with its up to date equipment is more and more coming to fill a real need in our modern life and the medical men in a county which has no general hospital,—and there are still a few such counties—are seriously and almost hopelessly handicapped in their effort to care for disease as it should be cared for in this present age. particularly wish to stress the growing importance of the city of the third class as a hospital and medical center, not only for it citizens but for those of a vast area of surrounding territory We are noting in these small cities throughout the state, hospitals of a very modern type fully equipped and in a position to care for all types Medical men have recognized these of disease changing conditions in their service to the sick, and have qualified themselves to meet the requirements of these hospitals so that to-day we find such institutions enjoying the confidence and support of the community in which they are located and the end result studies of patients treated compares favorably with the older and more advanced hospitals of our cities of the first and second The small city as a medical center is becoming a very important factor in lessening the damage which seemed likely to accrue from the very positive shortage of physicians which exists Furthermore it gives to the in rural sections young physician a proper environment, adequate facilities for study and work, the advantages to be obtained from contact and interchange of thought with members of his own profession One can readily visualize how these institutions are to be a grand step upward for the science and art

doing our whole duty in immunizing children

against diphtheria

"The health of the people of the State of New York in 1927 was exceptionally good. The total number of deaths was less than a year ago by more than ten thousand, mainly because of a lessened volume of mortality from tuberculosis, pneumonia, and diseases of the heart and kidneys. The death rate (12.3 per 1,000 population) was never lower and was equalled but once in forty-three years. Infant mortality (59 deaths under one year per 1,000 live births) was the lowest recorded since 1904, when these deaths were first compiled separately. Mortality from most of the diseases of childhood, with the exception of Diphtheria, also showed a gratifying decrease."

We recognize that in spite of disease and all other obstacles and handicaps, human life is gradually being lengthened and future generations may, with confidence, look forward to a longer and healthier span of life than was accorded their progenitors. We note with pride the fact that in the last half century, the average length of life has been extended some fifteen years, much of which has been accomplished through lessening mortality during the early years of life Whilst this increased longevity is something much to be desired, it is not comparable with that more to be desired condition, the maintenance of Length of life means little unless it is associated with an abundance of health which makes sustained existence desirable and permits of normal usefulness and activities unhandicapped by the limitations of disease Much that has been accomplished in limiting morbidity and mortality in the early years of life has been the result of medical men paying closer attention to the hygiene of the child, together with reasonable and proper observation and examination at a time when the child is in apparent health coupled with sound advice to mothers has revolutionized the entire question of Pediatrics and made that specialty the one which is the most advanced in the question of disease prevention, and when our profession recognizes that similar methods should appertain throughout life and that the human should be examined and advised when in apparent health, and such examinations and advice be properly recorded and filed, we will then anticipate much that now leads to mortality or incapacity Periodic Health Examination is sure to become a standard procedure, and in no other way will we be able to properly anticipate some diseases or be enabled to diagnose and care for them during the early and curable stages No chapter in the life history of a physician's work is so pathetic as that which deals with the patient who has passed into the incurable stage before applying for relief Health examinations are going to forestall much of this needless waste of life. The public is beginning to demand this service and is seeking means to have it applied. We, the medical men of this country, must see

to it that this newer phase in the art of medicine is developed into a great instrument for recognition or prevention of disease. We shall not be true to the time honored standards of our profession unless we accomplish this desired objective. Already our Medical Colleges have recognized the necessity of adding to their curriculum the teaching of this most important subject and soon our younger physicians will naturally assume this as one of their activities just as they now look forward to the diagnosis and treatment of disease

We look forward to a great future for preventive medicine when, by reason of health examinations and an improved personal hygiene, much that is now costing human life will be prevented or cared for early There are those amongst us who believe that in the field of personal hygiene will be most of the conquest of medicine in the next half century Personal hygiene means so living as to build up the body to such a standard that the normal powers will be fortified to their greatest possible extent. This will be accomplished by greater use of rest, diet, exercise, proper clothing, sunlight, normal adjustment of work and play, seeing to it that no one organ has an increased stress of work, elimination of focal sources of infection and in all ways encouraging a healthy functioning of all organs Such ideal living will accomplish and produce a race most resistant to disease

Recognizing the fact that for over one hundred and twenty-five years we have been privileged, through the great discovery of Jenner, to have at our command the eradication of smallpox by vaccination, we, as a profession, feel humiliated and mortified to know that during the year 1926 the United States of America reported more cases of smallpox than any other country outside of Asia, and that during the last fifteen years there has been reported from this country somewhere in the neighborhood of 700;-000 cases For the year 1925 there was reported about 40,000 cases, and for 1926 the number was 33,752 Compare this with the fact that in certain European countries and in Japan, where vaccination is compulsory, there is a complete or almost complete elimination of the disease This suggests that our American freedom of thought, speech and act can, under certain conditions, controvert and nullify one of the greatest scientific advances that mankind has received

"It is paradoxical that the nation which reclaimed the tropics for man by banishing Yellow Fever and made the lethal regions of Panama safe for an inter-oceanic canal should be so lax about vaccinating against smallpox. The medical profession, the press and the government should unite in an unceasing campaign to expose the fallacies of the anti-vaccinationists until the United States abandons its deplorable pre-eminence in this horrible disease"

—(Editorial, Medical Week, May 21, 1927)

the necessary appropriation" The family doctor is and always has been the determining factor in all successful plans for practicing the art of disease prevention and cure

Individual physicians and organized medical bodies should recognize the close relationship existing between our activities and those of our State Department of Health with its ramifications into the various counties and its working force consisting largely of medical men, mostly members of our State Medical Society, who, in their capacity as health officers, are responsible for the public health in their community, in so far as applies to communicable disease limitation of communicable disease represents only a modest portion of what can be accomplished in the prevention of disease, providing each physician accepts it as his duty and cooperates with the Health Department to the fullest extent and also insistently practices and teaches the prevention of disease in that large field where the Department of Health does not or should not enter Therefore, it would seem as though there should be a very close alliance between the Department of Health and the County Medical Society In no other way is it possible to push on to its fullest extent this newer phase of the physician's work In no disease is this better demonstrated than in tuberculosis where our work, to be successful, requires the active cooperation to a maximum extent of physicians, Departments of Health and lay organizations Not for the purpose of compiling statistics which may not be used, but that by proper education of the people, judicious and well thought out publicity, determination as to who are tuberculous and who are the contact cases, each shall receive the attention required, to either prevent the spread of the disease, or in the contact case, be treated whilst yet in a curable stage. We are proud of the accomplishment in the reduction of the death rate and incidence of tuberculosis to about 50 per cent of what it was twenty years ago state at the present time the average annual mortality rate is about 78 per 100,000 people, neverheless we are still a long way from the desired goal, which should be an almost complete eradication of the disease. But we note with pride that in a certain few counties where there has been most intensive tuberculosis work and where there is active participation and leadership by the medical organization of the county and a close interlocking with all public health workers that the tuberculosis rate has been further reduced to such an extent that their figure is from 38 to 44 per 100,000 people Needless to say that in those counties, case finding, adequate reporting, and examination of contacts have been the most important factors in the production of such The first step towards the control of tuberculosis is the discovery of those who have the disease and the proper reporting of them to

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doing our whole duty in immunizing children

against diphtheria

"The health of the people of the State of New York in 1927 was exceptionally good. The total number of deaths was less than a year ago by more than ten thousand, mainly because of a lessened volume of mortality from tuberculosis, pneumonia, and diseases of the heart and kidneys. The death rate (12.3 per 1,000 population) was never lower and was equalled but once in forty-three years. Infant mortality (59 deaths under one year per 1,000 live births) was the lowest recorded since 1904, when these deaths were first compiled separately. Mortality from most of the diseases of childhood, with the exception of Diphtheria, also showed a gratifying decrease."

We recognize that in spite of disease and all other obstacles and handicaps, human life is gradually being lengthened and future generations may, with confidence, look forward to a longer and healthier span of life than was accorded their progenitors We note with pride the fact that in the last half century, the average length of life has been extended some fifteen years, much of which has been accomplished through lessening mortality during the early years of life Whilst this increased longevity is something much to be desired, it is not comparable with that more to be desired condition, the maintenance of Length of life means little unless it is health associated with an abundance of health which makes sustained existence desirable and permits of normal usefulness and activities unhandicapped by the limitations of disease. Much that has been accomplished in limiting morbidity and mortality in the early years of life has been the result of medical men paying closer attention to the hygiene of the child, together with reasonable and proper observation and examination at a time when the child is in apparent health coupled with sound advice to mothers has revolutionized the entire question of Pediatrics and made that specialty the one which is the most advanced in the question of disease prevention, and when our profession recognizes that similar methods should appertain throughout life and that the human should be examined and advised when in apparent health, and such examinations and advice be properly recorded and filed, we will then anticipate much that now leads to mortality or incapacity Periodic Health Examination is sure to become a standard procedure, and in no other way will we be able to properly anticipate some diseases or be enabled to diagnose and care for them during the early and curable stages No chapter in the life history of a physician's work is so pathetic as that which deals with the patient who has passed into the incurable stage before applying for relief Health examinations are going to forestall much of this needless waste The public is beginning to demand this service and is seeking means to have it applied. We, the medical men of this country, must see

to it that this newer phase in the art of medicine is developed into a great instrument for recognition or prevention of disease. We shall not be true to the time honored standards of our profession unless we accomplish this desired objective. Already our Medical Colleges have recognized the necessity of adding to their curriculum the teaching of this most important subject and soon our younger physicians will naturally assume this as one of their activities just as they now look forward to the diagnosis and treatment of disease

We look forward to a great future for preventive medicine when, by reason of health examinations and an improved personal hygiene, much that is now costing human life will be prevented or cared for early There are those amongst us who believe that in the field of personal hygiene will be most of the conquest of medicine in the next half century hygiene means so living as to build up the body to such a standard that the normal powers will be fortified to their greatest possible extent. This will be accomplished by greater use of rest, diet, exercise, proper clothing, sunlight, normal adjustment of work and play, seeing to it that no one organ has an increased stress of work, elimination of focal sources of infection and in all ways encouraging a healthy functioning of all organs Such ideal living will accomplish and produce a race most resistant to disease

Recognizing the fact that for over one hundred and twenty-five years we have been privileged, through the great discovery of Jenner, to have at our command the eradication of smallpox by vaccination, we, as a profession, feel humiliated and mortified to know that during the year 1926 the United States of America reported more cases of smallpox than any other country outside of Asia, and that during the last fifteen years there has been reported from this country somewhere in the neighborhood of 700,-000 cases For the year 1925 there was reported about 40,000 cases, and for 1926 the number was 33,752 Compare this with the fact that in certain European countries and in Japan, where vaccination is compulsory, there is a complete or almost complete elimination of the disease This suggests that our American freedom of thought, speech and act can, under certain conditions, controvert and nullify one of the greatest scientific advances that mankind has received

"It is paradoxical that the nation which reclaimed the tropics for man by banishing Yellow Fever and made the lethal regions of Panama safe for an inter-oceanic canal should be so lax about vaccinating against smallpox. The medical profession, the press and the government should unite in an unceasing campaign to expose the fallacies of the anti-vaccinationists until the United States abandons its deplorable pre-eminence in this horrible disease."

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a more or less harmless anomaly—glycosuria—more is required to enable us to determine whether the so-called "renal" type is as innocuous as some would lead us to infer

II HORMONE AND ROLF OF THE PANCREAS

Whether we believe that insulin represents the sole pancreatic hormone we must concentrate upon the pancreas chiefly, in diabetes, for causative factors, as the importance of that organ for the metabolism of sugar is recognized even if we admit the role of the liver, kidney, nerve centres, and ductless glands

Falta¹ in alluding to the experiments of V Mering and Minkowski mentions the theory that the pancreatic hormone is deemed to be derived from either or both the glandular acini (external secretion) and the Islands of Langerhans (internal secretion). He also refers to well known experiments in canine pancreatectomy resulting in glycosuría and hyperglycemia. As to how the pancreas takes part in carbohydrate metabolism he refers to the pancreatocentric view and the reverse idea of "nervous," thyroid, and other remote stimuli

He alludes to the belief that the presence of pancreatic juice in the intestine is not necessary for the normal course of carbohydrate metabolism, thus emphasizing the role of the internal secretion, and that too, we believe

prior to the Banting discovery

Reference is also made to the admission (then) of the functional independence of the insular chemistry and a description of how the hormone from the islands is given principally to the venous blood and carried to the liver, and how, when the hormone is absent, marked excretion of sugar occurs. There is put forward the theory, also, of a possible antagonism between pancreatic hormone and adrenalin

In further reference to the role of the pancreas, Harris² describes diabetes as essentially due to deficient secretion of insulin by the Islands, and suggests that it should be called hypo-insulinism, claiming that diabetes bears the same relation to the internal secretion of the pancreas that myvedema or cretinism (hypothyroidism) bears to that of the thyroid gland. And in reference to etiology he has stated that it seems probable that as one of the causes of hyperinsulinism is the excessive ingestion of glucose-forming food, there results on account of over activity, induced by over eating, an exhaustion of the Islands and hypoinsulinism (diabetes) follows

On this hypothesis it is easy to understand how obesity so often precedes diabetes and how it may be that every obese person with glycosuria have been understood to be potential diabetics But we hope to show later on that such may

not be the case

If the Islands of Langerh

If the Islands of Langerhans become exhausted easily, hypoinsulinism follows, but the

suggestion which we are prone to stress is, that the Islands do not become exhausted easily in a great number of cases where over-activity is necessary in the effort to provide for excessive metabolism. That the intake for periods of time, not only of carbohydrate food in excess, even to the point of producing a moderate, or in some cases, a severe degree of glycosuria, irrespective of the threshold, may go on for a long time (many years) without affecting the general health or eventually developing into cases of true diabetes mellitus

In this connection it is interesting to note the suggestion of Harris that as excessive hunger is a symptom of hyperglycemia, it may be that normal hunger is the call for glucose and that it may be in part, or wholly, of pancreatic origin, and not entirely an expression of an

empty stomach

Banting³ in a paper read at an International Conference in Health Problems in 1924 sums up the role of the pancreas as he conceives it in so far as insular participation is concerned

"When glucose is absorbed into the blood stream, there is an increased percentage of sugar in the blood which stimulates the Islands of Langerhans to pour out their secretion Normal islet cells have a tremendous reserve and may cause very large amounts of glucose to be metabolized When, as in diabetes mellitus, the functional ability of the islet cells is impaired by nerve strain, infection, changes in the blood supply or overweight, the extra reserves are found wanting and sugar, if given in large amounts, remains circulating in the blood stream in a higher percentage and for a longer period of time than normal creased percentage of sugar in the blood is recognized by the kidney, and sugar is excreted in the urine

Allusion to the role of the pancreas could be indefinitely continued. For example, Allen makes a distinction between glycosuria and diabetes, pointing out that in non-diabetic animals there is no limit to the power of utilization of sugar, except death, that in various forms of glycosuria dextrose always produces a limitation of the amount of urine, never a diuresis as in diabetes

Attention to the fact might be drawn that the nervous system can influence the pancreatic hormone, which Falta also concludes

In any event, it appears to remain unquestioned whether one lays more stress upon one idea, or another, as in the contention of changes in the nervous cell, etc., that the influence of the Islands of Langerhans remains uppermost

III INCIDENCE

It has been said that the number of diabetic patients in the United States is 1,000,000 As that may be, it is admittedly a common occurrence.

From a careful study of Maternal Mortality in this country and especially in this state. I am convinced that this is one of the greatest unsolved problems with which we are confronted at the present time. One factor which especially distinguishes this particular field from all other causes of death is that the number of maternal deaths remains, in volume, almost stationary As we improve our knowledge along other lines of work and apply that knowledge to the eradication of disease, we are rewarded by a lessening death rate But not so in maternal conditions, where for years it has not materially changed and we are confronted with the tragic fact that in this state one mother out of every one hundred and seventy-one will lose her life as a result of what has usually been considered a physiological This figure has remained relatively the same for the past twelve years, constituting one out of every nine deaths in women of the age group 15-44 years and was only exceeded by the death rate from tuberculosis Nevertheless, we as a state do not stand alone in this lack of decrease in maternal mortality In fact, our state has a better rate than most of the states and only five have a lower one than ours also a fact that many foreign countries have maternal death rates which are grave sources of concern, even New Zealand, a country noted for the excellence of its health measures, has not yet lessened its maternal mortality to an appreciable On the other hand we recognize certain countries that have materially lessened their death rate amongst mothers For instance Denmark loses but one out of 600, and quite similar In England and Wales is the rate for Holland it is somewhere in the vicinity of 1 to 300. With such improved conditions in these three countries is it not conceivable that this country and this state can, by a proper recognition of our condition, gradually lessen our maternal mortality and remove this blot from our medical record? Our general death rate in this state during the past ten years has declined about 15% and our

infant mortality has decreased 31% We lengthen the span of human life, we save an increasing number of babies but altogether too many of the mothers are lost Why is this so? In times gone by we would have been disposed to have laid the blame to the ministrations of the midwife, but a careful study of the statistics of the work done by the lessening number of midwives dem onstrates that their maternal mortality is not greater than that where medical men were in Formerly we were impressed by the fact that the maternal mortality was greatest in the rural sections of the state where hospital environment and facilities were not available for a considerable number of these cases But of late this seems to have been reversed and now there is found the greatest mortality in the urban sec-So that with a decreasing maternal mortality in the rural sections we have an increasing rate in the urban portion, the one just about counterbalancing the other, hence for the state as a whole the rate is about stationary There is much food for thought in this peculiar reversal of maternal mortality rate Investigation of this problem may be very helpful in determining the actual causation of the mortality in the state

It is beyond the plan and scope of this address to endeavor to analyze the reasons for this excessive maternal mortality, but one cannot help feeling that perhaps it may be due to unnecessary interference with what should be a normal physiological process, thus transforming it into a pathological process. Whether this be so or not we must recognize that this great and seemingly unwarranted loss of life can only be lessened by painstaking prenatal care, intelligent, skilful and well considered delivery followed by detailed post partum care to an extent not always practiced

We, the medical profession of the state, must recognize our responsibility in seeing that childbirth is rendered safer for the mothers of the future and that this stigma of a high maternal mortality is removed from our state

GLYCOSURIA FROM THE STANDPOINT OF SIGNIFICANCE* By F G BRATHWAITE, M D, NEW YORK, N Y

1 Foreword

2 Hormone and the Role of the Pancreas

3 Incidence of Glycosuria

4 Study in Mortality

5 Differential Diagnosis

6 Conclusions7 Bibliography

I Foreword

The object of these notes is to coordinate from various sources seemingly important

*From the laboratories of the Equitable Life Assurance Society of the United States

opinions on the subject of diabetes with the conception obtained from the collection and study of life insurance experience viewed from the angle solely of prognosis, and that too, collectively considered

At the same time it is aimed to show how it is possible that investigators and authors have given less attention to the value of life insurance data, from the standpoint of mortality, than would seem to be warranted, in this important subject

While modern study has done much to aid us in discriminating between true diabetes and

gators, than whom there are no better, the finding of an amount of sugar in the urine of 3 per cent or less, and of a specific gravity of 1 025, could be disregarded and the case considered as standard, and no further investigation would be required " (The percentage must have been 3 per cent FGB) Substantially our studies confirm this view

It is possible that Joslin's prophetic utterance in 1921 when he said,⁵ "It is true that any day the discovery of an extract of the Islands of Langerhans may be made," may be so in a larger measure than was then believed (1921) when he said "Although a positive Benedict test does not prove a patient has diabetes, it does necessitate the further examination of the urine and often of the blood as well," inasmuch as it may come about that the routine test of true diabetes lies not so much in urinalysis, or a series of them, as in the determination of insular disfunction

IV STUDY IN MORTALITY

We tabulate below the result of a study of the papers of 596 individuals who have died from diabetes in recent years insured in the

Equitable Life.

In this connection, it is well to emphasize the fact that the study of death claims may be very misleading, masmuch as in any group of deaths from special causes, like diabetes, we rarely know the number of cases contained in the group in which these deaths occur and, unless we ascertain the exposure, that is, the number of lives exposed of which the deaths represent a certain proportion, the exhibit is unconvincing. The deductions often produce a prejudice which may not be justified.

We are able to obtain, however, some information of which the following is expressive

The average duration of the policies in force was nineteen years, ten months and seventeen days and the average age at entry was thirtyeight years, eleven months and eighteen days

From the meagre description as contained in the claim papers as to the duration of illness, when it was stated, we find the duration on the average two years and nine months This item is entirely inconsequential owing to the paucity of details contained in the evidence

The principal factors gleaned from this study

may be classified as follows

A There were very few early death losses

B The average duration of the policies was long

- C On examination at entry, the proportion of those distinctly overweight, was marked D 11 per cent in this group demonstrated.
- D 11 per cent in this group demonstrated, in the claim papers, a complicating or concurrent kidney condition
- E 8 per cent demonstrated a concurrent or complicating condition of myocarditis

- F 5 per cent had complicating or terminal pneumonias
- G 4 per cent showed complicating or concurrent conditions of arterio sclerosis

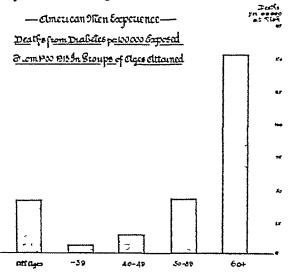
H 3 per cent had carbuncles

J Very few were classified as other than a

standard life at entry

Following is a photostat of a graphic illustration of the deaths from diabetes per 100,000 exposed from 1900—1915 in groups of "ages attained" derived from "American Men" Experience compiled by the Actuarial Society of America

Also we append a photostat showing graphically the deaths from diabetes among all risks insured in the Equitable Life, 1921 to 1925, per 100,000 Exposed in groups of "Ages Attained" for each of these years The drop from 1922-1923 and following years is noticeable and we believe has been found to be the case by other investigators



In respect to the study of death claims from diabetes in which it is noticeable that associated terminal conditions are frequently kidney lesions, it is interesting to note that according to Hatziegan of Cluj University Clinic⁷, there are three groups of cases in which albuminuria is associated with diabetes (1) albuminuria due to arteriosclerosis, with secondary lesions in the heart and the kidneys (2) albuminuria of epithelial origin due to an intercurrent disease, particularly tuberculosis, and (3) albuminuria without renal manifestations, alternating with glycosuria

For many years and before blood chemistry was studied it has been the practice in life insurance selection to take into consideration the presence of sugar in the urine, both by qualitative and quantitive analysis and decisions were arrived at (probably often erroneous) resulting therefrom Some companies not doing a substandard business, have considered that persistent

The Metropolitan Life Insurance Company reports (August, 1925) 1,800 fatal cases among its industrial policy holders during twelve months from February, 1924, to February, 1925

The Equitable Life Assurance Society of the United States paid the following claims, in the years stated, due to diabetes

		Death per 100,000
1010		Policy Holders
1918	175	26
1919	157	22
1920	146	18
1921	201	24
1922	215	24
1923	127	13
1924	142	13
1925	140	12
1926	138	11

We are not so much concerned with the relative frequency of diabetes as we are with the mortality in groups of cases known to be glycosuric

Allen has said that the significance of any given symptoms from a statistical standpoint could be established only be insurance companies

He further states that it might be assumed that whether diabetics are to be granted insurance or not, the company at least wishes to know whether diabetes is present at the time of the examination in order to make an intelligent decision, it being understood that there is a limit to the complexity of the examination

For example, he said that the practical decision is generally based on urinalyses, with or without the aid of carbohydrate test meals and blood analyses are generally considered impracticable for routine use, and he claimed that it was beyond dispute that many diagnoses were missed on this basis

While it is undoubtedly true that diagnoses are missed on that basis, it is probably equally, if not more, apparent that grave prognosis is anticipated without warrant by failure to make blood sugar determinations, and it is a hopeful sign of the times that more attention is being paid yearly to blood sugar analyses in the routine work, not only of life insurance companies, but diagnosticians in practice

Therefore, in the discussion of mortality, it becomes increasingly obvious that the term "diabetes" should not be applied loosely to all those who have glycosuria. At this point, it may be useful to allude to the different methods of observation by those who engage in the study of mortality statistics, dependent upon the point of view

The average clinician is concerned, generally speaking, with the type of glycosuria that is more or less advanced The insurance student

of mortality is concerned generally, with earlier and milder types

Various writers have drawn attention to the fact that the public owes a debt to the insurance companies in discovering early glycosuria

No less an authority than Joslin⁵ has said "The medical examiner and the doctor interested in diabetes have much in common, adding that the work of each is largely of a statistical nature and the success or failure is largely based on the courtesy employed in the gathering of statistics and their interpretation

It is a fact, however, that while these two classes of observers may have much in common, the statistics of the one are more likely to be of value than the statistics of the other, from the standpoint of mortality. What interests us from the insurance standpoint is the true "exit" of cases observed in this category, that is, death, be it from whatever cause

The true "entrance" into a class of observed diabetes is that date when glycosuria is first discovered to exist, whether it be from the observation of the subject's physician, or from a life insurance examination, but the true "exit" is a very different thing, inasmuch as in the experience of practitioners, or even hospitals and other institutions, the "exit" occurs when the patient is removed from observation, from one cause or another, be it improvement, transference, or death

It is a known fact that life insurance companies observe in a great number of cases, glycosuria, until death, the true "exit" because whether an application for life insurance is followed by a policy, or not, there may be, and often are, other policies granted, possibly, before its occurrence, and those under substandard plans issued to known glycosurics

Our studies in this connection are leading us more and more to observe that there are a great number of men and women who have glycosuria in various degrees of intensity for many years without any appreciable effect upon their mortality. Hence, it is, as Joshin suggests, the duty of every medical practitioner, as well as medical directors of life insurance companies, to carry the statistical method to the limit, bearing in mind the above facts that are so impressive when a large number of cases are studied statistically from the date of entrance into the category or class of diabetics, either real or potential, until death

Cook said in 1924,6 "that up until a few months ago, I think practically every underwriter felt that the finding of a trace of sugar in the urine of an applicant meant a very serious condition. About that time the Metropolitan under the leadership of such eminent men as Dr. Benedict and Dr. Folin, made the announcement that in the opinion of its investi

order to approximate an opinion as to longevity
The significance of the percentage of glycosuria as a prognostic aid has some value, as

mortality studies have supported this idea

That the amount of sugar in the urine is consequential, most will admit, that is, within certain limits. For instance, assuming that other conditions are the same, a group of glycosurics excreting on an average of say 5% of sugar in the urine is a different group from one showing say 5% of sugar on the average.

Our practice has been to divide (on a percentage basis) the total amount of sugar found, say in three specimens, by three and give the applicant credit for a specimen, or specimens, in which there is no sugar when we have a favorable blood sugar determination, thus materially reducing

the average

We have adapted this practice for the determination of the mortality rating according to our numerical schedule. Apparently, we were justified in considering that the greater the percent of glycosuria, the less favorable the risk

However, in those cases where we have a normal blood sugar determination we give credit, in obtaining the average, for the purpose of rating, to one or more specimens which have been

negative

Our mortality studies based not only on the mortality experience of the Equitable, accumulated prior to the practice of blood sugar studies, have led us to believe that the significance of glycosuma has been dependent upon both,

The incidence of glycosuria in a series of

urinalyses

B The per cent of sugar in the same series

While the future probably will demonstrate that our criterion was only partially logical, because it was based on the study of urine, rather than blood, we cannot but be imbued with the feeling that to rely solely upon blood chemistry almost to the exclusion of urinalysis, is really only a partial point of consideration, important as it is. We cannot take the view that renal glycosuria from the standpoint of mortality is altogether harmless.

Granted that this be correct, there appear to be certain other advantages in securing a series

of urmalyses as the following

- 1 Necessitates a number of specimens without which no reasonable conclusion may be obtained
- 2 Lessens the likelihood of prepared specimens
- 3 Gives, at least, some evidence of the continuity or intermittency of glycosuria
 - 4 Tests the sincerity of the applicant
- 5 Makes for better evidence as to the usefulness of blood sugar determinations
- 6 Gives us better evidence (when questionnaire is complete) of diet

In a general way our ratings (mortality assess-

ment) in glycosuria are based then, as described above, on a series of urinalyses which contain evidence not only of the presence or absence of sugar, but the amount, as well as the specific gravity, the presence or absence of acetone and diacetic acid, all aimed to be obtained in a standardized manner, and after a generous carbohydrate meal at such time when metabolism is presumed to be representative

The blood sugar determination cannot always be made as a matter of routine, but it is asked for, and generally obtained, in all cases which lend themselves to more complete methods of diagnosis and always where the amounts involved are considerable

Our ratings on a basis of numerical notation, contemplate blood sugar determinations for the most part which are taken into account in the following way. In averaging the amount of sugar in a given number of specimens, we give credit in determining the average for those specimens which are negative for sugar where we have a favorable blood sugar series, but not unless

We make no offer of insurance to those definitely deemed to be diabetic

From all available insurance statistics we are forced to conclude that, over a considerable period, the mortality in groups of individuals known to have glycosuria taken as a whole, is excessive. We shall have to admit, however, that up to 1924 or 1925, that these groups were composed of individuals few of whom were studied from the standpoint of blood chemistry. Hence, it is possible that the excess mortality may have occurred only in those who were truly diabetic. But this is not probable as our studies lead us to believe that pre-diabetic conditions must be taken into consideration such as, lowered sugar tolerance, unusual "threshold" and overweight, in which group we find many of the so-called "renal diabetics"

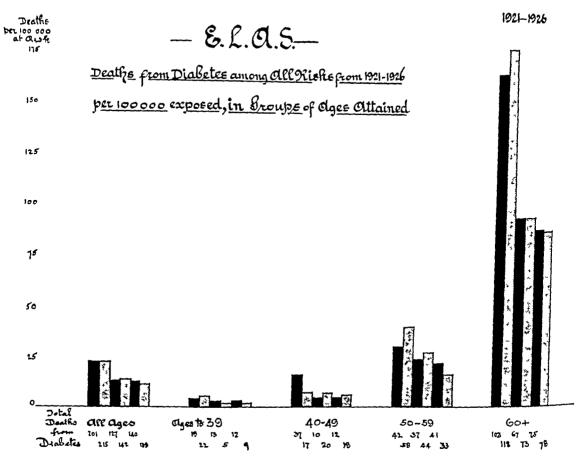
Our assumption is that there is a double criterion, first, urinary sugar, and second, but more important, blood sugar. In consequence, a balance for mortality values for each, without relying exclusively upon either one or the other.

V DIFFERENTIAL DIAGNOSIS

Joslin⁵ has said (1921) that the average length of life of diabetic cases, including all cases from infancy to old age, is at least seven years. In contrast to those sombre figures, it was good news to record that the duration of life in twenty-four fatal cases originally discovered on application for life insurance, was twelve years. The average length of life in these twenty-four cases on the onset of their disease was twenty-seven years.

We are not so much concerned, however, in discussing the average duration of life in a known class of diabetics, as we are to draw attention to the average duration of life in a glycosuria is a condition warranting invariable Others have based their judgment on quantitative analysis for sugar in the urine and have granted insurance dependent upon the

above and we think it will be admitted, from the standpoint of significance, that A presents a different picture than G, while the same cannot be said as of the difference between B and F.



per cent of glycosuria in specimens voided either fasting, or in the full tide of digestion. In these companies issuing substandard contracts the premium has been allotted in accordance with the quantity of glucose in the urine in a series of specimens so voided, irrespective of the total sugar output in a given time and of the fluid This percentage of glycosuria has become to be an important factor

Let us, in support of averaging the amounts of sugar occurring at different times in the same subject, take a group where at least four specimens are observed, each three hours after a noon carbohydrate meal and tabulate them as follows, assuming that in no case have we a case of glycosuria, where the amount of sugar exceeds 1 %

Α	5			
В	5	6		or some
С	5	5	6	— other
D	5	5	6	6 sequence
\mathbf{E}				6 of
F			6	5 incidence
G		6	5	5

and yet again a difference can be said to exist as between C and E, and etc

A and E are identical A and B differ somewhat A and C differ distinctly A and D differ considerably E and F compare as do A and B E and G compare as do A and C

Objection has been made to the practice of taking a number of specimens of urine, all or some of which contain sugar, which have been quantitatively analyzed therefor, and averaging the amount of sugar by dividing the total amount of sugar found in all the specimens by the number of specimens

At first blush there would seem to be so many objections to this practice instituted for purposes of classifying these cases from the standpoint of significance, as to discredit it all together

Hence, it is with reluctance that we propose to show that it may not be altogether without reason, as a rough guide in determining into which of several classes (degree of severity) of Compare, then, the horizontal lines in the known glycosurics a given case may be placed in the ability of the severe diabetic to burn glucose is markedly impaired and the excessive fat is incompletely oxidized giving rise to ketone bodies

From all the above, there are cogent reasons for including in insurance examinations not only a series of urinalyses, after reasonable carbohydrate intake, but test for acetone and diacetic acid, and blood sugar determination in cases where either the amount of the insurance demands especial care, or the question of differential diagnosis as between diabetes and glycosuria is involved

Allen in describing diabetes as a deficiency of the internal secretion of the Island of Langerhans, says that the name of the disease Diabetes should be kept distinct from that of the symptom Glycosuria, and that physicians making a diagnosis have sometimes employed these terms to convey an element of prognosis, calling the severe cases diabetes, and the milder and less progressive ones glycosuria, adding that though the prognostic distinction of mild and severe is correct, it is abundantly proved that all cases of all grades are true diabetes, except the small number which Joslin claims can be placed by definite tests in certain other definite categories

In the face of such dogmatic statements, one hesitates without very ample evidence, to disagree

Allen admits, however, that pancreatic insufficiency may be present without glycosuria, or any other of the classes of symptoms of diabetes, drawing attention to the fact that it may be present for months or years before the development of glycosuria, and allows the possibility of such persons dying of other causes, without their diabetes ever becoming manifest

If it is true that glycosuria is a symptom, with few exceptions, of diabetes, it is, on the other hand, abundantly evident from the study of insurance data, that glycosuria can, and does, occur in classes of individuals over long periods of time, without undue effect, provided there is no other symptom than glycosuria

If it can be shown that large groups of cases with moderate glycosuria give, collectively, mortalities better than might be expected from the above, and do not develop graver symptoms than glycosuria, for many years, and die of inter-current conditions, or have terminal complications eventually so significant as to be fatal in themselves after long periods of time, it seems almost necessary to so modify our nomenclature (if we can do nothing more) so as to avoid the application of the term diabetes to all conditions with glycosuria as a predominating symptom where, on the one hand, there are acute and fulminating symptoms with an undeniably grave prognosis, and where, on the other hand,

the condition appears by one symptom (glycosuria) only, and that, too, over long periods of time in an obviously chronic manner

Dr John¹⁴ describes a type called "Functional

Diabetes" as follows

"I There is apparently a mild type of early diabetes in which there is but a slight change in the Islands of Langerhans, which we may call "functional diabetes". This has been observed chinically for many years, and has been produced experimentally by Allen, Copp and Barclay, and others who have demonstrated a hydropic degeneration of the beta cells in such cases.

2 Under proper treatment, much restoration of function and a histological restoration of the

Islands of Langerhans may take place

3 In spite of apparent restoration of function, these cases will break down under undue strain

4 Once the presence of a diabetic status of any degree has been established, adherence to the prescribed diabetic regime should never cease, and the physician should maintain a continuous control"

Paullin¹⁵ is the authority for the statement that patients with renal glycosuria metabolize and store carbohydrate in the same way as normal persons and that the evidence is that they do not develop diabetes mellitus

Campbell 10 tabulates certain characteristics of renal glycosuria which help to separate it from diabetes mellitus, as follows

1 Absence of symptoms

2 Accidental discovery

3 Total glucose percentage (24 hours) small

4 No acetone

5 Increased carbohydrate intake not productive of a commensurate increase in glycosuria

6 Respiratory quotients after glucose ingestion rise to values around I, indicating normal utilization of carbohydrate

7 No tendency to progress under dietary conditions highly unfavorable to the true diabetic

8 Glycosuria can repeatedly be shown present while the blood at the same time shows normal

sugar content

Benign Glycosuria and Diabetes Holst¹⁶ investigated 150 persons rejected for life insurance from five to sixteen years previously on account of glycosuria. Only about 30 per cent of them had diabetes mellitus. The alimentary glycosuria tests do not furnish any differentiating signs beween harmless glycosuria and diabetes. Determination of the fasting blood sugar is sufficient for diagnosis and prognosis."

Knud Faber 17 quotes Holst 18 as follows

"In the examination of 163 patients who formerly had been declared by life insurance companies to be diabetics on account of a glycosuria, he was able to demonstrate the frequency of this benign form of glycosuria. Such a demonstration is obviously a great practical significance to the patient known class of those who have glycosuria, but not diabetes. In other words, we are more anxious from the statistical or mortality standpoint, to differentiate, if we can, between classes of known true diabetics and classes of those which cannot be said to have diabetes at all, although glycosurics

If we can arrive at a formula sufficiently descriptive for the one class and the other, we shall properly alter our views considerably in respect thereto. The statement of Joslin that individuals whose urines react in a slightly positive manner (sugar) should in diagnosis by life insurance companies be considered as having diabetes mellitus until the contrary is proven, may be considerably modified.

Therefore, in respect to differences which may actually be present at least from the mortality standpoint between these two conditions, the following opinions are of interest

Campbell¹⁰ emphasizes the necessity of carefully differentiating glucose from the other reducing substances in the urine and when glucose is actually present, the importance of distinguishing between the accidents and anomalies of carbohydrate metabolism and diabetes mellitus

Referring to the first sentence above quoted, we would like to call attention to the fact that there seems to be very good reason to believe that pentose is a reducing substance which has by no means the same significance as glucose and that it is a fairly frequent cause of erroneous conclusions

Hatlehol's^a research in thirty-eight diabetics showed that in seventeen cases of benign chronic glycosuria, a progressive tendency was not apparent in any instance

Katzklein® found that diabetes, associated with hypertension is milder than the type with normal blood pressure. Our experience seems to indicate that such is the case and in respect thereto, the following seems worthy of comment

Some years ago it was our practice in this office to ask for a specimen of urine for analysis in our laboratory in all cases where we found high blood pressure, on the assumption that as kidney lesions were admitted to be productive of high blood pressure, it was a means of safety to determine by careful laboratory analysis, whether or not albumin existed in these cases, although it might not have been demonstrated in a given medical examination

As time went on and after we had collected a great number of cases of high blood pressure, without finding any great number of cases of co-incident albuminuria, we discontinued the practice as a matter of routine, on the ground that it was not giving us any spe-

cial interesting data in this connection But about 1922 we began to notice that in cases of glycosuria in overweights, we were getting fairly often co-incident high blood pressure and we made record of these phenomena At that time it was deemed to be accidental, possibly due to the condition of hyper-nutrition which that group of overweight cases indicated

This became, however, much more numerous than we expected and there seemed to be at least a possibility that we were likely to obtain small amounts of sugar in our laboratory, perhaps overlooked in the original examination when there was recorded degrees of hyper-tension in some cases. This would not be incompatible with the fact that hypernutrition and hyper-tension go hand in hand and that hyper-nutrition often precedes gly-cosuria and the occurrence of what is apparently being described more and more as "renal diabetes"

Mohler¹¹ has reported a review of the history of forty-six patients who had a Systolic blood pressure of 150 or more and glycosuria

The object in alluding to these observations is to draw attention to what may be a step in the differentiation referred to under this section which is, that an elevated blood pressure, co-incident with glycosuria, in overweights, may be only a symptom of hypernutrition, as may glycosuria also be a symptom of that condition and that if the relative insufficiency of the insular hormone is the cause of glycosuria, it is only relative and it by no means follows that hypo-insulinism will necessarily result and a true diabetes

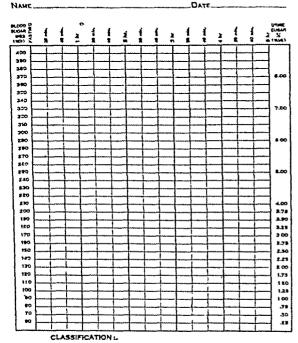
Umberg and Rosenberg¹² found that thirteen patients with harmless glycosuria were refractory to insulin. Another group of ten refractory patients had high blood sugar or considerable glycosuria but their disturbances were comparatively benign. The glycosuria was relatively independent of the glycemia in these cases. They did not regard them as true pancreatic diabetics.

That a moderate degree of permeability of the kidney to glucose can occur without any demonstrable defect in oxidation of carbohydrate was the opinion from data presented by Ladd and Richardson¹³ to show that a patient with renal glycosuria was able to utilize carbohydrate to the same extent as a normal individual. As a power to oxidize glucose was not diminished, there appears to be no ground as far as this patient is concerned, for believing that renal glycosuria is a preliminary stage of diabetes mellitus.

Whether diabetes mellitus is due wholly to a deficiency of the internal secretion of the pancreas, it is certain that, as Harris² puts it, harmless anomaly, because, (A) the collected data does not, and could not, reveal a differentiation between renal (so-called) and true diabetes, and, (B) that to assume that the renal type is inconsequential, it would be necessary to assume that the higher mortality of insured glycosurics was solely due to the inclusion of real diabetics in the group. While this probably was the case in a measure, from a study of the data it is apparently quite evident that even were it possible to

EQUITABLE LIFE

GLUCOSE CHART URINE -- BLOOD



Back of the Glucose Chart

have excluded the real diabetic, a high mortality would have still been experienced even though such added mortality were admitted to have been due to overweight, a very noticeable feature in the group, and one often associated with renal diabetes

4 That from the study of a smaller but more recent collection of data where the selection is based on other factors than qualitative urinalysis, such as accurate quantitative urinalysis after test meals, and blood sugar determinations it is apparently clear that (A) Groups of cases have been insured whose mortality was in excess of the

expected mortality (B) Groups of cases have been insured whose mortality was less than the (C) Groups of cases have been deexpected clined insurance who were entitled to it for intelligent study with the view of prognosis in cases of glycosuria, not only must the urine be carefully studied after known test meals, both qualitatively for glucose, acetone and diacetic acid, but quantitatively for glucose (to the exclusion of other sugars) and that comprehensive blood sugar determinations be made both fasting and one, two and three hours after the administration of 100 gms of glucose, or the ingestion of test meals known to contain at least a representative load of carbohydrate

5 That in cases of renal diabetes before an entirely favorable prognosis is given, sufficient consideration be given to the cause of altered metabolic manifestation as evidenced by (A) more or less constant glycosuria, (B) eccentricities of "threshold," (C) excessive dietary regime, (D) overweight, if any or all of these features prevail

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TULAREMIA AND REPORT OF A CASE

By JEROME A MURPHY, MD, BUFFALO, NY

ASE-R B, age 35 years, occupation Steward of a Club His duties required him to dress meats and prepare meals I was called to attend him on Dec 6, 1927 He was suffer-

ing from abdominal pains, spasmodic in character, pains in the back and muscles of his arms, vomiting, diarrhea, bloody stools and prostration The abdomen was generally tenHe found 27 cases of this type of glycosuria who had been observed from one to twenty-five years without any other sign of diabetes having manifested itself, although the majority of them have ceased restricting their diet. By repeated examination of the same patient, he has demonstrated that year by year the same abnormally high rise in blood sugar to about 200 mgs occurred after the administration of 50 grams of glucose. In one patient he found that the blood sugar rose in 1916 to 205, in 1920 to 205 and in 1921 to 215 per cent. The patient showed, therefore, a constant harmless cyclic glycosuria."

As Wright¹⁸ has clearly expressed it, "Since the kidney can raise a threshold or barrier to the excretion of sugar and since this threshold can vary in height, it is self-evident that the examination of the urine is not a satisfactory measure of the blood sugar Glycosuria may occur without hyperglycemia, while hyperglycemia need not be followed by glycosuria The point of interest in cases of disturbed carbohydrate metabolism has, therefore, shifted from the urine to the blood A fasting hyperglycemia is indicative of potential diabetes" Surely the criterion has shifted from the urine to the blood in the diagnosis of dia-Hence, as it seems probable and we have stated elsewhere, life insurance companies in insuring certain glycosurics have obtained an excessive mortality in this class, because they have failed to differentiate between the so-called "renal" type and true diabetes. It is all the more incumbent in the light of recent studies to exclude the true diabetic by studying the blood chemistry

Whether we do this by the glucose tolerance test, or by a modified test such as suggested by Brill or by substituting a meal instead of 100 grams of glucose, and doing a blood sugar determination before, and several after the ingestion of the same, it seems to us not to matter a great deal

Our practice is to take a fasting blood sugar—at least five (5) hours fast—and a urinalysis. We then give the applicant a meal rich in carbohydrates, but not confined to carbohydrates, under the supervision of an attendant who certifies as to the quantity and amount of the same. We then do a blood sugar determination and make another analysis of the urine one hour from the beginning of the meal and the same procedure repeated one-half hour after this last determination, thus confining our observations to three blood sugars and the time involved to, say, two or two and one-quarter hours

While this may not be as standard a load as the administration of 100 grams of glucose, we believe it sufficient. Moreover, we cannot exercise the same degree of study in an applicant for life insurance as we can with a patient in private practice. We record accurately the above findings on a chart of which the following is an il-

lustration in respect to the incidence and amount of urine and blood sugar and we think that as time goes on, our statistics will be increasingly instructive

/
THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES
LABORATORY REPORT URINE BLOOD
NAME:
First Determination "A"
Is specimen authorize? Date of routises Hore All_PA
Specific Gravity Acrtone Acrtone
Sagar (%)
Blood Sugar at A.MP.M. (Mgs. per 100 c.c, of whole blood)
Second Determination "B"
Is specimen authentic! Date of voidsace
Specific Gerrier Acetose
Steps (%) Describe Ackl
Blood Sugar at A.M. P.M. (Mgs. per 100 cc. of whole blood)
Third Determination "C"
Is specimen authentic? Date of voidance Hour All PM
Specific Gravity
Sugar (%) Descrite Add
Blood Segar at A.M. P.M. (Mgs. per 100 c.c. of whole blood)
Fourth Determination "D" (11 made)
Is specimen authentic?Date of voiduateHour _AM , PM
Specific Gravier Acetons
Sept (%)
Blood Sugar at A.M P.M. (Mgs per 100 c.c. of whole blood)
Fifth Determination "E" (If made)
Is specimen sutherticl Date of voldance
Smelfic Gravity Actions
Suger (%) Discrete Add
Blood Septe at A.M P.M. (Mgs. per 100 cc. of whole blood) -
LABORATORY: Squatter of Technicis
STATEMENT TO BE SIGNED BY APPLICANT
This is to certify that I are the following meal at A.M. P.M. this day
The state of the s
I have never taken insulin or any other treatment for diabeter, or any kidney trouble, nor are a sur-
on any special diet except
Witness to meni Segmenter of applicat.
Date now on transmissions saids on on
M 602 27-5

Front of the Glucose Chart

At the present time our practice is based in the estimation of mortality values—on the assumption of a double criterion, urinary and blood sugar. In consequence a balance for these mortality values for each without reliance exclusively upon either one or the other.

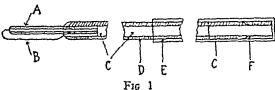
VI Conclusions

I The methods of selection in life assurance in known cases of glycosuria was, until the discovery of insulin, and the subsequent greater direction of attention to blood chemistry, based upon the study of the urine and the general physical condition of the subject. For the most part these applicants were deemed ineligible.

2 The collection of considerable data by life companies has, however, enabled us to definitely determine that certain groups of applicants with glycosuria, on sub-standard plans, have demonstrated a distinctly increased mortality, and that the greater the quantity of urinary sugar, the higher the mortality

3 That from available insurance statistics we have no data which show that renal diabetes is a

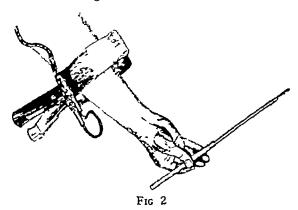
treatment of forty patients suffering with chronic endocervicitis Some of these women came under my observation in the out-patient department of the New York Post-Graduate Hospital, and the remainder in my office have used the instrument in all cases of chronic endocervicitis presenting themselves during the past three months, and am convinced by my experience that the mucous lining of the cervical canal and its glands can be thereby cored out completely and quickly, without pain or discomfort to the patient. There has been a prompt subsidence of symptoms, elimination of the inflammatory process, and a normal appearance of the cervix within about four weeks after the application In only one patient was there more bleeding than a slight staining on the first day, and even this was not at all profuse In this case, however, the moderate bleeding continued for seven days, and was then controlled by the application of 40 per cent silver nitrate All patients have been able to leave the clinic or my office and resume their occupations immediately after the treatment, and not one has complained of subsequent pain or menstrual disturbance



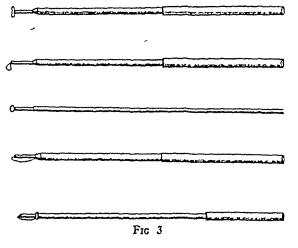
- A Silicon tube. B Tungsten wire.
- C Metal tube.
 D Insulated rubber tube.
- E. Metal sleeve.
- F Metal connection between inner metal tube and outside metal sleeve.

The instrument itself (Fig 1) consists of a metal tube 10 or 12 inches long, and 1/8 inch A silicon tube, 1½ inches in in diameter length, is attached to the proximal end, and a fine metallic wire or tube is fitted into the lumen of the silicon tube. A thin tungsten or platinum-iridium wire is attached to the metal tube just beyond its connection with the silicon tube, and parallels the silicon tube throughout its entire length, at a distance of 1/8 inch from it After passing about 1/8 inch beyond the proximal end of the silicon tube, the wire is turned back and embedded in the tip of this same tube. The metal tube is covered with an insulating sheath of hard rubber, extending from the base of the silicon tube The distal half of the insulated tube is covered with a metal sleeve, which has a metallic connection with the inner tube member By holding the instrument at this point, the current is conveyed to the applicator through the operator's hand (Fig 2) The operator thus has perfect

freedom of motion and the necessary manipulations are not interfered with by the weight of a connecting wire. Without deviating from



the basic principals, different applicators (Fig 3) with wires of various shapes have been constructed to facilitate the removal of tissue from angles, corners, etc



The instrument is operated from a high frequency machine, in which there is incorporated a special unit for generating an electrical high wave frequency with unusual power for cutting its way through tissues. This apparatus was originally known as the radio-knife and, in connection with Dr. Maximilian Stern's prostatic resector, as the resectotherm.

TECHNIC

- 1 The patient is placed in the lithotomy position, with the legs well separated and draped in the usual manner
- 2 An illuminated vaginal speculum is inserted to expose the cervix.
- 3 The vagina and cervix are freed of all discharge by swabbing with hydrogen peroxide, and wiped dry (Rid the cervical canal particularly of all discharge)

der and distended There was no sign of rigidity His temperature was 1015, pulse 90 and respirations 20 He was taken ill two days previous with chills, headache and general malaise Further examination revealed a small area of inflammation over the distal phalangeal joint of the mid-finger of his right hand. This he attributed to a scratch received while dressing rabbits a week previous when his finger rubbed against a sharp rib bone. This area was dressed and bandaged.

The abdominal symptoms subsided after three days and his temperature dropped to 99 Pulse was 70 and respirations 18 He began to complain of intense pain in his right arm especially marked in the axilla, elbow and upper arm Palpation in the axilla and about the elbow and muscles of the upper arm revealed tenderness without a marked swelling There was at this time a faint red line extending on the anterior and outer surface of the forearm from the wrist to the elbow region The muscles of the forearm, upper arm and in the pectoral region were extremely sensitive to pressure The area previously noted on his right mid finger showed signs of suppuration was opened, a small drop of pus exuding

The pain in his arm persisted despite local and general palliative measures and on Dec 13 he was removed to the hospital From Dec 14 to Dec 21st, 1927, he was given small increasing doses of Streptoccoccic Immunigun serum subcutaneously. The pain and tenderness in his axillary region subsided but there appeared a marked swelling in the region of the epitrochlear node. This area showed signs of fluctuation and the overlying skin was reddened. On Dec 24th, it was incised and about half ounce of sero-purulent fluid exuded. Iodoform gauze drain was inserted into the incision and he was allowed to leave the hospital. For a week thereafter he was practically free from pain.

On the 2nd of January, 1928, the incised gland still draining a sero purulent fluid intermixed with small particles of a caseous debris, he complained again of pain in his right axilla and neck Examination of the axilla showed a marked fullness, induration and extreme tenderness to touch The upper arm was tender to pressure His temperature, pulse and respiration were found to be normal and aside from pain in his arm no other symptoms were noted The area involved on the finger had healed

One week later a mass about the size of a small orange was felt in the axilla with the arm in hyperextension. This was indurated and tender. He complained of pain in the subpectoral region and lateral cervical region The incised epitrochlear node by now was practically healed, drainage ceasing His temperature, pulse and respirations were normal After 10 days the mass in his axilla began to show signs of suppuration and on January 30th was incised under general anesthesia and about 2 oz of a thin sero-purulent fluid, amber in color together with small masses of a caseous The temperature, pulse and debris drained respiratory reports while in the hospital and subsequently showed nothing of interest or abnormality His leucocyte count ranged from 8,000 to 11,500 The blood Wasserman was persistently negative At no time was there evidence of liver or spleen enlargements (A sample of blood serum sent to the U S Public Health Laboratories, at Washington, D C, on January 24, 1928, was reported as agglutinating Bacterium Tularense in all dilutions from 1 10 ta 1 1280)

At the present time he is up and about free from pain. The incision in his avilla is still draining. He has lost twenty pounds in weight during his illness.

A NEW INSTRUMENT FOR EXCISION OF THE DISEASED ENDO-CERVIX WITH SURGICAL DIATHERMY*

(Preliminary Report)

By MORTIMER N HYAMS, MD, NEW YORK, N Y

From the service of Dr Walter T Dannreuther Department of Gynecology, New York Post Graduate Medical School and Hospital

INNUMERABLE methods of treatment have been advocated for the cure of chronic endocervicitis, varying from all kinds of local applications to amputation of the cervix. The aim of each has been the destruction or eradication of the diseased cervical mucous membrane and glandular struc-

tures, with simultaneous preservation of the musculature. To attain this ideal, the following requisites are desirable (1) a procedure easily carried out by the clinician, (2) painless technic, (3) minimum destruction of uninvolved tissue, and (4) no sacrifice of occupational time on the part of the patient

The instrument I have devised and submit for your consideration has been used in the

^{*}Read before the Section of Obstetrics and Gynecology New York Academy of Medicine May 31 1927

REFINED TECHNIQUE OF SPINAL ANÆSTHESIA IN ABDOMINAL SURGERY* By JACOB SARNOFF, MD, BROOKLYN, NY

PINAL anæsthesia for abdominal surgery has in the past few years become more popular than ever before. In fact it is beginning to replace general anæsthesia to such an extent in some hospitals that the official anæsthetist such as nurses, are beginning to worry as to what is to become of their profession as general anæsthetists.

Every organ in the abdominal cavity from the diaphragm above, to the pelvic floor below, can be dealt with with the greatest ease, comfort and safety both to the patient and surgeon mainly due to the drugs now used for spinal anæsthesia, namely novocaine and ephedrine (fig Novocame and its various preparations such as neocame appear to be less toxic and quite as effective as compared to cocaine formerly used Ephedrine which is now used in combination with the spinal anæsthesia in order to maintain the normal blood pressure has done away with a great deal of the fear of shock and falling of blood pressure which previously resulted from spinal anæsthesia. The physiological effects of ephedrine closely resemble adrenalin with the added advantage that its effects are more prolonged It causes a rise in blood pressure lasting a few hours or more

The technique of the introduction of the needle for spinal anæsthesia is the same as for the ordinary lumbar puncture (fig 2), with the exception that in addition one has to inject the anæsthetic fluid into the spinal canal

As we all know, the difficulties encountered during the introduction of the needle for spinal puncture are

First The pain produced by the puncture at times causes the patient to move suddenly and stiffen his back, which brings the spinous processes closer together and makes the introduction of the needle more difficult

Second The most popular method of introducing the needle is in the midline between the spinous processes. Very often, although we aim at the center between these processes in the midline, the needle slides off at an angle to either side of the supraspinous ligament causing the needle to take a course in the wrong direction. The needle may thus strike the lamina to either side or strike the spinous processes without entering the spinal canal (fig. 2)

Third To overcome the pain of the puncture, it has been a practice to inject a small amount of novocaine subcutaneously over the site of the injection by a fine hypodermic needle. This injection obliterates still more the landmarks be-

tween the spinous processes and thus makes the lumbar puncture more speculative

The writer has developed a simple technique whereby the above disadvantages are readily overcome. The main feature is to cause a depression or dimpling by means of one finger (digital pressure) between the selected spinous processes through which space the needle is to be introduced. This technique is as follows.

The site of the spinal puncture is prepared in an aseptic manner as for ordinary operation, namely, the skin is cleansed with benzine, alcohol and ether, then painted with tincture of iodine A rectangular area extending fromabout the tenth dorsal to the last lumbar vertebra and about two inches to either side of the midline is thus prepared. The patient is placed in the sitting position with the knees flexed, forearms folded over the abdomen and the head made to bend as far forward to the knees as possible This position produces a marked curving or arching of the spine with a convexity backwards which in turn increases the interspinous spaces to an appreciable degree The site of the injection is then decided upon depending upon the nature of the operation. If for amputations or permeal work, the third or fourth lumbar interspace is selected (fig 2), if for hernias or pelvic surgery, the second lumbar interspace and if for upper abdominal surgery such as gall bladder or stomach, the first lumbar interspace is selected (fig 3) † To produce the dimpling above mentioned, the tip of the index finger of the right hand is placed over the interspace where the injection is to be made. Pressure is firmly applied by means of this finger aided by the transmitted pressure exerted from the other hand which steadies the index finger and produces more pres-As a result of this maneuver, a dimpling which in appearance represents the circumference of the tip of the finger is produced between the spinous processes which can readily be seen and felt (fig 3)

Now, what has been accomplished? The pressure thus produced causes a pressure anæsthesia which has a double advantage over the anæsthesia produced from the hypodermic injection of novocaine, in that

(1) The landmark is not obliterated, but on the other hand is made more distinct so that one sees readily where to introduce the needle

(2) The depression serves the same purpose in the guidance of the needle as a notch does in the guidance of a saw It prevents the needle from sliding in the wrong direction

^{*}Read before the New Utrecht Medical Society March 26 1928 Brooklyn.

[†] In looking at fig 3 one gets an optical illusion be lieving that the needle is really higher than the list lumbar interspace. This is due to the fact that the head and nectogether with the upper part of the thorax are bent so far for ward that only a portion of the thoraxie spine is visible while all of the lumbar region is in full view. One must also have this in mind when doing a lumbar puncture.

- 4 A small crystal of cocain is placed in the cervical canal and allowed to dissolve
- 5 An inactive, wet, metal electrode (size about 6 x 6 inches) is placed on the abdomen, and held firmly in place by means of a strap or sand bag, the patient may also be directed to make firm compression with both hands, which serves to distract her attention
- 6 This electrode is connected to the high frequency machine by means of a conducting wire
- 7 The operator seats himself comfortably before the patient
- 8 A spring-jawed applicator is placed on the right arm or wrist of the operator, having previously wet the skin with water, and connection is made with the other pole of the high frequency machine by means of a second conducting wire
- 9 The extent of the cervical canal is determined, the size of its lumen calibrated, and the appropriate instrument selected
- 10 The current is turned on and each selective switch set at notch No 2 This will usually provide sufficient current for the operation
- 11 The instrument itself is held firmly in the right hand, with the fingers completely encircling the metal sleeve
- 12 The left hand is used to steady the instrument and may be placed on either the insulated portion or on the metal sleeve
- 13 The tip of the instrument is placed about 1/8 inch from the external os, and the foot switch closed by means of foot pressure. A burning or searing of the tissue occurs
- 14 The silicon portion of the instrument is immediately passed into the cervical canal up to the internal os, and with a rotary motion the entire mucous membrane is cored out
- 15 The foot pressure should keep the foot switch closed until one complete circle with the instrument has been made Release the foot switch, thus disconnecting the current, then withdraw the instrument
- 16 The mucous membrane with its contained cervical glands will be found adhering to the tungsten wire and the silicon tube. A few drops of blood may appear. The entire operation should not take more than a few seconds

- 17 An applicator saturated with 2 per cent mercurochrome solution is now placed in the cervical canal and left in situ for several minutes
- 18 The vagina is wiped dry and the patient allowed to leave the table

AFTER TREATMENT

No vaginal douches are advised or required About the fourth day, a grayish slough will be found filling the cervical canal, and can easily be removed with dressing forceps. An application of mercurochrome, lasting 5 minutes, is made to the canal. On the seventh day, the cervical canal will be found considerably smaller in size and granulation tissue can be seen. About the fourteenth day, the cervix will have reached its normal size with only one or two small unhealed areas visible. An application of 10 per cent silver nitrate is made to these spots. After about three or four weeks, the cervix appears normal and completely healed

ADVANTAGES

The method is well adapted to ambulatory patients and office practice

The patient does not suffer from discomfort or pain

The application requires less than one minute

The technique can be carried out by the average clinician

The mucous membrane and glandular structures of the cervical canal are completely removed

There is no danger of subsequent bleeding The after treatment is simple

No menstrual disturbances follow this method of treatment

The cervix need not be drawn down to the vaginal introitus by traction, thus avoiding the possibility of consequent retrodisplacement of the uterus

The cutting proceeds smoothly and is accompanied by heat, thereby assuring asepsis

Tissue may be removed to any desired depth There is no contraindication to repeated use of the instrument

The method can be used for removing tissue for microscopic examination, when dilatation and trauma are madvisable

(3) Peristalsis of the alimentary canal becomes more marked and can readily be seen and felt. This is explained by the fact that spinal anæsthesia paralyzes the spinal nerves with their rami communicantes which go to make up the sympathetic chain of ganglions supplying the digestive tract, such as the splanchnic nerves, etc. Spinal anæsthesia, however, has no effect on either vagus nerve. What is the result? The sympathetic



Fig. 2. Bony Landmarks Relative to Spinal Anæsthesia Observe the 7 cervical, 12 thoracic, and 5 lumbar vertebra, sacrum and coccyx. Note that lamina and spines of the thoracic vertebra are almost vertical and closely overlap each other like the shingles on a roof. In the lumbar vertebra, however, the lamina and spinous processes are in a horizontal direction and do not overlap, leaving quite a space between them for the introduction of the needle. Note the direction which the needle takes during the lumbar puncture as illustrated by the introduction of the syringe, also by the spinal needles as seen in the close-up of the inserts.

nerves normally act as inhibitory nerves which regulate and hold in check too active peristalsis. The vagus nerve on the other hand is a stimulating nerve which acts to increase peristalsis. Therefore, when the sympathetics are paralyzed, the vagus reigns supreme with resulting increased peristalsis. This phenomenon is utilized to ad-

vantage in cases of intestinal paresis or paralytic ileus. In such cases, immediately after spinal anæsthesia, sudden expulsion of gas and fecal matter with a relief of abdominal distention often results.

The writer has also observed under spinal anæsthesia, marked contractions of the musculature of the uterus during his performance of myomectomy for intramural and submucous fibroids, suspension of the uterus, etc. One therefore need not fear the lack of uterine contractions because of spinal anæsthesia. Such contractions may at times prove of vital importance in checking uterine bleeding as in cases of accidental perforation of the uterus and intestines following currettage. On several occasions the writer has been called upon to treat such condition with favorable results.

A word of warning The writer had occasion, during spinal anæsthesia while exploring the abdominal cavity to feel such marked intestinal peristalsis and contractions of the musculature of the stomach especially near the pylorus that it almost resembled a new growth or indurated ulcer. This, however, only lasted a few seconds and closer observation revealed the fact that it was but a muscular contraction and nothing else. One must bear this in mind during the exploratory stage of the procedure.

In doing gastro-intestinal surgery such as gastro-enterostomies, entero-enterostomies, gastric resections, etc., one must bear in mind and allow for the increased peristalsis which may result from the spuial anæsthesia These marked contractions may temporarily shorten the length of the stomach or intestine included between the traction sutures or clamps used as landmarks in determining the size of the incision and stoma at the point of anastomosis The writer had such an experience in doing a gastro-enterostomy He applied two Allis clamps on the antimesenteric border of the jejunum about three inches apart He also applied two similar clamps at the same distance on the posterior wall of the stomach As he was about ready to start the anastomosis, he was surprised to find that the distance between the clamps on the jejunum was only about one inch while that of the stomach remained three This was due to the marked peristalsis above described which only lasted a few seconds When this occurs one must and then passed off disregard the momentary contraction and gage the length of the incision and lumen at the point of anastomosis in the interval, that is, during the period of relaxation or one may counteract such contraction by a slight pull on the intestine in opposite directions

There is a great deal of discussion in the literature as to whether the gall bladder empties because of its muscular contraction or because of some other factors such as intra-abdominal pressure produced by respiratory movements, etc. No one as yet has observed the actual contractions or

The needle is then passed through the center of this dimpling (fig 3) It thus easily passes first, through the skin, subcutaneous tissue, supraspinous ligament, interspinous ligament and then through the ligamentum subflavum (figs 2 and 4) This consumes about one or two inches of the length of the needle depending upon the size of the individual. The needle is then passed through the dura and as the dura is perforated, after a little practice, one can feel transmitted through the hand and can even hear the snap which resembles the snap of a needle as it passes through ordinary paper. That snap indicates that the dura has been perforated and the spinal canal.

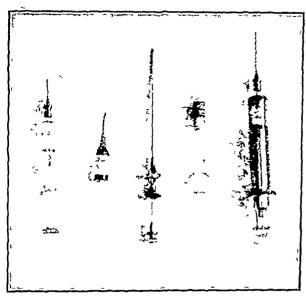


Fig. 1 Spinal Anæsthesia Outfit

(a) 5 cc. Luer syringe, (b) 12 cg neocaine crystals in vial, (c) Lumbar puncture needle with stylet, (d) 1 cc. ampule of ephedrine sulphate, (e) Hypodermic syringe.

entered and any further introduction of the needle is discontinued. The stylet is then removed and one immediately gets a flow of spinal fluid which should be perfectly clear. This spinal fluid is collected in the glass vial to be described.

The writer has used for the past few years to the exclusion of other drugs a crystalline preparation of neocaine which comes in sterile glass ampules (fig 1) in two sizes, one 10 cg and the other 12 cg per dose, approximately one and three-quarter grains The smaller dose is used for individuals weighing about one hundred and The larger dose is used for intwenty pounds This sterile vial with dividuals weighing more neocaine crystals in it holds about two to three cc. The neck of the vial is filed off and made ready for use before the puncture is started so as to avoid unnecessary delay The clear spinal fluid is allowed to flow into the vial until it is almost The stylet is then introduced into the needle to prevent any further escape of the spinal fluid while the crystals are being dissolved One now

has in the vial about two to three cc. of clear spinal fluid with neocaine crystals tals are dissolved with the aid of an ordinary glass syringe holding about five cc to which is attached a good sized hypodermic needle. The fluid is slowly drawn up into the syringe and expelled a few times until one has a clear solution. The fluid is then drawn up into the syringe, the air is expelled from the syringe, the hypodermic needle is removed The stylet is then removed from the puncture needle and the neocame solution is injected slowly into the spinal canal The lumbar puncture needle is then removed, the site of the puncture is massaged and a sterile dressing applied, while the iodine is washed off from the surrounding area with alcohol

While the patient is still in the upright position, I cc ampule containing three-quarters of a grain of ephedrine sulphate in solution, is injected subcutaneously, to counteract any fall in the blood pressure which formerly would occur when ephe-The field of operation is drine was not used then prepared in the usual manner which generally consists of cleansing the abdomen with benzine, alcohol and ether followed by tincture of The laporatomy sheets are then applied This usually consumes from three to five minutes which is about the time necessary for the anæsthetic to begin to act In some patients, however, it may be ten minutes before the anæsthesia is The patient is encouraged to be talkative so as to continue active respiration and is engaged by the surgeon or nurse in pleasant con-This has a beneficial, psychological effect on the patient. He is asked to raise his legs and he generally states that they are numb To which the and he is unable to raise them surgeon replies that this is an assurance that the anæsthetic is properly working and all is well, thereby giving the patient an air of confidence The patient is told that he may feel the pressure of the various manipulations but no pain of any

The writer would like to emphasize some of the facts of spinal anæsthesia relative to the field of operation

- (1) It takes from five to ten minutes for the anæsthetic to act Because of pain, therefore, one should not hasten to employ additional anæsthesia before the lapse of ten minutes. The perfect relaxation of the abdominal muscles enables the surgeon to work with greater ease and dexterity even through a small incision. It is of particular value in cases of suppuration such as gangrenous appendicities, localized abscess, general peritonitis, etc., where the least amount of handling and disturbance of the surrounding structures is most essential.
- (2) A negative pressure is created in the abdominal cavity which prevents the straining and expulsion of abdominal contents such as intestines, stomach, etc., during the operation

piration of about one or one and a quarter hours the anæsthesia began to wear off and had to be

supplemented by a general anæsthetic

(5) The number of failures five In these cases the anæsthetic did not work at all or was In two of these cases, it may not satisfactory be attributed to the fact that the patients were obese, both weighing about two hundred pounds, and the average dose given to them was not sufficient for full anæsthesia. In one case it was felt that the needle was not in the subarachnoid space when the anæsthetic fluid was injected, although there was a clear flow of the spinal fluid when The needle apparthe needle was introduced ently moved out a little during the manipulation while the syringe was being adapted to the lum-bar puncture needle The fluid did not flow in smoothly and met with some resistance which apparently was due to the fact that the point of the needle was outside of the spinal canal one case, the patient was so determined on having a general anæsthetic and continued to rebel that it was necessary to resort to general anæsthesia. In one case, no reason could be found for the failure It may have been due to faulty

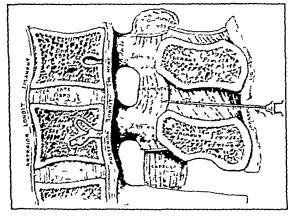


Fig 4 Sagittal section of spinal column with lumbar puncture needle in situ.

The needle passes through skin subcutaneous tissues, supraspinous and interspinous ligament, then through ligamentum subflavum and dura.

technique, to an anamolous condition of the spinal canal, to too low a puncture or an escape of the spinal fluid from the dural puncture. Most of these failures occurred at the beginning of the series, and hardly any towards the latter part. This may be accounted for by the improvements in the procedure, such as

(a) The painless introduction of the needle at the proper level (interspace), introducing the needle at a higher level than formerly, using the first lumbar or twelfth thoracic interspace for upper abdominal surgery

(b) Giving a proportionately larger dose to individuals weighing over one hundred and fifty

pounds

- (c) Waiting ten minutes for complete anæsthesia before resorting to general anæsthesia
- (6) The complications and undesirable after effects

Fatal Shock—None There was no case of death which could be attributed to spinal anæsthesia in this series

Vomiting—Five of the cases vomited during the anæsthesia. About ten more had a sensation of nausea and a desire to vomit but were restrained by being directed to breathe deeply

Headache—Ten cases complained of headache In a few it was rather severe while in others it was mild. The pain was mostly in the back of the head and lasted from a few hours to a few days, after which it cleared up

Me ungismus — Two cases complained of stiffness of the neck with some rigidity of the spine

for a few days

Cord Traima—None One patient, however, complained of pain in the left heel for a few days which was apparently due to slight trauma of some of the nerve filaments going to the lower extremities

Occular Disturbances—In one case, the patient complained of seeing double. This diplopia began three days after the operation and lasted for about three weeks, after which time it cleared up entirely.

Urmary Retention —15 cases Even under general anæsthesia there is quite a percentage of cases where urmary retention occurs post-operatively, especially in hernias and pelvic operations. There is, therefore, very little difference in this respect between spinal anæsthesia as compared to general anæsthesia.

(7) Types of operations in which spinal anæsthesia was used. The writer has treated a variety of conditions by various operative procedures under spinal anæsthesia. Among those included are the following.

Cholecy stectomy
Choledocostomy
Gastro-enterostomy
Gastrectomy
Colectomy
Herniaplasty
Appendectomy
Prostatectomy
Ruptured gastric ulcer
Ruptured duodenal ulcer
Intestinal resection
Hysterectomy
Salpingectomy
Oophorectomy

Ventral Fixation or Suspension of Uterus Exploratory Laporatomy

In many instances there was more than one operation performed at the same time, such as

Cholecy stectomy with appendectomy Appendectomy with hernial repair

peristalsis of the gall bladder in the human during any of the operative procedures in which the gall bladder was exposed If such contractions do take place, they ought to be exaggerated under spinal anæsthesia for the same reasons as outlined above The writer had this in mind during a good many of the spinal anæsthesias but as yet was unable to observe any such contractions of the gall bladder These contractions, therefore, if they do occur must necessarily be of a very mild nature and at infrequent intervals Further observations along such lines by various surgeons may aid in settling this interesting and debatable question of gall bladder physiology, The appendix, however, has been observed by the writer to contract and squirm in a worm-like During these contractions, the appendix feels harder and firmer as compared to its consistency under general anæsthesia should have this in mind in interpreting its pathology during exploratory laporatomy under spinal anæsthesia

(4) The abdominal closure is made much Because of the relaxed abdominal muscles, very little difficulty is experienced in approximating the various layers of the abdominal wall without tension or tearing of even the fine structures such as the peritoneum However, one must bear in mind this marked relaxation with the resulting flabby consistency of these muscles so as not to constrict them by too tight suturing Under general anæsthesia the muscles are as a rule quite tense and it requires a strong pull on the suture in order to approximate them properly On the other hand, under spinal anæsthesia, the muscles become so lax, soft and flabby, almost jelly-like, that very little tension is required on the sutures to approximate the muscle edges, be they the conjoined tendon in a hernia operation, the internal oblique and transversalis in a Mc-Burney incision for appendicitis or the recti muscles in gall bladder or gastro-intestinal surgery Likewise the abdominal organs readily yield to The surgithe necessary surgical manipulations cal technique under spinal anæsthesia thus becomes more refined, enabling the surgeon to work with greater gentleness and precision

On completion of the operation, the patient as a rule feels grateful and marvels at the advent of such perfection which helps to popularize spinal anæsthesia as well as the surgeon

The following summary is founded on the author's recent experience with one hundred laporatomies in the United Israel-Zion Hospital, Brooklyn

(1) The painless introduction of the needle In none of the cases was there any pain of any consequence in the introduction of the needle except in about two cases where the point of the needle was dull and in one case where it was bent On several occasions the patient was asked which of the needles hurt, the lumbar puncture needle or the hypodermic needle for the injection of ephe-

drine and in most cases they stated that the hypodermic needle pained while the other could hardly be felt at all

- (2) The time from the introduction of the anæsthetic fluid to the beginning of complete anæsthesia. It ranged from five to ten minutes. In about eighty per cent of the cases the anæsthesia was complete by the time the patient was draped for the operation which was about five minutes. In the remainder of the cases, the anæsthesia was not complete until about ten minutes after the introduction of the anæsthetic fluid.
- (3) The duration of the anæsthesia The average duration of the anæsthesia was about one hour In 94 per cent of the cases the operation was completed within ten minutes to forty-five minutes from the biginning of the anæsthesia and in all of these cases, the anæsthesia lasted during the entire operation. In the remainder of the cases in which the operation lasted over one hour, the patient began to complain of some pain and

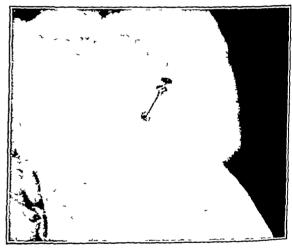


Fig 3 Position of patient for spinal puncture with needle passed through depression (dimple) Arms folded, head, trunk, thighs and neck flexed, producing a marked convexity of the back and an increase in the interspaces between the lumbar vertebra. Note the dimple produced by digital pressure through which the needle is introduced at the first lumbar interspace. The needle appears higher, however, because of the marked flexion of the trunk which only allows a portion of the thoract spine to be visible while all of the lumbar region is in full view.

the spinal anæsthesia had to be supplemented by general anæsthesia of either gas-oxygen or ether

(4) The number of cases which had to be supplemented by general anæsthesia because of lengthy operations—six. Among these cases were three resections of the colon, one gastrectomy, a case of removal of common duct stones with separation of post-operative adhesions and repair of ventral herma and a case of cystic lymphangioma of mesentery, all of which required from one and a quarter to one and a half hours to complete the operation. In these cases, at the ex-

ferable to diminished thyroid secretion, is due to the relatively short duration of the symptoms before treatment was started. In cases where the hypothyroidism was present for a long period of time, lassitude with the inability to stand cold, heaviness of the limbs, and loss of coordination of finer movements, are rather pronounced. Thyroid extract has proven more satisfactory in these cases than iodine. From the point of view of the patient it is essential for both prognosis and treatment that a careful inclabolic determination be made before starting treatment in adolescent or colloid goiter

Conclusions—1 Diminished thyroid secretion was encountered more frequently in the adolescent goiter than in the colloid type—2. The cases presenting a diminished secretion require larger doses of medication and respond slower to treatment.

PARALARYNGEAL ABSCESS—REPORT OF TWO CASES* By JOSEPH W MILLER, MD, NEW YORK, N Y

B, a tall, pock-marked Austrian, forty-nine years of age, was referred to our clinic on May 7, 1927, from the regular service by Dr J C Scal for consultation

About two weeks prior to the above date, patient began to experience pain on swallowing This became progressively worse as time went on and at the time of our examination swallowing was well-nigh impossible. The last few days patient became febrile and even speaking was very painful. His neck was held stiff and rotated to the right and the slightest movement to the left brought about agonizing pain.

Physical Examination—The patient looks acutely ill, febrile, head turned to the right and held rigidly in that position. The normal contour of the neck anteriorly, is changed, the anterior protuberance of the thyroid cartilages (Adam's Apple) is far to the right of the median line. This makes the surface area on the left side from the thyroid notch to the side of the neck much wider and the angle more obtuse.

Indirect Laryngoscopy—Reveals a distorted and elongated epiglottis, the left side of the larynx is compressed, changing the contour of the larynx interior and the entire larynx as a whole is transposed to the right. The left arythenoid is dislocated above its right neighbor and pushed medianwards. The entire larynx, root of tongue and right pyriform sinus is covered with thick stringy mucous which the patient is vainly trying to expectorate. The left pyriform space is entirely obliterated by a red inflammatory mass which compressed and displaced the larynx to the right.

An exploratory puncture was attempted with a curved laryngeal syringe and needle but nothing was obtained. We then decided to do a direct laryngoscopy and puncture. With a Jackson laryngoscope we exposed the larynx and the inflammatory tumor and a long laryngeal knife was plunged into the mass. A gush of pus escaped under pressure welling up rapidly from the depth of the mass. A laryngeal forceps was then introduced into the cavity and dilated and the entire cavity thoroughly emptied by suction.

Relief was instantaneous. The patient swallowed water freely and with little discomfort. The laryny gradually assumed its normal outline and position and after two more visits the patient was discharged cured.

This case is here reported not because of its rarity but because of the lively discussion we had in the clinic when the patient first appeared for examination. Some of us thought it was an abscess, others believed it to be a malignant tumor and still others held it to be torticolles.

Of course, the acuteness of onset, the short duration of the affliction, the febrile condition and the marked tenderness on pressure would easily rule out a malignant tumor Torticolles was ruled out by the physical findings Compression and displacement of larynx by a red, tender, inflammatory mass

Case 2—M B, male, 61 years of age, was referred to us by Dr Minkoff on August 20, 1927 His complaint was inability to turn and move his head from side to side, difficulty in swallowing, a choking sensation and pain in the left ear. These symptoms began gradually five days prior to the above date with increasing severity as time went on and on the date of our first examination he could hardly swallow a drink of water and this not without agonizing pain which radiated to the left ear.

There was no history of injury from swallowing a foreign body as the patient does not remember having swallowed a fish bone or any other foreign substance. Breathing and talking were not interfered with

Examination —Reveals teeth in very bad condition—pyorrhea alveolaris. The tongue is thickly coated. Thick stringly mucous bridges the palate with other parts of the fauces and an elongated indurated mass very tender to touch and markedly bulging runs along the entire length of the left postero-lateral wall of the pharynx. This tender massive column stands out in great relief and can be followed up into the rhinopharynx to the fossa of Rosenmuller on that side and downwards into the left pyriform sinus.

As this swollen column moved en masse toward the median line, when the patient was gagging, to

^{*} From the department of Laryngology and Bronchesophagoscopy Beth Israel Hospital New York City Service of Dr Samuel J Kopetzky

Choledocostomy with hernial repair and separation of adhesions, etc

(8) Spinal versus general anæsthesia. Under general anæsthesia, the patient is entrusted into the hands of two who are equally liable, the surgeon and anæsthetist. He is turbulently submerged into the depths of unconsciousness only to be aroused later, as in the pre-Volstead days, with all the unpleasant effects of "the morning after the night before". Under spinal anæsthesia, however, the surgeon himself painlessly introduces the safe and reliable agent, novocaine, into the spinal canal thus blocking the transmission of pain along the spinal nerves and lulling the patient into a state of security, ease and comfort during the entire operative procedure

Impressed, therefore, with the more frequent and varied complications and unpleasantness which follow general anæsthesia such as choking sensations, struggling, straining, coughing, vomiting, evisceration, aspiration pneumonia, accidental injuries during the period of unconsciousness, as compared to the ease, safety and comfort to the

patient and surgeon which generally accompanies spinal anæsthesia, the surgeon surely must realize the advantages of mastering, adopting and favoring spinal anæsthesia in most cases of abdominal surgery

In conclusion, the writer would like to emphasize the following

- (1) The pressure produced by the finger (pressure anæsthesia as described) greatly aids in the accurate and painless introduction of the needle and should be practised both in spinal anæsthesia and lumbar punctures in general.
- (2) Spinal anæsthesia produces a marked relaxation of the abdominal muscles which facilitates the operative procedures. It also causes an increased peristalsis which tends to lessen abdominal distension.
- (3) Since the additional use of ephedrine following the injection of novocaine, the unpleasant effects resulting from the fall of blood pressure have almost entirely disappeared, making spinal anæsthesia safer and more satisfactory

"THE FREQUENCY OF HYPOTHYROIDISM IN ADOLESCENT AND COLLOID GOITER"*

By J WILLIAM HINTON, MD, FA.CS, NEW YORK, N Y

N reviewing the cases of adolescent and colloid goiter admitted to this clinic in the past two years, which have totaled one hundred and forty cases, hypothyroidism has been quite a constant finding. This series revealed ninety colloid goiters, and fifty adolescent goiters. All cases up to sixteen years of age are grouped with the adolescent type of goiter, and those above sixteen are grouped with the colloid goiters.

Adolescent Goster -In this series any metabolic reading below zero represents a diminished secretion, and anything above zero, an increased secretion We are aware this is contrary to the accepted variations of a minus ten to a plus ten being within normal limits, but as the chances of an error in a minus reading are much less than in a plus, we have taken the minus reading to indicate a definite decreased thyroid secretion The chinical course of the cases have borne this On this basis we found that sixty-four per cent of the cases gave a minus reading, while thirty-six per cent resulted in a plus reading. The lowest reading was a minus eighteen, which occurred in a girl fourteen years of age who had noticed the enlargement of her neck only four to five months previous to her examination There was no alteration of the menstrual cycle or The average minus readthe vasomotor system ing was a seven The highest plus reading was a nine, while the average was a three and eighttenths These patients averaged fourteen and one-half years of age, and had noticed the enlargement of the neck for one year. The patients with a minus metabolic rate had no symptoms referable to hypothyroidism, and their only complaint was a slight enlargement of the neck.

Treatment—The cases with a plus reading were put on one-half a grain of thyroid extract, T I D Occasionally this dose had to be increased to one grain and sometimes one and one-half grains, T I D Cases included in the minus group were started on one grain of thyroid extract, T I D, and occasionally it was necessary to increase the dosage to one and one half grains,

and even two grains, T I D

Colloid Goiter - This group included ninety cases, forty-seven per cent showing a minus metabolic rate, as compared with fifty-three per cent The lowest minus with a plus metabolic rate This occurred in a girl rate was a twenty-one sixteen and one-half years of age who had noticed the enlargement of her neck for but a few She had no symptoms of lassitude, menstrual suppression, or sensitiveness to cold The average minus reading was a seven highest plus reading was a ten, while the average The enlargement of the neck was a plus four in the average case had been noticed sixteen months before seeking medical treatment

Treatment—The same principle was used in the treatment of this series of cases as in the adolescent type—From our observation the reason that these cases have not had complaints re-

^{*} From the Goster Clinic of Dr Charles Gordon Hevd's service at the New York Post Graduate Medical School and Hospital.

called mentally defective ' This seems to, indicate that neurotic and otherwise tainted conditions are more closely related to epilepsy than to reeblemindedness Buchanan more recently shows from statistics gathered in the Mayo Clinic that the migrainious individual is more apt to beget an epileptic child than is the epileptic individual himself Unless one goes about segregating as well patients with migraine or hindering the procreation of neurotic and tainted individuals in general there is no consistency from the standpoint of inheritance in evoking segregation for the persons actually subject to convulsive states

In 1918 a study was made by Ryther and Ordway on the "Economic Efficience of Epileptic Patients carried out on 100 patients under treatment in the out-patient department of the Massachusetts General Hospital showed that the length of work service depended more upon the freedom from attacks than upon the efficiency of the patient or the character of the occupation that there is a large number of patients in the community of sufficient economic efficiency to earn a living if placed in suitable positions and relieved of the fear of loss of a 10b They consider that the continual anxiety over the fear of losing their job is a greater factor on the apparent deterioration than has been supposed and all the patients give a history of feeling better when at work. This study justified an experiment in the treatment of epileptics such as has been developed for the handicapped patients of other varieties—the blind etc Selected cases would be given work in small work shops especially run for the purpose A recommendation such as this, if wisely carried out would facilitate a swing away from segregated institutional care

Another important consideration lies in the fact that epilepsy can now be given better treatment than formerly This is due to phenolbarbital (luminal) Luminal has definitely proven its value as a sedative drug capable in doses of from 1/4 of a grain to one grain two or three times a day of alleviating epileptic conditions without evil effects over prolonged It is also due to the increase of physicians trained to apply the newer knowledge and to the increase in special clinics. There is more knowledge regarding the social and psychological control of these patients and one need not agree with Clark's psychoanalytic interpretation of the origin of epileptic seizures to be in considerable agreement with him regarding the benefit to the patient from intimate guidance and even a degree of ana-Actually, in practice, one doctors the attacks but treats the patient—as a neu-This kind of medical care can be carried out quite as well on patients living under

home conditions and visiting the physician at regular intervals either in his office or in a neurological clinic as on patients kept under institutional conditions

In all patients with epilepsy fall into four groups judged in a social economic sense. I am speaking only of patients with so-called

idiopathic epilepsy

First there are the patients whose illness while possibly severe are yet capable of control by regime sedatives, etc administered from a clinic or doctor's office, who are able to maintain themselves at some job and who through this circumstance can be expected to show a good kind of mental adjustment. This first group is free from feeble-minded and psychotic complications and equally important not subject to mental fugues in which epileptic equivalents are dangerous—more threatening than an orthodox attack.

Secondly, there is a second group similar to the first in freedom from fugues from psychosis, etc but below the former in their ability to maintain themselves in any work. This latter deficiency may be due to the greater frequency of attacks or to some character defect in the individual. In either case however, the members of this class are always possible subjects for transformation into the former or superior class. This would be applied by the skillful use of the new drugs and by the application of better neuropsychiatric meth-It is true that many patients of this group however remain at the lower level and are incapable of the improvement putting them in the group ahead. But factors already discussed are making possible the transformation of a greater percent of such patients and leaving a smaller number economically unfit If employment centers for the handicapped were developed even a majority of these would be cared for without resorting to institution-It would leave relatively fewer for segregation than was contemplated in the writings of the men who first worked on this subject forty years ago

A third group has in it the patients in whom epileptic equivalents are dangerous particularly from a legal standpoint. These patients are grouped on a basis of the presence of the epileptic equivalents without regard to their economic self-sufficiency though presumably they would in most instances be no better than group two in any wage-earning respect. This is a group for which segregation may be necessary except in so far as even the atypical epileptic manifestations are open to drug and medical control.

A fourth group would be made up of the epileptic patients in whom the epilepts is combined with feeblemindedness. In this group one could expect also to find many patients

meet its uninvolved neighbor of the opposite side and as the posterior pillars on either side were curtained in front of these columns, it became apparent that the swollen column on the left side of the pharynx was an involvement of the left salpingo-pharyngeus muscle

Incision into the mass showed it to be an ab-

scess cavity yielding foul pus in great quantities and extending almost from the origin to the insertion of the salpingo-pharyngeus muscle. The cavity was then emptied by suction and drainage instituted. The patient made an uneventful recovery and was discharged on the sixth day following the operation.

THE PRESENT DAY SOCIAL CARE OF EPILEPTIC PATIENTS

By THOMAS K DAVIS, MD, NEW YORK, N Y

THERE is a certain interest in going back forty years in the American literature and finding what was then written regarding epilepsy I refer to the ideas new at the time regarding institutional care of epi-The most conspicuous exleptic patients ample of the work was the colony in Germany at Bielefeld started in 1867, although France with a smaller but similar colony antedated Bielefeld by twenty years Peterson wrote on the subject of the colonization of epileptics and concerning the Bielefeld Epileptic Colony in the New York Medical Record of April 13, 1887, and through a continued interest in the subject must be credited with having helped in the mauguration of such care in New York However, others in other parts of the country were at work with the result that it was not in the East but in the middle tier of the United States that institutional care was Ohio established in 1893 the first American institution for epileptics, though on the hospital rather than the colony plan Craig Colony in New York State was next (1894) and in its inception and early history Peterson and W P Spratling were the two medical men most concerned

In 1903 Spratling wrote regarding the epileptic, "as the preacher's protege, he causes the ministerial heart strings to tighten, as a client, he provokes his lawyer into having faith in humanity, as a patient, he all but forces his doctor to dislike his calling confidant of no one, in close companionship with only his own perverted imaginings, no wonder in brooding over his fate he sees the world all against him The best we can hope in the reasonable future is amelioration and that will come by segregation in colonies of There he can be suitably clothed and fed, humanely treated, and his energies directed into profitable as well as congenial channels'

We do not doubt that there was good sense in this, with its emphasis on segregation. But the purpose of this brief paper will be to question whether or not it applies as truly now as it did then or whether present-day understand-

*Read at the Annual Meeting of the Medical Society of the State of New York, at Niagara Falls, May 11, 1927

ing of epilepsy tends to minimize the need of institutional segregation

Before undertaking that issue, however, it is interesting to recount with what success the early exponents of segregation worked During the span of twenty-four years there were maugurated twelve state institutions, exclusively for epileptics. This period reaches from 1893 to 1917 at which time the most recent institution, namely, the Iowa State Hospital and Colony for Epileptics, was opened But of the twelve, three have later been altered in character In Connecticut, Illinois and Virginia, institutions originally planned for epileptic patients alone have been absorbed into institutions equally concerned with feeble-minded patients There thus remain nine states in all which at the present time have institutions exclusively devoted to epileptic patients, these states being Indiana, Iowa, Kansas, Michigan, New Jersey, New York, Ohio and Texas In virtually all of these one is able to report that the colony plan is in vogue rather than a strictly hospital regime By these figures, then, the undertaking has not spread far, only now into nine states out of a possible forty-eight One also is struck by the cessation in new projects since Are there reasons why the record of this last decade should not disturb us?

Incidentally, on January 1, 1923, the Federal Census Bureau took a special census of various types of institutions and for the first time obtained data for epilepsy. On that date, there were found to be approximately 8,000 epileptic patients in institutions devoted to them exclusively, 4,000 in institutions caring for both epileptics and feeble-minded, 10,000 in hospitals for mental disease and over a thousand in almhouses, a total of nearly twenty-four thousand

The fact of hereditary transmission of epilepsy has no doubt been a consideration favorable to the idea of segregation. However, one is struck by reports such as the following from Weeks, "that there are more than five times as many epileptics as feeble-minded in those fraternities coming from matings where neither parent can be classed as normal or

of the position of the chin and the direction of the facial line These having been ascertained, the locked instrument is held before the external genitals in the position they should be when ap-The axis of the instrument is at right angles to the facial line. The concavity of the pelvic curve of the forceps is directed toward the side of the leading point. In the construction of the Kielland forceps the lock of the instrument is on the same side as the pelvic concavity and so can be remembered as "the lock faces the point of direction" and in this presentation as the "lock facing the chin" Following Kielland's rule that the anterior blade is applied first, the upper blade is then taken in the right hand and ready to be introduced

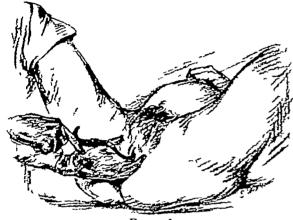


FIGURE 1
Introduction of Anterior Blade (Kielland)

The Application of the Anterior Blade -Under the guidance of the fingers of the left hand in the vagina this blade is introduced between the head and the symphysis with its cephalic concavity facing anterior as is shown in Fig. No. 1 The blade is very gently and carefully pushed upwards into the uterus until the most slender part of its shank rests at the under margin of the symphysis pubes The blade is now in the position shown in Fig No 2, with the cephalic concavity still anterior and the tip of the blade easily palpable under the anterior wall of the uterus In order to get the cephalic curve of the blade in its proper position in relation to the fetal head the blade must now be rotated rotation of the blade is made in the direction of its pelvic concavity. In order to facilitate this, there is constructed on the proper side of the grip a small knob and rotation is made in this direction Extreme gentleness must be exercised in the performance of this. If it is not successful then the blade is either too low or too high and must be adjusted

Generally the introduction and the rotation of the anterior blade is accomplished without any difficulty Complications arising in this manoeuvre should be regarded as warning signals. The head may still be too high or we may be dealing with a pelvic dystocia and a case entirely unsuited to a forceps operation

When the rotations are complete the cephalic curve of the blade falls in position of the fetal head. The blade is in position and remains there of itself and does not need to be steadied by the hand of an assistant. The other blade is then inserted directly posterior, between the head and the sacrum. The instrument is now locked. The blades when locked rest on the perineum after the manner shown in Fig. No. 3. The head is grasped in the bi-parietal diameter. The instrument fits the head snugly. There is no material increase in the diameters to be drawn through the parturient canal. There is also little chance for the head to slip or rotate within the blades.

Having no appreciable pelvic curve the handles of the Kielland forceps are in the same plane as the blades. The direction of the traction is therefore in the direction of the handles, first downwards and backwards. If successful this traction draws the head deeper into the pelvis. A great deal of force is not required as the direction of the force plays the important part. As was mentioned in the mechanism of this presentation, rotation of the chin to anterior takes place very late. This can be accomplished very easily when the proper time comes, or as is recommended by Kielland, traction is continued until one senses the "rotation impulse" and then carries it through. The chin now comes to rest under the symphysis as in Fig. No. 4.



FIGURE 2
Anterior Blade Before Rotation (Kielland),

dles are now carried upwards and so flexion is obtained. Holding the handles in the left hand and supporting the perineum with the right, the head is slowly delivered following the normal mechanism.

In the treatment of "persistent chin posterior" it has been recommended in the past that attempts

needing segregation But is it segregation into colonies for epileptic patients that is needed? It would seem more logical to have the feeblemindedness the basis for segregation in institutions primarily for that condition

A fifth group would be made up of the epileptic patients in whom psychotic symptoms are present It would seem desirable, regardless of the presence of convulsive seizures to have such patients cared for in hospitals for the insane

In brief, one can say that segregation for epileptic patients has become, or with propriety can be made to be, urgent and vital for an increasingly smaller group of such patients

This can be arrived at only if the following efforts and agencies are upheld or extended into areas not yet awake to them

- Emphasis on the neuropsychiatric clinic care of epileptic patients
- The establishment of workshops for the type of patient just short of ordinary methods of self-support
 - The recognition that feeble-minded pa-

tients, regardless of the presence of attacks should, if institutionalized, be cared for in institutions for the feebleminded

A parallel emphasis on the mental hospital care of epileptic patients with psychoses

The economic adjustment of even the controlled patient is precarious if employers continue to count one attack as sufficient cause for discharge It therefore becomes necessarv to add as a tenet the newer education of the business world. At this point we are in conflict with the unfortunate results of labor compensation laws. It is better that at great effort modification and exceptions should be built into them, to the end that a community and industrial adjustment should be in the reach of epileptic patients, than that all such patients should be crowded into institutions

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THE TREATMENT OF FACE PRESENTATION BY KIELLAND FORCEPS By S P GOLDBERG, M D, BROOKLYN, N Y

THE recognition of the value of the Kielland forceps as an instrument of rotation is steadily increasing. Constructed in a manner that makes bi-parietal application the rule, it has brought with it a great many new There are a great many positions possibilities and situations in which the use of our accustomed models of instruments has been disappointing or practically impossible One of these is the situation obtaining in the non-rotated and extended position of the fetal head in face presentation

Face presentation is considered pathologic and as a rule is fully developed only after labor has been in active progress for some time. It leads very frequently to a long and protracted labor due to weak labor pains. This is especially true in the first stage. The soft face does not press as hard nor as evenly as the occiput with consequent delayed dilatation of the cervix and early rupture of the bag of waters Therefore, labor is very frequently dry. All these tend to produce maternal exhaustion and fetal danger head of the babe is subjected to great cerebral The mortality, both maternal and compression Face presentation, in itself, fetal, is increased is no indication for intervention but all the above mentioned factors increase the frequency of such measures

The usual mechanism of labor is that descent occurs with the facial line in the transverse di-

The anterior rotation of ameter of the pelvis the chin does not take place until the face is well The next step 18 down on the pelvic floor The chin, mouth, nose, eyes and finally the occiput appear successively over the peri-

Abnormalities of mechanism may occur These are mainly of rotation The first of these is deep arrest in which the face comes deeply into the pelvis even down on the perineum but the facial line remains in the transverse diameter other form is that in which the chin remains at the sacro-iliac joint or even rotates into the hol-When this occurs we have low of the sacrum the so-called "persistent-chin posterior" latter becomes a most formidable problem Labor usually comes to a standstill Only very rarely do these cases terminate spontaneously

Given a strict indication for intervention, forceps is the method of choice With our previous instruments, first manual rotation and the secondary application of the blades was advised in order to make the procedure less dangerous to the child In the use of the Kielland instrument this is not necessary

Technique of Application -It must be remembered that in face presentation the chin is the point of direction or denominator and plays the same rôle for this presentation that the occiput does in vertex labor A careful vaginal examination is made to obtain an accurate diagnosis

of the position of the chin and the direction of These having been ascertained, the facial line the locked instrument is held before the external genitals in the position they should be when applied The axis of the instrument is at right angles to the facial line. The concavity of the pelvic curve of the forceps is directed toward the side of the leading point. In the construction of the Kielland forceps the lock of the instrument is on the same side as the pelvic concavity and so can be remembered as "the lock faces the point of direction" and in this presentation as the "lock facing the chin" Following Kielland's rule that the anterior blade is applied first, the upper blade is then taken in the right hand and ready to be introduced

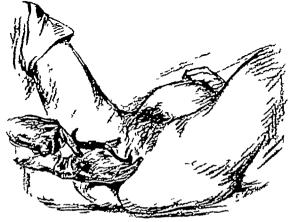


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Figure 2
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dles are now carried upwards and so flexion is obtained. Holding the handles in the left hand and supporting the perineum with the right, the head is slowly delivered following the normal mechanism.

In the treatment of "persistent chin posterior" it has been recommended in the past that attempts

be made to convert this position to an occiput anterior or to rotate the chin anterior, manually inder deep anesthesia. These failing, craniotomy is advised. Forceps have been regarded as a dangerous and destructive instrument and proved mefficient. The Kielland has removed some of the formidability from this situation. One cannot but warn, however, that it is a very difficult procedure and should be attempted only after experience with the instrument has been gained

The application is made with one blade to the maternal left side, the other to the maternal right side as in normal pelvic application. The lock

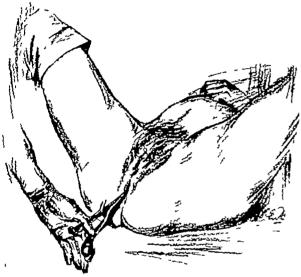


FIGURE 3
Both Blades in Position (Kielland)

of the instrument is directed posteriorly in the direction of the chin, the instrument is consequently bottom side up. Very careful traction and rotation through 180 degrees must be accomplished. The head is then delivered as before Deep episiotomy should always be the rule in this manoeuvre.

The Kielland forceps find their greatest field of usefulness in the high forceps operations. The two main factors entering into the problem in these procedures are traction in the proper direction and rotation. Constructed along lines to cope with both of these factors as well as giving at all times the ideal of applications, an accurate cephalic one, the instrument cannot but lead to success. In fact, they give astonishing results in cases that have been deemed unsuitable for forceps operations. Among these is the problem of face presentation, the topic of this article

Used as a high rotation instrument some morbidity must be expected. The vaginal lacerations are no more serious nor of any greater frequency than in other forceps operations. There is no injury that can be called typical of Kielland forceps origin. The accidents reported in the literature arising in the application of the anterior blade are probably explicable in terms of other things rather than a fault of the instrument. The greater majority of these are probably due to the operator.

These failures on the part of the operator may be along the following lines Errors in the judgment of indications, faulty diagnosis of position, or lastly, failures in technique The use of the

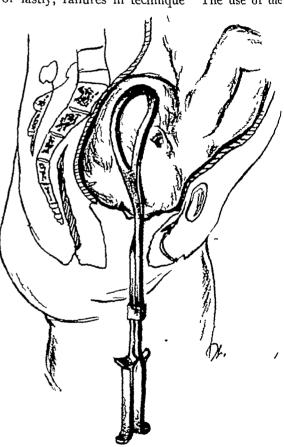


FIGURE 4
Forceps in Position Chin Rotated Anterior

Kielland forceps requires, above all, an accurate diagnosis of position. This entails both an external and internal examination of great care. With experience along the above mentioned lines the Kielland forceps will give only the most gratifying results.



EDITORIAL



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PRESIDENTIAL GREETINGS

A year of service as President-elect has revealed the multitude and variety of the activities of the Medical Society of the State of New York The last five years have seen a great broadening of the field of the Society, especially in the assumption of leadership in all civic duties in which health is involved. The President must now deal with governmental officials and civic organizations as well as physicians, and must make the

discharge of his society duties the predominant object of his daily work. He anticipates a year of happy service because of the example of his predecessors, who, after a term of strenuous activity, continue in the service of the Society in minor positions in order to perfect the work which they and their colleagues began while in office.

HARRY R. TRICK

THE PRESIDENT'S ANNUAL ADDRESS

The principles of the practice of public health and preventive medicine by family doctors, which were only timidly suggested ten or even five years ago, are now boldly proclaimed as standards which county societies and practicing physicians are to follow if they would retain their place of respect and honor before the public These principles were discussed by Doctor Sadher in his annual address on May 22, at the annual meeting of the Medical Society of the State of New York (See page 631) Scattered through that address are concise statements which collectively form a creed or ideal under which physicians are acting with increasing interest and vigor as the methods of putting them into practice are The following paragraphs contain some of these statements slightly changed in some instances in order to make them clear in the absence of their context

"To what extent are we utilizing medical knowledge to make it productive in the prevention of disease, the lessening of human suffering and the prolongation of life? Herein lies the duty of the medical profession of today,—to give the people the results to be obtained from the progress which has accrued from scientific inves-

"We do not give sufficient importance to the early symptoms indicating a possible change from health to disease. Physiology fades into pathology slowly and somewhat insidiously but not without evidences of the changes even though slight in character. To the physician they should suggest a possible change from normal to abnormal function, from physiology to possible pathology, and should lead to an investigation of the particular organ or organs suspected and not be deferred until, by reason of a large group of symptoms it becomes relatively easy to determine the diagnosis, but frequently too late for cure to be obtained

"It is for the physician of the present and future to conduct his activities so as to bring preventive medicine to that increasingly high standard as an art that curative medicine now enjoys

"Every physician must concede the vital need of lay organizations in public health work. Medical men unaided cannot do full justice to the art of medicine without having at their command assistance from outside agencies But the physician is basically trained to be the leader in such health work, and in those communities where the physicians exercise a gentle and friendly leadership over lay organizations and directing the health activities of their community we find a more advanced public health condition and better progress in preventive medicine. We are fortunate in having several such counties in this state, and they indicate a blazed trail of progress which wisdom would prompt us to follow

The limitation of communicable diseases repre-

sents only a modest portion of what can be accomplished in the prevention of disease, providing each physician cooperates with the health department and also insistently produces and teaches the prevention of disease is that large field where the Department of Health does not, and should not, enter

"There should be a very close alliance between the Department of Health and the County Medical Society. In no other way is it possible to push on to its fullest extent this new phase of the physician's work. In no disease is this better demontrated than in tuberculosis where our work, to be successful, requires the active cooperation to a maximum extent of physicians, departments of health, and lay organizations

"Every physician should recognize his personal responsibility in seeing to it that diphtheria immunization receives his whole hearted support and intensive work. For the medical men to depend on health officials to carry on this work is shirking a real responsibility and detracting from the prestige of the family physician who above all others should aim to guard and protect his clientele from a disease which is soon to become a public disgrace to any community

"Periodic Health Examination is sure to become a standard procedure, and in no other way will we be able to properly anticipate some diseases, or be enabled to diagnose and care for them during the early and curable stages chapter in the life history of a physician's work is so pathetic as that which deals with the patient who has passed into the incurable stage before applying for relief Health examinations are going to forestall much of this needless waste of life The public is beginning to demand this service and is seeking means to have it applied We, the medical men of this country, must see to it that this newer phase in the art of medicine is developed into a great instrument for a recognition or prevention of disease

"Maternal Mortality is one of the greatest unsolved problems with which we are confronted In this state one mother at the present time out of every hundred and seventy-one will lose her life as a result of what has usually been considered a physiological process This figure has remained relatively the same for the past twelve years, constituting one out of every nine deaths in women of the age group 15-44 years and was only exceeded by the death rate from tubercu-This great and seemingly unwarranted loss of life can be lessened only by painstaking prenatal care, intelligent, skilful and well considered delivery, followed by detailed post partum care to an extent not always practiced We must recognize our responsibility in seeing that childbirth is rendered safer for the mothers of the future and that this stigma of a high maternal mortality is removed from our state

EDUCATION AND PROPAGANDA

Movements in medicine and public health follow a natural order of development

- 1 Knowledge
- 2 Reasoning
- 3 Action

Knowledge is primarily impersonal and concerns forces, methods, and means of health con-Scientific knowledge of disease and health is something apart from the people, like the knowledge of the stars and moon,-interesting facts but of little use in their application to daily life. When knowledge is applied in sickness, it becomes personal, and some one asks, "of what use is that knowledge to me"? He takes a personal interest in it and desires to know more about He reasons about it and discusses it with his friends and neighbors Finally, knowledge and interest develop into action, and the instructed persons seek their doctors or vote for public health measures

Every movement in medicine and public health starts with knowledge, is subjected to the tests and improvements of reasoning and finally The physician expects that evolves into action knowledge will always be followed by action He is highly trained in scientific knowledge, and when he is called to a case, he demands that the sick person apply that knowledge His directions and instructions are even called orders The doctor is likely to be impatient with the people when they do not adopt his advice. He is likely to avoid giving that advice unless the people seek it

The incentives that usually lead the sick to seek and follow medical advice are pain and disability If these incentives are absent, others equally potent must be adopted in their place. The doctor does not do his duty to the community unless he offers his knowledge of the prevention of sickness and death before pain and disability are present But in the absence of pain and disability the people lack the incentive to seek and follow his advice

The practice of preventive medicine requires that the doctor shall have a knowledge of preventable conditions, and a strong desire for their application based on intelligent reasoning Knowledge and reason are far inferior to pain and disability in their immediate potency to lead people to adopt health methods. Yet the magnitude of the task of educating and inspiring the people in public health is a challenge to the medical profession which physicians are planning to meet through their county societies Physicians are meeting their obligations in preventive medicine to such an extent that programs of medical society meetings commonly include discussions of public health topics which are co-ordinate with the consideration of scientific subjects

The task of educating the people along medical lines would be hopeless if it had been done entirely by physicians, but fortunately the medical profession has the aid of the departments of health, the public schools, and lay organizations to such an extent that health education is invoked as justifying organized sports and the promotion of artificial beauty and comeliness. The problem in public health education today is its control rather than its promotion Physicians must direct it or it will be perverted to selfish uses

The essential element in public health and popular health education is publicity, especially Physicians formerly through the newspapers avoided publicity, and even made their codes of ethics demand its suppression, because it was used by quacks for their personal gain. The physicians now recognize two kinds of publicity 1, that of the individual doctors, and 2, that of the scientific movements which the doctors represent

The code of ethics and the sentiment of physicians both forbid the exploitation of a doctor and publicity regarding the cures which he has done or the people whom he has treated Some medical societies even forbid their members to sign their names to educational articles, but require the writers to sign the name of the Society However, newspapers insist that an educational article shall be signed by its writer as representing his medical organization The medical society is a collection of individual doctors one of whom writes and speaks for all the others. It is the individual doctors rather than the organizations that speak or write

Lay organizations engaged in public health work are not subject to the strict code of ethics of the medical profession, but they depend on wide publicity for their very existence must show results in order to hold the support of the people who patronize them and the money givers who support them They must transmute information of their activities into emotion and action on the part of their followers. They live by means of publicity of their aims and actions

When the question of selfishness enters into the publicity of any movement, there also enters the temptation to indulge in advertising and propaganda and to present only those arguments which are favorable to the proponent of a cause On the other hand, physicians believe in stating both sides of a question after the judicial manner of a judge on a bench rather than that of a par tisan lawyer for only one side

The interpretation of the ethics of publicity is a prolific source of disagreement between lay organizations and physicians Ethics enter into such impersonal matters as statistics, especially those compiled after the manner of "before and after" a good movement was maugurated Physicians wish to know, for example, whether or not a fall in the tuberculosis rate by a county following the introduction of a new public health organization could not be duplicated by another county having no such organization

Ethics also enter such commonplace matters as news items Physicians believe that publicity should include the activities of not merely one group, but of all organizations engaged in a particular line of public health work

Discussions and misunderstandings between physicians and lay organizations have developed

largely because physicians were willing to stand aloof from publicity or advice regarding publicity on the mistaken ground that it was unethical to publish their activities. However, the present attitude of physicians is that they shall dominate the field of medical publicity just as they do that of scientific medicine, and that their ethical standards shall prevail in public health publicity as they do in the practice of scientific medicine.

FACILITIES FOR THE ANNUAL MEETING

Why do members of the Medical Society of the State of New York attend its Annual Meeting?

Some attend for a single purpose,—to read or hear a scientific paper, or to attend a committee meeting, or to see the scientific exhibits, and always there are recreational features. The Annual Meeting is a well balanced congeries of many features which few physicians can study in their completeness. The majority of doctors go without a definite purpose, but with the desire to see whatever may be new to them, whether in science, or papers, or books, or entertainment

How can one judge the interest and success of an Annual Meeting? Two elements enter into one's impression

- 1 His leisure, or the time which he has to devote to its several features, and
 - 2 His receptivity, or mental state

A member will say the meeting is successful if he is pleased with two or three lectures or exhibits with which he comes in contact, while a half dozen other features of a meeting have not interested him at all

The trustees and members of the Executive Committee of the State Society will be influenced in their judgment by the financial balance which remains after all bills are paid and the creditors are satisfied

The Editorial Staff of the Journal must report the meeting from all points of view, and will judge its success by the sum total of all its phases

The exhibitors judge the success of the meeting not merely by the direct sales or orders taken, but by the impression which the doctors make upon them. The exhibitors will say, "The doctors are receptive and interested in our exhibits," or, "The doctors do not respond. They are in a hurry, or are worried, or are looking for something they cannot find." The exhibitors are expert in diagnosing the reasons for the attitude of physicians, and the one condition on which they all agree is that the best response of the physicians occurs when all the features of the meeting are held under one roof. If the principal features of the meeting are placed in two buildings, the in-

terest of the doctors becomes reduced to less than fifty per cent of that when the meetings are held in one building

The finances of the Annual Meeting are also to be considered Exhibitors and advertisers pay money for exhibit space, just as they do for advertising in the Journal Doctors do not always think of this except to protest when the annual dues are payable The Journal could not exist even after the Annual Dues of each member were paid, if it were not supported by our advertisers The good will of the exhibitors has a high money value which may amount to many thousands of dollars annually The opinion of exhibitors and advertisers should therefore have great weight with those who plan the Annual Meetings of the Moreover, the same conditions State Society which lead physicians to take an interest in the commercial exhibits also arose their interest in the scientific sections and other features of the meeting

Where are the hotels which can accommodate all the features of the annual meeting? The Waldorf-Astoria, of New York City has demonstrated its suitability on several occasions when the Society has met in it. There are also suitable hotels in Saratoga, Syracuse, Rochester, and Buffalo These five available places are scattered almost uniformly throughout the State, and if they are utilized in rotation the doctors of every section should be satisfied

There is a precedent for holding the State So-The State Deciety Meeting under one roof partment of Health conducts an annual conference of health officers and public health nurses at which the attendance is about the same as that of the Annual Meeting of the State Society It has usually held their meetings in the Grand Union Hotel in Syracuse, which can accommodate all the features of the meeting and also provide the doctors and nurses with room and board State Department of Health has tried the experiment of meeting in a city where the members and the section meetings are scattered, and there has always been a demand for a return to Saratoga with its assemblage under one roof. This is a precedent that the Society of the State of New York may well consider

INDEXING CURRENT MEDICAL NEWS

Officers of the State Medical Society frequently request the editors of this JOURNAL for-information regarding the activities of the Society, and its component branches. This JOURNAL has often printed authorized accounts of the activities of the various committees and has made them the subject of extensive editorial comments. The medical societies of New York State have progressed further than those of any other state in developing new standards of practice and in making the influence of physicians felt in the community to a degree commensurate with their importance.

It is a new idea of great significance that the County Society should assert its active leadership in public health and civic medicine, and that a medical journal should carry extensive reports of public health work from the standpoint of the practicing physician and the family doctor. This Journal can do so because the doctors of New York State are occupying an advanced position in the practice of public health and civic medicine. Yet a record of the

evolution and development of these lines of practice cannot be obtained except by a patient search through the files of the JOURNAL. The Index Medicus and The Cumulative Index of the A M A do not list either editorials or news items. Yet these items are necessary for anyone who wishes to know how the doctors of New York State are practicing public health and civic medicine. The items on such subjects as medical legislation, the public relations committee and the Cattaraugus County Health Department are not listed in any general index of medical journals.

The editors of this JOURNAL have frequently printed items of news in the scientific department in the hope that they will be listed in the general indexes and in the abstractss of other journals

This subject will be discussed in the meeting of the American Medical Library Association in the New York Academy of Medicine next September

LOOKING BACKWARD

THIS IOURNAL TWENTY-FIVE YEARS AGO

Overcrowded Street Cars—Conditions of travel in New York City which now seem commonplace, excited wonder and fear a quarter century ago, when the following editorial was written for this Journal of June, 1903

"It became necessary a few days ago, to call an ambulance and have a passenger from a Third Avenue elevated train in Manhattan removed to a hospital. It was not a case of the sudden exacerbation of a constitutional disease, nor was the person, a young woman, injured by any railway accident, she was totally exhausted by the crowding of her fellow passengers. Others have recently been reported in the papers as having fainted from this cause and the number who are more or less seriously bruised every day must be countless.

"The indecency of such close contact of both sexes, the physical dangers that overcrowding

make imminent and the discomforts which are forced upon every one will not be endured much longer, of that we feel certain. If some ingenious person will offer a practical solution of the vexing question he will hasten the day of emancipation from this factor in metropolitan life for the making of the moral, nervous and physical wrecks."

The quarter century which has elapsed since that editorial was written has seen no amelioration of the unhygienic conditions—but on the contrary they have become more acute and extensive. Yet the rates for death and morbidity have been lowered more than in any previous twenty-five years. Moreover, the place to find an epidemic affecting twenty per cent of the population is not the Metropolitan District, but some small rural community where the people omit personal hygiene in their over-confidence in the efficiency of Nature's protection.



MEDICAL PROGRESS



Infectious Diseases, Where Did They Come From and Where Are They Going?—M A Reasoner, writing in the Military Surgeon, April, 1928, lxii, 4, thinks it is fair to assume that in the early days, when mankind was young, infectious diseases as such did not exist They are a punishment which man has brought upon himself by ignorance, filth, and sin is not difficult to understand how when men lived in caves and close quarters where cleanliness was unknown, some of the free living bacteria became habituated to living on man or for those living in or on domestic animals or vermin to transfer themselves to man or There is a mass of evidence pointing to the instability of bacterial species They may change their shape or manner of growth, they may lose or acquire motility, hemolytic activity, capsule formation, agglutination, and virulence It is therefore plausible that free bacteria transferred to man accepted the changed nourishment and grew with much more vigor, absorbed more freely from their host and, if capable of toxin production, gave off toxins and became disease-producing they adapted themselves to man, those who nourished them developed a resistance or immunity against them and the disease manifestations appeared only when transmitted to others who had not the opportunity to develop such immunity The author traces the progress of sanitation from the time of Moses, who was the institutor of the prophylaxis of disease, to the present development of preventive vaccination and the production of artificial immunity, showing that up to the last few years the tendency has always been to develop a race of immunes against contagious diseases We are now confronted with a new condition of affairs wherein there will be an increasing loss or diminution of both acquired and inherited immunity in those whose resistance is greatest and also a survival of many who have little or no resistance, and therefore we may expect a decreased average resistance to such diseases Due to the increasing population there should be a greater tendency toward the appearance of epidemic diseases and at the same time, due to the influence of preventive medicine and prophylactic inoculations, a diminution of resistance in the individuals

A New Method of Treating Infectious Diseases—S Levy of Koln-Bayenthal states that for 14 years past he has used the following plan of treatment with great success especially

in pulmonary infections. He makes repeated turns of adhesive plaster about the middle of a forearm with the idea of preventing any absorption by the superficial lymphatics which are as good as sealed up for the time The hand and wrist should be livid but the radial pulse must still be palpable. He then obtains the specific products of the disease which contain the offending bacteria and injects them into the volar surface of the forearm intense inflammatory reaction takes place as a result of which antibodies are produced which find their way into the venous system This reaction is limited to the area below the level of the plaster and the author has never seen it extend above the latter, while the cubital and axillary lymphnodes are never swollen nor tender In a case of grippal bronchopneumonia of the lower lobes-to take a disease at random-he injects at once some of the purulent sputum without any attempt at filtration or otherwise lowering its virulence apeutic results are not at all sudden or critical in character, but on the contrary improvement is gradual, several days being required to obtain the desired result Only twice has he seen an abscess develop at the site of injection In tuberculosis he makes use of ordinary tuberculin, going from one arm to the other and increasing the dosage, and claims to have cured cases of consumption which had appeared The method should also prove the hopeless proper one to immunize against various diseases, and in animal experiment the author has caused the formation of antibodies in the blood without any effect on the general health, after injection of dysentery bacilli into the bandaged leg of a dog -Münchener medizmische Wochenschrift, March 23, 1928

Iridotasis for Glaucoma -On the basis of his experience with 100 cases of glaucoma, Jules Dupuy recommends iridotasis for the following reasons (1) Technically it is simple and therefore safe in the hands of the less experienced operator (2) It seems to give more permanent beneficial results in a greater number of cases than any other operation for glaucoma (3) There is an absence or rarity of the late infections seen after tre-The success of the operation depends upon the deliberate incarceration of the iris, which has hitherto been considered a The method breach in operative technique consists in anesthetizing the eye with instillations of 4 per cent cocaine, and using adrenaline copiously between instillations One or two

drops of a 1 per cent solution of atropine is instilled about five minutes before starting the The incarceration is preferably operation made above, though not necessarily A triangular flap of conjunctiva with its base toward the limbus is dissected away anterior chamber is entered by means of a sharp keratome, care being taken to make as small an incision as possible, so that the iris will not slip back into the anterior chamber The iris is grasped with a very small forceps and drawn through the corneal opening, using great caution, since in many cases the iris is easily torn The herniated portion of the iris is gently stroked with a spatula toward the edges of the wound, thus forming a wedge of the iris tissue. The conjunctival flap is sutured in place with three or more catgut sutures Atropine is again instilled before the eye is bandaged. The eye is dressed on the second day, atropine being instilled before the bandage is reapplied. In most cases the eye is free of any dressing by the fifth day Atropine is instilled until all inflammatory symptoms have disappeared. With this procedure the tension has been markedly lowered in all cases of absolute glaucoma which it has been possible to follow up, and many cases, after two or three years' observation, appear clinically arrested - Southern Medical Journal, April, 1928, xxi, 4

The Importance of an Early Diagnosis of Chronic Glaucoma — D Leighton Davies is convinced that if chronic glaucoma is taken in hand at an early stage there is every probability that vision can be saved. In patients who have passed through some debilitating illness or nervous strain and whose eyes tire easily, the practitioner should keep the idea of chronic glaucoma before his mind. The following situation is characteristic of glaucoma in persons past middle age. The patient's eyes tire very easily after reading, he procures stronger glasses and finds that he gets on much better, in a few weeks or months he again finds difficulty in reading Some patients state that the sight becomes misty and objects hazy After a longer or shorter period there is definite failure of vision Once the diagnosis is made, the earlier that operation is performed the better will be the result Iridectomy cannot be depended upon, but in the great majority of cases vision can be saved by the Elliot trephine operation In Davies' records of 100 operations by this method the patient's sight has been retained in 91 While the trephine operation cannot restore sight lost, it can prevent further deterioration. In a few cases it may be better to wait, trusting to general hygiene and the wise ordering of the patient's mode of life, together with the use of eserine,

but the large majority will ultimately lose sight unless operation is undertaken—Lancet, April 7, 1928, ccnv, 5458

Observations on the Rheumatic Heart.— Jenner Hoskin, writing in the Practitioner, April, 1928, cxxx, 4, states that acute rheumatism tends to run different courses in adults and in children, in the former arthritic manifestations are a prominent feature and the heart often escapes, while in children the only evidence of active rheumatic infection may be "growing pains,' tonsillitis, or chorea It is therefore highly important that these affections be rocognized and given due attention In all febrile diseases there is some temporary myocarditis and in all cases of mitral reflux of rheumatic origin there is some degree of mitral The prognosis depends on the effect of the valve lesson in causing mefficient circula-The one essential in treatment is rest, all other measures are subsidiary Three to six months in bed, followed by very limited exercise for a further six months, is a fair average for juvenile cases in which there has been no extreme cardiac damage For another twelve months no strenuous exercise should be permitted, and then only if the myocardium has recovered and the valve lesion is of slight When the pericardium is badly affected, the patient should rest flat on the back for many months, for if adhesions tend to occur it is better that they should be on the posterior aspect of the pericardium. Blisters and ice-bags help to relieve pain in the acute stage, but have little effect on the ultimate result Paracentesis should be resorted to only when effusion is causing heart failure. Hoskin administers salicylates, as he believes they diminish serious complications. He does not hesitate to use cardiac tonics, and gives digitalis when heart failure has occurred or is imminent.

The Veins of the Cardionectors — E Geraudel refers to earlier articles on the arterial circulation of the cardionectors and sums these up very briefly Taking up the corresponding veins he states that the ventriculonector is drained by an important vein which empties into the right auricle about 2 mm from the free border of the valve of Thebesius, where the opening is visible to the naked eye vein itself is closely accompanied at first by its artery and may be easily identified in the bundle of His The two perforate the fibrous septum side by side but in separate canals At Tawara's node the vein unites with a larger one which proceeds from the interventricular muscular septum Thus reinforced it traverses the node and then courses between the muscular bundles of the myocardium of the right auricle and left ventricle Finally it leaves its



MEDICAL PROGRESS



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sizes the importance of recognizing these conditions and including them in the indications for exploratory laparotomy, since in some instances these unusual lesions are amenable to surgical relief The cases cited show that the following conditions may closely simulate carcinoma (1) Foreign bodies in the stomach, as hair balls, food balls, or shellac balls, (2) chronic granulomata, as Hodgkin's disease, leucemia, or lymphosarcoma, (3) chronic inflammatory lesions, as syphilis, which may be ulcerative or cirrhotic, and primary tuberculosis, which may be ulcerative or fibrous, (4) tumors other than carcinoma or sarcoma, and the benign tumors, as myoma, adenoma, papilloma, hemangioma, and (5) inflammatory tibromatosis Patients having any of these lesions may have palpable tumors of the stomach, or large 1-ray filling defects, or both, accompanied by symptoms which might well be those of carcinoma The conditions enumerated should be carefully excluded before exploratory operation is denied a patient apparently suffering with inoperable carcinoma of the stomach -Annals of Surgery, April, 1928, lxxxvii, 4

Certain Intestinal Poisons — Erwin Becher of Frankfurt-am-Main, speaks of the past and even present uncertainty concerning the nature of intestinal autointoxication. We know something of indol, indican, substances derived from tyrosin, phenol, etc., in this connection, but just how they might contribute to disease has been a puzzle, and we only know that all of these deleterious substances accumulate in the blood of uremic patients. The entire symptom-picture of true uremia strikingly resembles that of chronic phenol intoxication. It is of course true that in renal insufficiency these substances absorbed by the intestine also accumulate in the blood and the author may not mean that an excess of these substances is always responsible for nephritis, but that the accumulation in the blood gives rise to the clinical picture of uremia However, an important step in the mechanism is the entrance of these substances into the cerebrospinal fluid which enables them to act directly on the brain Becher at last arrives at the conclusion that these intestinal substances are the first cause of some forms of renal disease so that the entire mechanism involves a pronounced vicious circle He does not touch on the wherefore of these toxic bodies in the intestine—whether from mechanical constipation, faulty diet, or whatnot-but in his closing paragraph on therapeutics he intimates that since the toxins are almost wholly derived from protein in the diet, this must be cut down. He also believes in intestinal disinfectants, including charcoal The phenols, etc may possibly he directly neutralized by calcium and sodium sulphite. Of the most modern drugs, the author says that insulin and liver extracts suggest possibilities, the former to stimulate the oxidation of carbohy drates and the latter because of the control of pernicious anemia, a disease believed to be due also to intestinal toxicosis—Munchener mediziuische Wochenschrift, March 16, 1928

The Intensive Alkaline Treatment of Gastric and Duodenal Ulcer-The excellent results which he obtained with the intensive alkaline treatment of gastric and duodenal ulcers lead Hugh McLean to adopt this method as a routine in 1924 The results have been gratifying Uncomplicated ulcers clear in the extreme up in a short time, as indicated by the v-rays, and in the great majority of cases all the Often large symptoms disappear quickly penetrating ulcers clear up in a few weeks In the last year not a single case out of over 70 thus treated required operation. It does not matter very much what combination of alkalis is used, but the following powder gives excellent results Sodium bicarbonate, 1/2 ounce, heavy magnesium carbonate, l ounce, calcium carbonate, 1 ounce, bismuth oxycarbonate, 2 The patient should be put on a fluid drams diet, consisting of about three pints of milk daily, approximately 8 ounces every two hours Six or seven small teaspoonful doses of the alkalı are given daily, shortly after the milk, with an extra dose at bedtime In severe cases a smaller dose of the mixture may be given every hour. When the patient no longer suffers pain or discomfort solid food may be added gradually, and the number of doses of the powder may be gradually reduced, but two or three doses should be taken daily for several months Irritating food, smoking, and alcohol should be avoided. There need be no fear of alkalosis as a result of the intensive alkaline treatment In patients suffering from pyloric stenosis an operation can often be avoided by the use of the alkaline treatment. In mild cases the ordinary alkaline medication may suf-In severe cases, with excessive vomiting, there is practically no communication between the stomach and the intestine, and hydrochloric acid is constantly being lost, with a resultant tendency to alkalosis Under these conditions the safest treatment appears to be a powder consisting largely of calcium carbonate with some magnesium carbonate, administered on the plan above outlined In addition small doses of calcium chloride will help the alkalosis -British Medical Journal, April 14, 1928, 1, 3510

artery, which empties into the coronary, while the vein as already stated empties into the This vein is called a vein only by courtesy for it has neither muscular tunic nor The author is less certain about the veins of the atrionectors for there is no venous companion to the powerful artery which traverses the node of Keith and Flack minute veins empty into the internal aspect of the crista terminalis of the sinusal portion of the auricle Doubtless the two systems of nector veins empty into different portions of the auricle as above described Distention of the auricle with back pressure appears to be able to cause tachycardia and it is therefore possible that an arterial ischemia might cause a corresponding bradycardia Again an arterial hyperemia might cause acceleration — Archives des Maladies du Cœur, March, 1928

Angina Pectoris in Children—Contrary to the opinion held by many that angina pectoris is rare in children, E J Stolkind maintains that this affection does occur in early life support of this statement he cites cases from the literature and his own experience pathology and etiology of angina pectoris are the same in children and adults Recent work on angina favors the hypothesis, which the writer has held for many years, that angina pectoris is of a complex character, its main factors being (1) the chemical and toxic substances circulating in the blood. (2) the state of the nervous system, especially the autonomic system, and the disposition of the patient, (3) the condition of the heart and aorta The original "noxious irritation" begins in the heart or aorta, or in both, and is transmitted through the cardiac plexus, and through the sympathetic and vagus reaches the central nervous system The factors involved may vary in intensity and thus produce different results For example, when embolism or thrombosis of the coronary arteries occurs, in one case there will be a typical attack of angina, while in another there will be only signs of heart failure In the treatment of angina pectoris the pathogenesis should be taken into consideration and individual regimen and diet Attention should be ordered in every case given to the toxic substances in the blood and to the nervous system Food should be given in six or seven small meals Injections of morphine, omnopon, etc., with atropine or novatropine are of great use Amyl nitrite often Of the cardiac stimulants Stolbrings relief kind prefers digalen, strophanthin, or caffeine sodio-benzoate In one case injection of saline Never should alcohol relieved the attack be given to children Bleeding is advisable only in cases of dilatation of the left heart with edema of the lungs In prolonged paronysms dry cupping or sinapisms to the chest, warmth to the extremities, and diathermy are sootling. Paravertebral injection of novocaine may be tried after other methods have been un successful—British Journal of Children's Discases, January-March, 1928, xxv, 289-291

The Ten-Year Diabetic - Elliott P Ioslin discusses the subject of the ten-year diabetic under three headings What he is, what he should be, and how to make him so oretically, the ten year diabetic does not exist, because the average duration of life of the dia betic has not yet reached eight years, but practically he is very much alive and presents the chief diabetic problem of today. In 1912 there were 31 of the author's true diabetics who had lived ten years or more, but today there are, living or dead, 1,161, or 22 per cent of the total cases On the basis of these and other statistics presented, Joslin predicts that every diabetic will be a ten-year diabetic, not The average diabetic by and by, but soon whom he sees need not expect death until he is past the age of sixty-one years Coma has practically been abolished as a cause of death, but there has been a steady increase of cardio-Arteriosclerosis, vascular and renal deaths therefore, has replaced coma as a cause of death in diabetes, Morrison was able to demonstrate its presence in 86 per cent of cases of ten years' or more duration As to what the ten-year diabetic should be, he should be of normal weight and the finest product of the His handicap periodic health examination should be offset by prophylactic treatment He should have less arteriosclerosis The reason premature arteriosclerosis is seen in young diabetics is because formerly they were kept alive with a low-carbohydrate and high fat Insulin has brought better days one of Joslin's diabetics takes less than 50 gm of carbohydrate Never overfeed a diabetic and least of all with fat This is the first rule to avoid arteriosclerosis in ten-year diabetics Protein should be limited to a moderate amount, about 1 gm per kilogram body weight, a little less in the old, a little more in the young It is inadvisable to give diabetics more cholesterol than the normal individual lesterol deposits of atheromatosis are premonitions of a later calcification. Apart from eggs the quantity of cholesterol in foods is comparatively low If a diabetic shows signs of arteriosclerosis, he should be restricted to one egg, and other patients should not be given more than two eggs daily -American Journal of the Medical Sciences, April, 1928, clxxxv, 4

Pseudo-Carcinoma of the Stomach —Vernon C David describes some unusual lesions of the stomach resembling carcinoma and empha-

are hereby abrogated" But as has been decided by our Court of Appeals, this constitutional provision "does not compel us to incorporate into our system of jurisprudence principles, which are inapplicable to our circumstances and which are inconsistent with our notions of what a just consideration of those circumstances demands"

The common law then, except as it has been modified by statute, is in force in New York State. In the Federal courts, however, there is no recognition of a common law of the United States as distinguished from that of the individual states. A Federal court, however, having jurisdiction of a case enforces the common law of the state in which it sits and applies common law principles where they are applicable

The study of the common law is as broad as the study of philosophy and history, of human nature itself. Many of its principles were taken over bodily by the authors of our Federal Constitutions and were set down with but little change in the first ten amendments So various are the sources of the common law and so voluminous, that no one mind could grasp them all No single life is long enough in which to permit a person to sit down and read, digest and understand every case that has been decided wherein the principles of the common law have been enunciated the student of the subject, however, vast aid is rendered through digests, text books and especially by the commentaries of the great masters, such, for example, as those of Sir William Blackstone and Chancellor Kent of our own State But it is to the decided cases themselves that one must go in search of the prin-Dreary and dry as dust as this undertaking is ofttimes represented, such in fact is not the case, for within the moldering pages of the law reports in one way or another will be found the sorrows and the joys, the hopes and the fears, the aspirations and the disappointments of our fellow beings in all generations

The cases, says Chancellor Kent, "contain that great body of the commercial law, and of the law of contracts, and of trusts, which governs at this day" The old cases, he continues "are worthy of being studied even by scholars of taste and general literature, as being authentic memorials of the business and manners of the age in which they were composed Law reports are dramatic in their plan and structure. They abound in pathetic incident, and displays of deep feel-They are faithful records of those 'little competitions, factions, and debates of mankind' that fill up the principal drama of human life. and which are engendered by the love of power, the appetite for wealth, the allurements of pleasure, the delusions of self-interest, the melancholy perversion of talent, and the machinations of fraud. They give us the skilful debates at the bar, and the elaborate opinions of the bench, delivered with the authority of oracular wisdom. They become deeply interesting, because they contain true portraits of the talents and learning of the sages of the law. We should have known but very little of the great mind and varied accomplishments of Lord Mansfield, if we had not been possessed of the faithful reports of his decisions.

In the jurisprudence developed and expanded by the courts of New York State, there is much in which we all take pride. Johnson's, Paige's and Barbour's Chancery Reports comprise as elaborate, as scientific and as complete an exposition of principles of equity as can be found in the United States. To the decisions of our Court of Appeals lawyers and judges everywhere turn with respect.

We are in an era of rapid change. New conditions and new circumstances of life are constantly encountered. These require new applications of old rules and principles. Wherever possible the principle of "stare decisis," that is, adherence to the principles previously enunciated, is followed, but not slavishly. For, as Kent tells us, the "records of many of the courts in this country are replete with hasty and crude decisions, and such cases ought to be examined without fear, and revised without reluctance, rather than to have the character of our law impaired, and the beauty and harmony of the system destroyed by the perpetuity of error"

Abiding by the decisions of the past gives certainty and definiteness to the law. Where a decision has been made upon solemn argument and mature consideration, the presumption is in favor of its correctness, and, says Kent, "the commumity have a right to regard it as a just declaration or exposition of the law, and to regulate their actions and contracts by it. It would therefore be extremely inconvenient to the public, if precedents were not duly regarded and implicitly followed It is by the notoriety and stability of such rules that professional men can give safe advice to those who consult them, and people in general can venture with confidence to buy and trust, and to deal with each other If judicial decisions were to be lightly disregarded, we should disturb and unsettle the great landmarks of property"

While this is no doubt true, the fact remains that the most celebrated of English and American judges have not hesitated to blaze new trails or, where they found antiquated or obsolete principles blocking the path of justice, have never feared to discard such rules and to formulate and adopt new ones

It is for this reason that Lord Mansfield be came one of the most celebrated judges of England. He was a bold innovator. The law of England, he declared, "would be an absurd sci-



LEGAL



By LLOYD PAUL STRYKER, ESQ Counsel, Medical Society of the State of New York

COMMON LAW

The title of this, the fourth of our series of editorials, contains a phrase familiar to everyone and yet we doubt whether outside of the legal profession there is a clear concept of just what the "common law" imports

Like other legal phrases it has been variously defined and used in different senses When lawyers use the words they have in mind the "common law" of England which has been modified and as modified adopted in the various states of the Union Generally speaking, the English common law means the "lex non scripta" or unwritten law as defined by Blackstone, in other words, that portion of the law of England which is based upon immemorial usage and the general consent of the people, as distinguished from legislative enactment "The common law," says Chancellor Kent in his famous Commentaries, "includes those principles, usages, and rules of action applicable to the government and security of person and property, which do not rest for their authority upon any express and positive declaration of the will of the legislature"

It was Sir Matthew Hale who said that the common law of England is "not the product of the wisdom of some one man, or society of men, in any one age, but of the wisdom, counsel, experience, and observation of many ages of wise and observing men"

The common law then, is that great body of principles which is composed of the accumulated decisions of the courts of justice and the treatises and digests of learned men who have been dealing with this subject since the dawn of English history

To attain, therefore, to a complete understanding of the common law it is necessary to embark upon a survey of the philosophy of English and American history in order to understand the surrounding circumstances and the particular conditions and occasions which brought forth the decisions of the courts

The merit of the common law arises from the fact that it represents the accumulated wisdom of the ages. It was not the product of any one brain or of one age, rather it represents a gradual growth. Legislatures come and legislatures go enacting statutes to meet the exigencies of the moment. Some of these are wise and of lasting value, others rapidly grow obsolete and are discarded. No one genera-

tion of lawmakers can foresee the needs of the future, nor can they imagine all of the contingencies which may arise in connection with the regulation of any subject

"Where," says Sir Matthew Hale, "the subject of any law is single, the prudence of one age may go far at one essay to provide a fit law, and yet, even in the wisest provisions of that kind, experience shows us that new and unthought of emergencies often happen, that necessarily require new supplements, abatements, or explanations But the body of laws that concern the common justice applicable to a great kingdom is vast and comprehensive, consists of infinite particulars, and must meet with various emergencies, and therefore requires much time and much experience, as well as much wisdom and prudence, successively to discover defects and inconveniences, and to apply apt supplements and remedies for them, and such are the common laws of England, namely, the productions of much wisdom, time, and experience"

The excellence of the Institutes of the Roman republic was ascribed by Cicero to the gradual and successive improvements of time and experience, and he held that no one mind was equal to the task

The common law of England, either in whole or in part, has been adopted in every state of the Union, except Louisiana In Michigan, Wisconsin, West Virginia, Kentucky and New York it is adopted by virtue of the Constitutions of those states In others the recognition of the common law is made by statute

Our New York Constitution provides that "such parts of the common law, and of the acts of the Legislature of the colony of New York, as together did form the law of the said colony, on the nineteenth day of April, one thousand seven hundred and seventy-five, and the resolutions of the Congress of the said colony, and of the convention of the State of New York, in force on the twentieth day of April, one thousand seven hundred and seventy-seven, which have not since expired, or been repealed or altered * * * shall be and continue the law of this State, subject to such alterations as the Legislature shall make concerning the same But all such parts of the common law, and such of the said acts, or parts thereof, as are repugnant to this Constitution,



NEWS NOTES



THE ANNUAL MEETING

The announcements of the One hundred and twenty-second Annual Meeting of the Medical Society of the State of New York occupied a prominent amount of space in the last three issues of this Journal The meeting was held on the four days beginning Monday, May 21st, at Albany, and was attended by about one thousand physicians The House of Delegates and the evening meetings were held in the Ten Eyck Hotel, while the scientific sessions the scientific exhibits and the commercial exhibits were held in the Armory

The meeting as a whole was satisfactory Committee on Arrangements had attended to the details of the preparations, and its Chairman, Dr.

J N VanderVeer, was constantly on hand seeing that everything and everybody functioned smoothly

The number in attendance was about the same as that of past years, and the same faces were to be seen for many who are active in the Society will be present for thirty years in the service of the organization Dr E Elliott Harris has been active in the Society for more than that time, serving on prominent committees and presiding over the deliberations of the House of Delegates This year his request to be relieved of further active duties was granted, and he was made Speaker Emeritus of the House of Delegates

HOUSE OF DELEGATES

The annual meeting of the Medical Society of the State of New York opened at 230 o'clock on Monday, May 21, 1928, in the Grand Ball Room of the Hotel Ten Eyck, Albany, N Y, with a session of the House of Delegates The House was opened without ceremony by the Speaker, Dr E Ehot Harris of New York, who has been Speaker ever since 1920, when the office was established, but on account of ill health he relinquished the chair to the Vice-Speaker, Dr John A Card, of Poughkeepsie

The first action was the appointment of reference committees to whom the consideration of the printed reports of the officers and committeemen was assigned The principal item of business of the afternoon session was a consideration of the amendments to the constitution and by-laws which had been advised by a special committee of which Dr S J Kopetzky was chairman the revision of the formal rules of the society is often referred to as the favorite pastime of members of medical societies, yet the revisions are necessary in order to keep abreast of the progress which takes place in administrative medicine as well as in scientific practice Medicine is progressing in every line, and in none is the progress more rapid than in methods of medical society activities It must be remembered that the Medical Society of the State of New York is a legal corporation with an annual budget of over \$100,-000, and activities touching civic procedures as well as the medical work of the members It is therefore necessary that every item of business be conducted in a legal way, and yet that formalism and confinement by outworn rules be avoided The Medical Society of the State of New York preserves a remarkable freedom of action by minor revisions of its governing rules in order to adapt them to developing conditions

The revisions adopted this year after a twohour consideration were all of a minor nature, and yet their total will be of great value in carrying on the affairs of the society smoothly and

promptly

The delegates dined together at 6 30 o'clock in the Ten Eyck About one hundred tickets had been sold previous to the dinner, but 140 physicians came and filled the dining room to its capacity Still the excess numbers brought the doctors closely together and promoted good fel-

The evening session was devoted principally to a consideration of the relation of the Cattaraugus County Medical Society to the Milbank Public Health Demonstration which has been conducted in that county during the last five years Dr I P Garen President of the Cattaraugus County Medical Society, introduced a resolution that the House of Delegates endorse the attitude of the Cattaraugus County Medical Society in its controversy with the Milbank Demonstration in Public Health administration This precipitated a debate and an explanation of the point of view of the County Society

Dr W D Johnson of Batavia, called attention to the lack of knowledge of the physicians generally as to what is taking place in Cattaraugus County and said -"I spent two days in Cattaraugus County two years ago, calling on doctors to ascertain their opinions of the Milbank Demonstration and found opposition except from two or three doctors who were receiving pay from the

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ence, were it founded upon precedents only Precedents were to illustrate principles and to give them a fixed certainty" The certainty of a rule, he thought, was often of more importance, especially in mercantile cases than the reason for it - It is for this reason that Mansfield has been called "the founder of the commercial law of England"

The attitude of judges in this respect depends much upon their training, heredity, environment and natural inclination. How these things enter into and are interwoven in the texture of the law reports has been brilliantly explained by Judge Cardozo of the New York Court of Appeals in his work entitled, "The Nature of the Judicial Process" In Albany today, under his brilliant leadership, we find as bold, as capable and as philosophical a jurist as has graced the bench of any court of the United States since the days of John Marshall In his hands no outworn or unjust principles escape his invigorating touch Old and outworn doctrines are discarded and new principles of justice are applied to new conditions He and his associates of our highest

Court are making great contributions to the jurisprudence of the country Indeed, what was said by Chancellor Kent with respect to the English decisions may be justly applied to the pronouncements of our Court of Appeals The judicial tribunals, says Chancellor Kent in the first volume of his Commentaries, "have been almost uniformly distinguished for their immaculate Every person well acquainted with the contents of the English reports must have been struck with the unbending integrity and lofty morals with which the courts were inspired do not know where we could resort, among all the volumes of human composition, to find more constant, more tranquil, and more sublime manifestations of the intrepidity of conscious rectitude If we were to go back to the iron times of the Tudors, and follow judicial history down from the first page in Dyer to the last page of the last reporter, we should find the higher courts of civil judicature, generally, and with rare exception, presenting the image of the sanctity of a temple, where truth and justice seem to be enthroned, and to be personified in their decrees"

CLAIMED BURN BY BAKING TREATMENT

In this case the plaintiff claimed that the defendant had been engaged to treat her for certain pains in her limbs, and that as a physician he had recommended certain electrical baking treatment to be administered. The plaintiff further charged that the defendant treated the plaintiff by giving her electric baking treatments, but the same was negligently and carelessly done, and by reason of such negligence the plaintiff's feet, ankles and legs were severely burned That when these burns were called to the attention of the defendant he negligently treated the same so that they became worse and the plaintiff was incapacitated for a long period of time and she was required to procure other medical assistance and treatment

In August the plaintiff had consulted her family physician with reference to a condition af-This physician recommended fecting her reet arch supporters for the plaintiff and also referred her to the defendant so as to get the correct type of arch supporter The plaintiff appears to have visited the defendant who, after examination recommended treatment for the arches and stated that her legs should be massaged three times a The plaintiff week for two or three months claimed that after the first visit to the defendant she went to the defendant's office and her legs were put in a machine and prepared for baking by a girl in the defendant's employ That the girl turned on the electric switch and left the

plaintiff in the room alone and unattended The plaintiff claims that immediately her feet felt as though they were burning That she clapped her hands and the nurse came in immediately and The plaintiff returned off the electric switch mained for massage and electric treatment and thereafter put on her shoes and stockings and She claims that when she arrived went home home she found large blisters on her feet That she then called the defendant who advised her to apply lead and opium and also unguentine. A few days later she called on the defendant at his office He at that time examined her feet and applied zinc ointment and her feet and legs were massaged by the defendant's nurse and a little onitment applied to them The defendant physician treated the plaintiff for about a week thereafter

This action came on for trial and resulted in a verdict in favor of the defendant, the plaintiff failing to prove that the result complained of by the plaintiff was due to any negligence or carelessness upon the part of the defendant, or that the defendant had failed to follow the proper and approved practice in his application of the baking treatment or the massage to the plaintiff's legs and feet From the judgment in favor of the defendant the plaintiff appealed to the Appellate Court, which court affirmed the judgment in defendant's favor and the dismissal of the com-

plaint

THE SCIENTIFIC SESSIONS

The reading and discussion of scientific papers constitutes one of the principal features of the meetings of the Medical Society of the State of New York as it does most other medical societies. This year 123 papers were listed on the program which were discussed by 218 speakers

Getting out a balanced program is a monumental work for which the Society is indebted to Dr S J Kopetzky, Chairman of the Scientific Committee, and his colleagues, the Chairmen of the Scientific sections The papers will be published in the Journal throughout the year

JOINT SECTION MEETING

A joint meeting of all the sessions was an innovation that worked out well. This was held on Wednesday evening in the Ball Room of the Ten Eyck, and was attended by over 200 members. The program was planned so as to present the newer movements in which phlysicians were interested. The program was as follows.

"Cost of Medical Care or Hospitalization of the Middle Class Economic Group," by Thomas P. Farmer, Syracuse, Chairman of the Committee on Public Health and Medical Education Dr Farmer reported studies of the cost of medical service in relation to the cost of living, and showed that it had not increased so rapidly as

most other items of expenditures

"The Medical Aspects of Workmen's Compensation," by Dr William Warren Britt, Tonawanda, Chairman of the Committee on Economics Dr Britt showed, among other points, the need of standardizing the laws relating to the medical aspects of Workmen's Compensation, and cited the differences in the laws of the several states regarding the definition of a hand and a foot Some states define the hand as extending to the wrist, and others to the elbow

"Morals of Medicine," by Dr Harry R Trick, Buffalo, incoming President of the Medical Society of the State of New York Dr Trick said that idealism is the most powerful attraction of the medical student. He urged physicians to cultivate the idealism, for any variation from the

highest motives arouses the suspicion of the public. The people generally admire the doctor because he embodies their ideal of service to their fellow men. It is gratifying to physicians that they are able to meet that ideal

"The Present Status of the Practice of Medicine," by Dr Linsly R Williams, Director of the New York Academy of Medicine Dr Williams is in a strategic position to observe the individualistic and selfish side of physicians, as well as their idealism. He touched on several points in which physicians are tempted to observe the customs of competitive business rather than altruism. Among other topics he discussed specialism, excessive fees, charity work in hospitals, the Life Extension Institute, and State Medicine as exemplified by the attitude of a class of doctors who are actuated by motives of selfishness

"The Future of the Practice of Medicine," by Dr Ludwig Kast, of the Committee on Graduate Education of the New York Academy of Medicine Dr Kast outlined a plan by which an interne in a city hospital would go to a rural community and take the practice of a local physician, while the doctor took the interne's place on the

staff of the hospital for a few weeks

The papers were well prepared, and were of general interest to the medical profession. They will be published in early issues of the Journal. The general meeting was a success, and will probably be repeated.

THE HEART EXHIBIT

The scientific exhibit which has been a feature of the Annual Meetings during the past three years was upon the heart this year, but instead of being set up for the last day of the meeting only, it was on view throughout the entire period. It was planned and conducted by a committee consisting of Robert H. Halsey, M.D., Chairman, Joseph H. Bainton, M.D., Secretary, Clarence E. de la Chapelle, M.D., Erastus Corning, M.D., Joseph A. Cox, M.D., Arthur C. DeGraff, M.D., L. Whittington Gorham, M.D.

The pathological specimens of Douglas Symers' collection of Bellevue Hospital were brought to Albany and set up under the supervision of Dr Joseph Bainton

A series of charts were also shown, among which were those which were prepared to illustrate the findings of the special committee for the section on heart disease, of which Dr Halsey was Chairman

The Scientific Program on Thursday consisted of lantern slide demonstrations of heart disease and a series of moving picture studies illustrating heart block, heart valves in action, and the growth of cells artificially cultivated

The heart exhibit and demonstration was eminently successful, and was worthy of far greater study than the average doctor could give to it, but it will enable him to visualize the heart when he reads about the organ Demonstration The opposition was based on specific reasons which were definite and proper Nearly all that had been printed regarding the Demonstration had come from the agents of the Demonstration, and I have found it necessary to instruct practically every new group of Doctors that I meet regarding what has been done in the County"

The President, Dr James E Sadlier, suggested that the Speaker call on Dr W H Ross, one of the Trustees of the Society, who, with Dr Arthur W Booth, a fellow Trustee, had served on a special committee to investigate conditions in the county and bring about a settlement of the differences of opinion between the County Society and the managers of the Demonstration Dr Ross reviewed briefly the lengthy meetings of the representatives and their agreement on eight general principles and seven specific points relating to the Demonstration, all of which were printed on page 495 of the May first issue of this Journal, in the report of the Secretary Ross said that the report of the Secretary brought the information down to the middle of April, and that events since that time could be taken as an indication of the attitude of the men of the Milbank Foundation toward the agreements said that three significant events had occurred since the middle of April

1 The Secretary of the State Charities Aid Association, the operating agent of the Milbank Demonstration, had spent three days in Cattaraugus County and had not consulted the officers of the County Medical Society, or the local physicians, although agreement number seven stated that the Secretary "would use his best influence to bring together the President and the Executive Secretary of the Cattaraugus County Tuberculosis Association and the President of the Cattaraugus County Medical Society to arrange these

matters"

2 The Secretary and the agent of the Milbank Demonstration had gone to Chicago to a Conference on Public Health called by the A M A and had presented the point of view of the Demonstration, although agreement number two was "That the object of all publicity should be simply to inform the people of the county of the public health work which is being done, why it is being done, and why it should be done"

3 The Milbank Demonstration had rejected the offer of the Medical Society of the State of New York to send representatives to assist in planning the budget of the Demonstration for

the coming year

Dr Ross agreed with Dr Johnson that the story of the recent conferences over Cattaraugus County should now be published, but that its publication had been delayed because of the lack of precedents, and the evolutionary state of the subjects under discussion After Dr Ross had closed his explanation the House of Delegates

unanimously adopted the following resolution Resolved, That the House of Delegates of the Medical Society of the State of New York sustains and endorses the protest of the Cattaraugus County Medical Society in its opposition to the Milbank Health Demonstration as at present conducted by the State Charities Aid Association, because it (the Milbank Foundation), has not governed itself either in spirit or practice by the principles laid down by this Society for the conduct of its members in their relation to Public Health work conducted by lay organizations

The election of officers was held on the morning of Tuesday, May 22, and resulted as follows

President-elect, James N Vander Veer, M D, Albany, First Vice-President, Thomas H Farrell, M D, Utica, N Y, Second VicePresident, Edward W Weber, M D, White Plains, Speaker Emeritus, E Eliot Harris, M D, New York, Speaker, John A Card, M D, Poughkeepsie, Vice-Speaker, Walter D Ludlum, M D, Brooklyn, Secretary, Daniel S Dougherty, M D, New York, Assistant Secretary, Peter Irving, M D, New York, Treasurer, Charles Gordon Heyd, M D, New York, Assistant Treasurer, James Pedersen, M D, New York, Trustee, Arthur W Booth, M D, Elmira

Chairmen of Committees — Legislation Henry L K. Shaw, M D, Albany, Public Health and Medical Education Thomas P Farmer, M D, Syracuse, Scientific Work Arthur J Bedell, M D, Albany, Medical Economics W Warren Britt, M D, Tonawanda, Public Relations James E Sadlier, M D, Poughkeepsie, Medical Research Frederic E Sondern, M D, New York

Delegates to A M A, 1929 and 1930—James E Sadher, M D, Poughkeepsie, Arthur J Bedell, M D, Albany, John A Card, M D, Poughkeepsie, Arthur W Booth, M D, Elmira, Grant C Madill, M D, Ogdensburg, Thomas C Chalmers, M D, Forest Hills, Frederick H Flaherty, M D, Syracuse

Alternates — E Livingston Hunt, MD, New York, George W Cottis, MD, Jamestown, Charles H Goodrich, MD, Brooklyn, Andrew Sloan, MD, Utica, Richard E Townsend, MD, New York, Robert L Reid, MD, New York, Henry C Courten, MD, Richmond Hill

Dr E Eliot Harris would have been re-elected Speaker of the House of Delegates if he had not refused to consider accepting the office on account of physical inability to perform its duties. The House therefore by unanimous consent made him Speaker Emeritus

The proceedings of the House of Delegates were singularly free from contests and acrimonious debates, because the members came to the sessions well informed on the questions that are being considered by physicians and medical societies

The minutes of the House of Delegates will be printed in an early issue of the Journal

ans while he was a missionary in New Mexico and studied the Indian at close range and intimate acquaintance. He described the training of a boy in his preparation to become a medicine man and to practice medicine after the conditions of his ancestors. The boy learned the prayers to be made to the Dispenser of Life and Health so that when he is called to a home, the patient will believe that his medical powers have been bestowed upon him by the special favor of the Great Spirit

The young learner has impressed upon him the idea that he alone has been chosen from his tribe to be the recipient and dispenser of healing knowledge, and he practices his art in full belief of its efficiency. Much of the art of the medical Indian consists of mental suggestion. He beats his tom tom and tells the patient over and over "I am the strong man, I have the power, you will be well, sleep and rest." The Indians prescribe fasts, sometimes lasting for four days, and often

with excellent results The woman with a sick baby on her back will gather herbs which she herself will take on the theory that the virtue of the herbs will pass into the child with her milk Sweat baths followed by plunges in the cold river are also frequently prescribed Dr Vruwink also described a drug used by the Indians as a narcotic, which prolongs the sense of time and induces fantastic dreams and visions which Indians interpret as scenes of heaven The Indians perform a religious ceremony by sitting in a teepee and chewing the drug until they see and hear glorious things of the spirit world The Government does not enforce the narcotic act and suppress the use of the drug because to do so would interfere with a religion and with agelong customs in which the Indian believes that he goes to the spirit world and lives in heaven for days at a time

Altogether the annual meeting was one of unusual interest and value

COMMERCIAL EXHIBITS

The Commercial Exhibits were arranged with unusual care and completeness, and covered almost the entire floor of the Armory Most of the exhibitors were advertisers in the Journal and were anxious to promote the welfare of the State Medical Society in every possible way because the deep interest of the physicians in the Journal means an increasing number of readers who are interested in the announcements which it carries

The advertisers who tell about the goods in the Journal valued the opportunity to meet the doctors and to show them their wares. Since the State Medical Society sold exhibit space just as it sold pages of advertising in the Journal, the obligation to supply an audience was analogous to that of sending the Journal to a certain number of readers. Doctors generally do not realize their debt to the dealers in drugs and other supplies, and do not go out of their way to seek him. It is therefore necessary to locate the exhibits where the maximum number of doctors congregate

The Committee on arrangements had intended that the sections on Medicine and Surgery should occupy two rooms at the far end of the Armory so that those attending the sections should pass the full length of the Exhibit Hall. The permission to erect a board partition was denied by the State authorities, and a curtain was used in its place, but the unexpected condition developed that all the sound of the main floor became concentrated in the meeting rooms, making them too noisy for use. The sessions therefore adjourned to other buildings thereby taking away a large proportion of the physicians whom the exhibitors expected to reach. This lack of facilities for creating an audience was unfortunate, for the exhibitors were not only of the highest standing

among physicians, but they had planned their exhibits with unusual care for attracting the attention of the physicians as well as to obtain orders for their wares. The officials of the State Medical Society did all that was possible to correct the defects even to having handbills printed and distributed to all the sections and to all that entered the Armory. These handbills called special attention to the high class of the exhibits and especially requested the physicians to call at the booths.

In view of the conditions in the Armory the exhibitors made the suggestion that the meetings of the State Medical Society be held in a hotel which could accommodate all the features of the program under one roof. This suggestion is discussed editorially on page 664 of this JOURNAL.

The Managers of the exhibits had planned the new feature of holding the manufacturers' section in connection with the exhibits, and had provided a large meeting room equipped with stereopticons and moving picture machines, and had myited a number of exhibitors to demonstrate their wares in a scientific way after the manner of the scientific sections Eight exhibitors responded and submitted either a written lecture or an outline of a talk or moving picture reel The plans were apparently perfected in all details, but their execution was difficient because of the lack of a sufficient audience Physicians who happened to be near the entrance of the room when a lecture was announced would enter, but few would seek the room as a result of reading an announcement in the official program of the annual meeting The plan was entirely practical, but physicians were not aware of the instructive and interesting character of the sessions

BANQUET

The annual banquet of the Medical Society was held on the evening of Tuesday, May 22nd, in the Ball Room of the Ten Eyck Hotel, with

over 275 members and guests present

The dinner was marked with an unusual degree of good fellowship. Of special note was the reunion of the members of the Class of 1883 of the Albany Medical School. The Class numbered 56, of which 14 are living and 8 were present at the banquet. Those present were Drs. John H. Stephens, New Hartford, N. Y., Irving D. LeRoy, Pleasant Valley, N. Y., C. F.

Wharton, Richmondville, N Y, J F Reilly, Rensselaer, N Y, J Wilson Poucher, Pough-keepsie, N Y, Charles P McCabe, Greenville, N Y, Frank T De Lang, Rockville Center N Y, Herbert L Odell, Sharon Springs, N Y

Immediately after the banquet, the tables were removed and the hall was prepared for the annual meeting of the Medical Society of the State of New York. The speaking at the meeting took the place of the usual after-dinner addresses. This innovation proved to be successful and the hall was filled to capacity for the meeting.

ANNIVERSARY MEETING

The Charter of the Medical Society of the State of New York requires that the organization shall hold an annual or anniversary meeting, but it does not prescribe its character or what business, if any, shall be transacted

The President of the State Society, Dr. James E. Sadlier, introduced Governor Alfred E.

Smith as the guest of honor

The Governor gave an intimate account of the detailed duties of the Chief Executive of New York State. He receives requests from the school children for data for debates on capital punishment, and acts as host for foreign delegates who make lengthy speeches, and he must greet grooms who wish to impress their own importance on their brides, and once he was manager of the Capitol building for a whole winter and signed the coal bills while the other members of the Commission were absent, but conditions are now much better since there are only seventeen departments of the State business, instead of 153 as before the organization of the State machinery

Governor Smith said that he knew medicine from the standpoint of the State which required physicians to undergo tests just as do banks and insurance companies A man can stand a poor lawyer, but not a poor doctor, for he can reason out a law question, but not medical science In 1908 the State stopped the use of the word "Bank" by Department Stores, and anyone else who will not submit to the regulations of New York State By the same reason the State for-bids the use of the word "Doctor" except by a trained physician, for when the patient calls a physician, it means that he has exhausted his own resources and calls a doctor as a last resort. The Governor related his experience while he was President of the Board of Aldermen returned to duty after a sickness from rheumatism, a portly policeman told him that if he had come to him he could have prevented the rheumatism for all he had to do was to sprinkle some sulphur in his shoes

The Governor said that a diversity of interests

exists in the State and it is difficult to create a public opinion of much weight and size. The propagandist persists until he gets a following, while the right-minded man depends on the integrity of his problem and is not always successful For this reason the State needs the help of Rotary clubs, bar associations, women's clubs, and other organizations, and especially the aid and support of societies of physicians in the solution of problems of a civic nature

The President then introduced Dr Harry R. Trick, the new President, who had already begun his official duties by presiding at an organization

meeting of the Council in the afternoon

Dr James E Sadlier then gave the annual President's address, which is printed as the first article in this JOURNAL Striking excerpts from his address are also printed on page 662 of the

editorial department

Dr James S Sullivan, Ph D, of the State Department of Education, Deputy Commissioner for Professional and Higher Education, was next introduced, who said that he knew medicine as history better than as a science. Some problems of medieval medicine were almost insurmountable in France in the Fourteenth Century, when one out of every two persons was disfigured with the marks of smallpox, and yet today there exists in the United States organizations for the purpose of opposing vaccination. The sterilization of the unfit is still a measure of the future which will have to be taken up in order to protect society from the unfit which flourish now as they did five hundred years ago.

Dr Sullivan considers that the medical profession is overcrowded and that an overcrowded profession is one of low standards. He sees no prospect of inducing doctors to settle in rural communities. He closed with a plea for the continued education of doctors by means of courses which shall include actual practice as well as

reading and correspondence

The Rev Henry A Vruwink, Pastor of the Madison Avenue Reformed Church of Albany, told of his medical observations among the Indi-

SCHOOL EXAMINERS' CONFERENCE

A dinner conference of the Medical Examiners of School Children was held on Monday evening with Dr William A Howe, Director of the Bureau of School Examinations in the State Department of Education General topics were discussed, including the promotion of the employment of dental hygienists,—a plan which is endorsed by dentists generally

The Conference also discussed the newspaper report that the work of the Medical Examination of School Children would be combined with that of their physical training, and that the combined work should be under the Director of Physical Training. The physicians attending the Conference felt that the subordination of purely medical work to a director untrained in medicine was

wrong in both principle and practice. The physical training division stresses the production of winning teams and the promotion of spectacular games, while the medical examinations work consists in discovering physical defects, and prescribing for their correction There is also a border line condition in which ordinary children are neither athletes nor defectives. The children in this group are not strong enough to be of interest to the physical trainer, nor sick enough to receive the personal attention of the doctor question is, who can reach this group of children best, the physical trainer or the doctor? The ideal method would be that the physical trainer should give exercises to these children upon the prescription of the doctor

PUBLIC HEALTH EDUCATION IN MIDDLETOWN

One element of success in public health education is that it shall be interesting. Dr H J Shelley, health officer of the City of Middletown, New York, has hit upon a plan which attracts and holds the attention of the readers, be they young or old He issues a mimeographed Bulletin monthly, which contains items regarding the activities of the Board of Health written in a bright, simple But its special attractiveness are the cartoons which it contains, two of which are reproduced with this article. The cow in the bath tub enforces the idea of cleanliness in milk production, and accompanies a page description of the new milk code The cartoon call for clean-up week is far more effective

than pages of printed appeal
Dr Frank W Laidlaw, District State Health
Officer who lives in Middletown, has also made
use of cartons in the mimeographed Bulletin
which he sends to his health officers every



month, a copy of which was reproduced on page 310 of the March first issue of this JOURNAL

Mayor Macardell has designated the week beginning May 7th as



We're On Our Way, Mayorl



feature of the program may be developed provided the exhibits are held in the same building with the other features of the program

The exhibits in the Manufacturers' sections

have confirmed the opinion of those who came in close contact with the dealers in medical wares that the ethics and science displayed by the exhibitors were identical with those of physicians

EXHIBITORS' RECEPTION

The program of the Commercial Exhibits was begun on Monday evening, May 21st, with a reception to those in charge of the exhibits. This reception was held in the Hotel Ten Eyck and was attended by over one hundred exhibitors.

The program of the evening was opened with brief addresses by Drs Wightman, Sadlier, and Van Cott, in which the speakers referred to the high character of the exhibits and the necessity of the wares to the doctors. The response of the advertisers was the best indication that the Journal was being read by the physicians. When a physician reads the Journal and is pleased with it, he says nothing about it, but when an advertiser reads the Journal and is satisfied with it, he forthwith gives an order for more advertising

The increased receipts from the advertising pages are proof to the editors that physicians read the Journal and profit by what they read

Dr Wightman, who presided at the introductory meeting, called on several of the exhibitors Mr P G Bray of the Livermeal Corporation, said that every day inquiries come to his Company as a result of advertising in the New York State Journal of Medicine Mr W P Schmidt, representing the Cameron's Surgical Specialty Company, gave a humerous description of some of his experiences in getting by the nurses who guard the doors of the

doctors' offices He said that the advertisers all appreciate the fact that they are welcomed in the editorial offices of the New York State Journal of Medicine, and that they are treated with cordiality Mr Storer of the John Curtiss Company, Inc, said that he was an advertising agent, and that he therefore stood between the advertiser and the Medical Journal One of his problems was how to restrain an enthusiastic dealer from over-estimating the value of his own wares, however his enthusiasm was but natural and he usually found that the advertiser was quite willing to have the medical men edit his copy and make it entirely truthful and scientific

Dr Wightman described the proposed Manufacturers' Session or Section which would be introduced this year as an experiment. The plan was that a room would be provided with lanterns and could be used by invited advertisers who would exhibit their wares after the manner of the speakers in a scientific session. Dr Wightman said that he felt that the dealers and manufacturers could be trusted to put on a program which would be every bit as scientific and ethical as that of the medical men themselves

Following the opening program an entertainment was given by talent from New York and Albany

The evening's program closed with refreshments

CONFERENCE OF DISTRICT HEALTH OFFICERS

It has long been the custom of the State Department of Health to hold a conference of the heads of divisions with the District State Health Officers at the time of the Annual Meeting of the Medical Society of the State of New York The conference this year was held on Tuesday morning in the rooms of the State Department of Health The principal topic of discussion was the new milk code which goes into effect throughout the State of New York on July first The fifteen District State Health Officers have done an immense amount of work in instructing the one thousand health officers of the State regarding the standards of the code The essential point of the new regulations is that bacterial counts are made the principal basis for judging the purity and wholesomeness of milk

are an immense number of details to be worked out regarding the enforcement of the code. It is the intention of the State Department of Health to emphasize its enforcement in the cities and larger villages first, and to extend the work in widening circles into rural communities.

The Deputy Commissioner of Health, Dr Paul B Brooks, announced that he was about to start for Europe in order to attend the World's Dairy Congress which will be held in London, Edinburgh, and Glasgow between June 26 and July 13 Dr Brooks has been appointed by Governor Smith to be a delegate from New York State He will also represent the International Association of Dairy and Milk Inspectors The District State Health Officers presented Mr Brooks with a travelling bag

new acini (adenoma) These changes give rise to a variety of clinical conditions and formerly much confusion resulted from a lack of uniformity in terminology and simplicity in the classification of pathologic thyroids Henry S Plummer is probably the one who clarified the situation and classified goiter as follows

- (1) Simple goiter (colloid, adolescent)
- (2) Adenomatous goiter (toxic or non-toxic)
- (3) Exophthalmic goiter (Graves', Basedow's or Parry's disease)
 - (4) Carcinoma, tuberculosis, thyroiditis, etc

"The value and importance of this classification is emphasized by the successful management of goiter patients. It means that proper treatment is entirely dependent on a correct diagnosis because of a definite and constant relationship between the clinical symptoms and pathological conditions which exist in cases of hyperthyroidism. In the treatment of these cases many procedures have been suggested and used. The claims of success are at times enthusiastic and again pessimistic.

"After observing several hundred cases I am convinced that surgery offers the principal mode of attack, and by it the most efficient and beneficial results are obtained Surgery however, is not the primary mode of attack Certain preliminary measures are not only essential, but are definitely the factors which influence both the immediate and late mortality statistics in these cases

"There is no standard preoperative treatment because no two cases will show the same degree of toxicity. Hence the variability in preparation. In exophthalmic goiter—rest, iodine and high caloric diet are the fundamentals. In adenomatous goiter with hyperthyroidism the principles are similar except that iodine is not used. Many non-toxic adenomatous cases are rendered toxic by the unintelligent use of iodine. The use of digitalis in these cases must be avoided rather than used.

"Surgery in these cases should only be done by men who are trained in the field and who know when not to operate in a crisis The amount of surgery may produce more harm than good Essential elements in caring for these cases are hemostasis, adequate exposure and team work A successful operation does not terminate the supervision of the case Either the surgeon himself or he should instruct the family physician in the fundamentals of rebuilding the injured nervous system, muscle system and blood At the present time in well organized teams—the mortality in hyperthyroidism is remarkably low and should stimulate physicians to send their cases early be fore visceral degeneration is manifest

Discussion by Drs J S Thomas, W H Barber, E E Smith, and T M D'Angelo and closed by Dr Sullivan

The following reports were received

For the Comitia Minora, E E Smith, secretary, for the Board of Censors, E A Flemming, chairman, who moved the election to membership of the following approved and recommended by the Board of Censors

The following doctors were elected to active membership Peter Byron, Corona, L I, Edward M Douglas, Jamaica, Harry Goldberg, Elmhurst, Harry Hanfling, Jamaica, Forrest Hayes, Flushing, Leslie Katona, Flushing Heights, T Roy Peyton, Jamaica, Charles M Reid, Jamaica, Hyman Rivkin, Far Rockaway, Mitchell Jay Rabinowich, Jamaica, Archibald Oliver MacDonald Wood, Far Rockaway

The following internes were elected to associate membership Harry Altner, M D, Rockaway Beach Hospital, William D Stein, M D, Rockaway Beach Hospital

The following were received by transfer Louis A Gryte, M D, Queens Village, James H Watts, M D, Little Neck, Irving Simons, M D, Forest Hills

For the Board of Trustees Dr Chalmers reported upon the plans of a building for the Society to be erected on one-half the property now held by the Society on Queens Boulevard in Forest Hills The contemplated façade and floor plans were shown by lantern illustrations. He further reported on the estimated cost not to exceed \$250,000 00, the estimated annual income from rentals to the amount of \$17,132 00 and the estimated cost of maintenance to the amount of \$10,800 00. He thereupon, moved the adoption of the following resolution submitted by the Board of Trustees

Resolved, That the tentative plans as submitted by the Board of Trustees be adopted as representing the requirements of a building for the Medical Society of the County of Queens, provided that the total cost of building and equipment shall not exceed \$250,000 00, and

Be It Further Resolved, That the Board of Trustees be and are hereby empowered to make such changes as may be deemed expedient or commensurate with the amount of building fund raised, and that they shall be empowered to make all necessary contracts and financial arrangements to complete this project Motion carried

Upon the offer of Dr. Rohr that at least ten speakers from the public speaking course were available now for addressing lay bodies Dr Flemming moved that the matter be referred to the Committee on Public Health and Public Relations, and that they be requested to report at a future meeting regarding the utilization

CATTARAUGUS COUNTY MEDICAL SOCIETY

The annual meeting of the Cattaraugus County Medical Society was held Tuesday evening, May 1st, at the Dudley House, in Salamanca

The meeting was a very enjoyable one, and was attended by 29 members

Following dinner, a short business session was held The chief matter of business was the election of officers The following men were elected

Charles A Lawler, Salamanca, President, Leo Reimann, Franklinville, Vice-President, Raymond B Morris, Olean, Secretary-Treasurer, Joseph P Garen, Olean, Delegate, Leslie J Atkins, Olean, Alternate The membership application of Dr C G Steinhauser, of Cattaraugus, was reported, and favorably acted upon He was elected to membership

Following the business session the membership were presented with the following scien-

tific program

George J Eckel, Buffalo—"Kidney Lesions Their Significance," William D Johnson, Ba-

tavia-"Surgery Past and Present"

Both addresses were interestingly delivered, without notes Being an unusual departure from the more common type of prepared paper, they were enthusiastically received

R R Morris, Secretary

WYOMING COUNTY

The regular quarterly meeting of the Wyoming County Medical Society was held in Perry, N Y, at the Hotel Commodore April 17, 1928 A dinner in the convention room was given by the Society in honor of Drs J E Slaught of Warsaw and John Harding of Perry, commemorating their fifty years of ethical medical practice. They were presented with flowers by the Society. Dr Slaught was presented with a gift from the physicians of Warsaw and Dr Harding a gift from the psysicians of Perry Dr M J Wilson and Dr L M Andrews spoke of the accomplishments of Dr Slaught and Dr P S Goodwin and Dr J R Brownell spoke of the accomplishments of Dr Harding

The meeting was then called to order by President Klostermyer Dr Robert E Plunkett, Director, Division of Tuberculosis, New York State Department of Health, addressed the Society on the subject "The need for Early Diagnosis and Early Reporting of Tuberculosis" The address was illustrated by a two film motion picture "The Doctor Decides" The pictures were shown in the Auditorium Theatre

The address and pictures were very interesting and instructive and were much appreciated by all the members and their guests Twenty members and fourteen guests were present

HENRY S MARTIN. Secretary

QUEENS COUNTY

A regular meeting of the Medical Society of the County of Queens was held at Eagle Palace, Jamaica, April 24, 1928, at 8 30 P M, with the president, F G Riley, M D, in the chair

A paper, Hyperthyroidism, Its Surgical Aspects, was given by Raymond P Sullivan,

M D, of New York

Dr Sullivan spoke in part as follows

"Hyperthyroidism is a physiological status that pertains when the amount of thyroid product, known as thyroxin, exists in the tissues of the body above normal. Under normal conditions the thyroxin content is maintained at about 14 mg. The average person discharges approximately 0.75 mg daily

"Hyperthyroidism occurs in three states (1) following the administration of thyroid gland or its active agent, thyroxin, (2) in persons having exophthalmic goiter Mild hyperthyroidism is sometimes present in other conditions, as in essential hypertension and certain psy-

choneurotic states Also occasionally in cases of diffuse colloid goiter with or without areas of hypertrophy in which there is not sufficient evidence to classify them either with endemic goiter or exophthalmic goiter

"In order to properly understand the pathological condition of thyroid, one must have clearly in mind the normal histology of the gland. It is constituted of vesicles lined with cuboidal or low columnar epithelium supported by sustentacular tissues common to gland structure. Within the cells are granules, vaciloles and protoplasmic bodies mitochodria. New acini are probably formed in intervesicular spaces by the reserve parenchymal cells. Pathologically three types of structural changes within the thyroid are most frequent, viz, (1) flucations in the amount of colloid stored in the vesicles (colloid goiter), (2) hypertrophy or hyperplasia of the vesicular epithelium (exopthalmic goiter), (3) the development of



MEDICAL WARES



SURGICAL HOSE

Supports for swollen legs and varicose veins have been used from time immemorial. The earliest form was the long, narrow bandage wound round and round the limb. The roller bandage is still effective when it is put on every morning and removed at night, but in these day of short skirts the women demand something

thin and sightly

The supports which have been devised by physicians and makers of orthopedic apparatus have undergone a surprising evolution in three stages in each of which an entirely new principle has been introduced First was a canvas legging rudely shaped to the leg and laced on the front or side. It was bulky and heavy and often became creased, it gave relief, especially when it was properly fitted to the limb and was well adjusted While it was only a crude piece of apparatus, yet it was widely used, for it is cheap and durable and, to a certain extent, adjustable. It is still a form of support to be prescribed for poor persons who must be on their feet during their work. These persons are not concerned with appearances, but they desire a degree of relief that will enable them to continue their work and earn a living Physicians will do well to remember the existence of this old form of canvas support, when they seek to relieve a day laborer from the disability of varicose veins

Following the canvas legging came the woven elastic stocking In its latest form its horizontal thread is made of rubber string, and the vertical The rubber weaving is ordinary linen thread string is about the size of the lead of an ordinary pencil, and is covered with woven thread stocking is designed to exert a constant pressure upon every part of the limb, in whatever position the limb may be The first stockings were woven flat and their edges were sewed in a seam Later, methods were devised to weave the stocking without a seam, but the most improved rubber elastic stocking has its serious limitations Its rubber is subject to deterioration in a few weeks like the rubber of an ordinary garter If the stocking covers the knee, it becomes tightened when the knee is flexed, as in standing, and so it is likely to stretch in one part more than another A new stocking is likely to be too tight, and when a few weeks old, too loose Moreover, the rubber stocking is thick and hot and causes itchings and eruptions of the skin. The greatest objection to an elastic stocking was that the pressure which it exerted was continuous, and was in operation whether it was needed or not, yet this form of hose represented the peak of progress in surgical hose for decades and thousands of persons have worn them with satisfaction

The most recent advance in the evolution of surgical hose is the application of a lifting support by means of a peculiar weave of the fabric. The principle of its action is like that of a collar employed to pull a telephone cable through the conduit. The rope is attached to the cable by means of a collar whose bands are interlaced spirally so that traction causes the collar to grip the cable with a force which is directly proportional to the pull on the rope. The harder the lengthwise pull, the tighter the grip on the cable

The newest form of surgical hose act on the same principle. It is made of a soft, web-like material which yet is firm when it is stretched. On pulling it lengthwise it becomes narrowed in its diameter and so grips the limb snugly. The hose is usually made to reach from the middle of the foot to the middle of the thigh and its top is supported by a garter attached to the corset in such a way that it exerts compression when the wearer stands, but relaxes when she sits. Thus an adjustable pressure is exerted on the leg when it is needed as in standing, while it is relaxed during sitting when a support is not needed.

The newer surgical hose is light and inconspicuous, and can scarcely be detected when it is worn under a silk stocking. It does not depend on its constant close fit for its compression, but its action is uniform over the whole limb when traction is made on it by a garter. It embodies the desirable qualities of comeliness, effectiveness and comfort. It is also washable since it is made of linen, and being thin, it quickly dries

This new surgical hose is readily adaptable for men's wear by the use of a supporting belt, or suspenders, but women learn to wear it more readily because they are accustomed to stocking supporters

of such speakers Motion seconded and passed Under new business Dr Chalmers offered blanks for signatures of those taking bond issues

Dr Flemming addressed the society on the increase of malpractice group insurance rates, and read a resolution of the Executive Committee of the State Medical Society regarding the new schedule which had been arranged with the Aetna Life Insurance Company and

recommended by the Medical Society of the State of New York

President Riley reported on matters relative to the Department of Health and moved that the Society endorse Commissioner Harris' plan for food examiners Motion seconded and passed

Collation Attendance, 72

E E SMITH, Secretary

COLUMBIA COUNTY

The semi-annual meeting of the Columbia County Medical Society was held at the Holsapple House, Copake, N Y, Tuesday, May 8, 1928, with President Diefendorf presiding

Members present Drs. Bradley, Collins, Diefendorf, Galster, Garnsey, Johnson, Mambert, Nichols, Post, Robert, G. W. Rossman, C. G. Rossman, Raabe, Skinner, Van Hoesen, Vedder and Whitbeck and Dr James A Sadlier, President of the Medical Society of the State of New York as guest

Dr S V Whitbeck, Chairman of the Committee on Public Health and Post-Graduate Education, reported that a series of four lectures had been given at the Hudson City Hospital during the month of April on Physio-therapy by Dr

Richard Koyacs of New York City

The Secretary reported that the petition authorized by the society at its meeting last October to the Board of Supervisors for the establishment of a State Aid Public Health Laboratory had been approved by the Board of Supervisors and \$4,000 appropriated as the county's share, and that the Common Council of the City of Hudson had also appropved the petition Inasmuch as the Hudson City Hospital had refused to cooperate with the society, the supervisors had deferred the naming of the Board of Managers

On motion of Dr Van Hoesen the society voted

approval of the following resolutions

Resolved, that the Columbia County Medical Society approve the Laboratory about to be established by the Hudson City Hospital and agree to support and cooperate with such laboratory in its work

Resolved, that the previous resolution of October, 1927, relating to the request from the Columbia County Medical Society to the County Board of Supervisors for the establishment of a State Aid Public Health County Laboratory be rescinded

On motion of Dr Bradley a committee of three, Drs Whitbeck, Collins and Garnsey were

appointed to draft a resolution on the death of Dr Frank B Wheeler

On motion the President appointed Drs Mambert and Van Hoesen, a committee on Public Relations, to work with lay organizations for better public health condition in the county

Moved and seconded that the treasurer be authorized to pay for dinners Carried

The committee appointed to draft resolution on death of Dr Frank B Wheeler, offered the following

Be It Resolved, that the Medical Society of the County of Columbia through the death of Dr Frank B Wheeler, has lost one of great professional ability and high personal attainments He had acquired the confidence and admiration of our society and we deeply deplore the loss we have sustained through the death of a most faithful and loyal member

We extent to his widow and family our deepest

sympathy

Dr. S V WHITBECK, Dr. W D Collins, DR N D GARNSEY

The scientific session consisted of an account of an unusual case of dermatitis, probably caused by medication, by Dr N D Garnsey, and an exceptionally interesting and instructive address by Dr James A Sadlier, president of the state society on "Activities of the Medical Society of the State of New York" In his address Dr Sadlier stressed the importance of County Medical Societies cooperating with the efforts of the State Society, to make the medical profession the guiding influence in all public health endeavors

Before adjournment the society was entertained by a moving picture entitled "How Biological Products Are Made" The showing was made by Mr Schriever of Parke, Davis & Co and included Diphtheria Antitoxin, Typhoid Vaccine and Small-Pox Vaccine

C R SKINNER, M D, Secretary

EARLY MAN

This Journal has frequently quoted the daily papers in explanation of studies in the origin and evolution of man. The New York Sun of May 14 contains an article describing the fourth expedition of the American Museum of Natural History to the Desert of Gobi in Central Asia in quest of fossil remains of early man. The expedition is led by Roy Chapman Andrews who has headed the three previous expeditions, one of which resulted in the discovery of several nests of dinasaur eggs some 10,000,000 years old. The Sun quotes Mr. Andrews as follows.

"We believe man originated in Central Asia, because we know that for millions of years it has offered conditions most encouraging to his development. This plateau was high, lightly forested, with an exhilarating climate, providing the stimulus for the dawn man to develop and go forward. It is also the oldest continuously dry land in the world, because it remained above the

waters while the land masses of Europe and America were periodically rising and falling

"We know, too, that the area we are to search escaped the glaciation of the ice ages in Europe, during which it was a humid region, becoming dryer as the ice receded, becoming semi-arid, savannah country"

"The 'dawn man' which the present expedition hopes to find is believed to have existed back beyond the Pleistocene geologic era, in the Pliocene of a million years ago, or even the Miocene or Oligocene of two and three million years ago"

The account continues

"Andrew's first objective is an uninhabited area, 300 miles northwest of Kalgan, on the southern edge of the Gobi desert, where his previous expeditions found deposits of a geologic period which best promises to yield evidences of the "dawn man" if they are to be found. It is country much like the "bad lands" of the Dakotas, deeply eroded by the storms of eons."

GARDENS OF HEALING

The cultivation of medicinal plants does not interest physicians to such an extent as it did a century ago when every physician was his own pharmacist and his drug store was a "Doctor's Shop" Doctors today do not have to give much thought to the growth of vegetable drugs, and it is doubtful that many physicians would know a plant of digitalis or belladonna or veratrum viride if they should see one, as they frequently do in flower gardens and swamps. Yet the quantity of plants used in medicine is probably greater than ever, but the average doctor knows them only by their names on bottles and packages

The former importance of the industry of growing medicinal plants is indicated by the action of the Legislature of New York about a century ago in passing an excellent law establishing educational requirements for the practice of medicine and then making it of no effect by adding the provision that anyone could practice medicine provided he limited his work to prescribing vegetable products grown in New York State Since prescribing drugs was about all there was to the practice of medicine, quacks flourished in the land, especially the cult called Thompsonionism after a man who

capitalized the law. This cult and Homeopathy found ready acceptance by the people who revolted against the usual practices of bleeding and dosing with mercury

Growing medicinal plants is of so much importance that the University of Washington maintains an experimental garden, concerning which the New York Herald Tribine of May 16

says editorially

"This particular garden, it appears, is the largest of its kind in the world. The university is preparing to send out newly raised medical herbs and drug plants to hundreds of collectors. The list of foreign countries applying for medical plants and seeds, it is interesting to note, is headed by Germany. The aim of the university garden is 'to serve the world in propagating plants with healing properties." A worthy aim indeed! The announcement comes sweetly as the fragrance of the healing plants. In a world in which so much ingenuity is devoted to perfecting engines of destruction, it is reassuring to know that means for the alleviation of pain come in for some attention, too

"We envy the caretaker of the garden his job We think of him as a placid man, with a quiet voice and an easy conscience"



THE DAILY PRESS



SNAKE SERUM

Publicity regarding snake serum is one of the public health services rendered by the daily news-The editors of this Tournal have found the newspapers to be their chief source of information regarding snake serum, whose production is promoted by Raymond L Ditmars, Curator of Reptiles in the New York Zoological Park This Journal of July 1, 1927, page 743, described a trip of Dr Ditmars to Algeria to investigate the immunity of snake charmers to cobra poison-Dr Ditmars has recently been to Honduras where the increasing number of deaths from snake bites is causing apprehension among banana A banana plantation is a harbor for all kinds of snakes, which find hiding places in the dangle of fallen leaves which cover the The New York Herald Tribune, of May 14, says editorially

"One Central American fruit company alone reckons with a loss from snakebites of 200 laborers annually It is on a plantation of that company that Douglas March has established the famous serpentarium which Dr Ditmars has just visited. When the plantations are cleaned up he follows the machetemen on the watch for snakes, and the more poisonous they are the happier Mr March is. Coral snake, fer-de-lance, parrot viper—he seeks them all, herds them in separate pits, then milks them regularly of their poison. Minute quantities of the venom he injects into horses, and gradually he increases his doses until nature has built up in the animals an immunity to the toxic agent. This can be passed on to men through the serum of their blood."

Arrangements have been made with the H K Mulford Company to manufacture and distribute snake serum under the name of anti-venin Two forms of the serum are made, both polyvalent—one against the snakes of North America and the other against those of South America

GLANDS AND BEHAVIOR

The question, why evil is in the world, now vexes physicians and psychiatrists even more than it does theologians. An explanation of poverty was that the poor were created in order that the rich might have the opportunity to exercise the virtue of charity. The criminal insane were possessed of the Devil and the victim was killed in order thereby to reach the Devil

The most recent explanation of poverty and crime is that they are due to an endocrine disturbance. An article by Dr. Walter Timme in the Neurological Institute Bulletin on the stimulation of criminal tendencies by glands receives editorial comment in the New York Herald Tribune of May 11, which says

"All too frequently the workings of the public mind remind one of those magnifying glasses held so often in pictorial advertisements to pick out one phrase or sentence from a background of printed type and make that statement readable to the exclusion of its context. The contributions of gland disorders to the production of crime are unquestionable. It

is undoubtedly the duty of neurologists and gland experts to investigate them. We hope to see forthcoming the funds for which the Neurological Institute asks. But glands are not the only basis of criminality. There should still be room in that instinctive jurisprudence which we call public opinion for the homely, old-fashioned theory of natural cussedness.

"But let us avoid as a softening canker of decay the idea that, after all, these poor murderers and thugs and highwaymen are not responsible for what they do Nearly everything that man has won from a reluctant Nature must be credited to the doctrine of individual responsibility. Neither glands nor sympathies nor behavioristic philosophies will do the world a service if they persuade us to abandon this keystone of the social arch."

Physicians would go a step further If a person is defective in mind because of an endocrine disorder, he yet needs to be restrained and placed under care. The principal question is whether the place of restraint should be a jail or a hospital, or both



BOOK REVIEWS



HANDBOOK OF OPHTHALMOLOGY BY HUMPHREY NEAME, F.R.C.S and F. A. WILLIAMSON-NOBLE, F.R.C.S Octavo of 312 pages, illustrated. New York, William Wood and Company, 1927 Cloth,

The authors of this little work seem to have carried out their object very well. They state in the preface that the volume is for the undergraduate, the beginner in ophthalmology and the general practitioner

The work is very well developed in a clear and concise manner and the diction is simple and easy to follow A very definite plan has evidently been used. The many very satisfactory illustrations add greatly to the value of the book. Many of these are original with the writers and sufficiently unusual to be very worthwhile for any ophthalmologist to study

The authors avoid the more unusual and intricate aspects of ophthalmology and yet supply very definite and substantial matter for those for whom the book has J N Evans

UR TIMES I The United States, 1900-1925 II. America Finding Herself By Mark Sullivan Octavo of 668 pages, illustrated New York and London, Charles Scribner's Sons, 1927 Cloth, \$500 OUR TIMES

Mark Sullivan has written a book that will never be out of date. It is one of those books that make good reading this month, will be as interesting five years from now, and twenty years from this date will be reread by the present generation with chuckles and interest and by our children then grown to maturity

Just now it is a book that fascinates anyone beween forty and sixty years and up to old age. To the youth in his twenties it will thrill and amuse.

It is a book for facts dealing with events, movements, people and customs during the last thirty years

Usually the blurb on the jacket is written to entice the unwary book-buyer, but in this instance we can quote in toto and mark it accurate in every detail. It says, "Here is a new kind of history, which weaves into its fabric the stuff of every-day life—plays, songs, poems, novels, fads and fashions, new inventions, big business -the lot of the average man as well as the brilliant careers of such outstanding personalities as Roosevelt, Morgan, Carnegie, Hill, Harriman, Rockefeller"

"From the first chapters, which give the setting for the men and women of our time, through the years of Roosevelt's administration, the drama is presented with such vividness that there is not a dull page in the entire volume.

It is generously illustrated Just the book for the physician to pick up and read a half hour or so every evening before bedtime. We re-echo there is not a dull page in the entire volume.

NUTRITION AND DIET IN HEALTH AND DISEASE. By JAMES S McLester, M.D. Octavo of 783 pages Philadelphia and London, W. B. Saunders Company, Cloth, \$8 00

The collection in one volume of many analyses of foods makes a book of value. There has been much empiricism in the past as to the nutritive value of many This is no longer necessary Most of the foods have been analysed as to the chemical and vitamin content. The first section of this book presents all of these data in an admirable form, and where debate exists reference is made to a source where the various views on the subject are expressed.

After the presentation of accurate data, the author applies the information to practise. The tempo of the

book changes here. From figures varying from one to three to the right of the decimal, the author introduces and recommends very inaccurate methods for applying the data. His methods in the treatment of diabetes are such as have led to the downfall of many patients in past years The diabetic patient takes food as a medicine, and to get good results the food must be measured The tablespoonful and saucer method is a relic of bygone days Diabetes is a quantitative disease, and must

be managed in a quantitative manner

The coarse vegetable and bulk method of treating constipation is recommended. We wonder how many doctors ever get good results by this method Personally our experience has been very poor, and we consider it nearly a worthless method If a person has no intrinsic disease of the bowel, nor extrinsic disease of the nervous mechanism, and not myxedema, we have found that if the bowels are left alone, they will become regular after a time. The patient must go through a period of dis-comfort to accomplish this The coarse foods act as irritants, the same as cathartics Each year more bulk has to be consumed, the same applies to bran The author calls attention to the health of ancients who lived largely on portein foods, and who ate very little bulk. A study of Greek literature shows that at the height of their culture very few foods of a bulky nature were eaten The diet consisted of roast meats, cheese of goats' milk, milk, honeyed wine, wheat bread, corn, and wines We think the doctor contradicts himself in this section, and we are sure that a radical revision needs to be made on the subject of the treatment of constipation

The known facts concerning the vitamins are presented, and the foods in which they are most abundant are tabulated Their relation to health and disease is

discussed.

The book is a splendid contribution to the literature in dietetics. The many advocates of dropped organs on dietetics will find the author's viewpoint of worth

J ARTHUR BUCHANAN

An Introduction to Clinical Perimetry By H. M. TRAQUAIR, M D Quarto of 264 pages, with 164 illustrations St. Louis, C. V Mosby Company, 1927 Cloth, \$13.50

With the tremendous growth of medicine and the necessary splitting off of the specialties the most elaborate and technical-Ophthalmology-was not only the first but of itself has expanded so rapidly as to well nigh need further sub-division. In fact many eye specialists are known because of their interest in a special division of the work. Visual field studies have offered an opportunity for such special attention because every branch of medicine and surgery extends into this sphere

A work on visual field studies would fill many volumes were an attempt made to cover this subject completely

Traquair has wisely selected as a title for his work "An Introduction to Clinical Perimetry" One must not understand from this, however, that the subject has not been carefully presented The material is particularly well developed and is of extreme value. Every page presents many valuable truisms in a simple and precise manner Dr Traquair emphasizes "quantitative" perimetry throughout.

The reviewer spent a most pleasant and profitable ten days in reading this work of Traquair and would strongly recommend every ophthalmologist to do the same at his earliest opportunity because of the great help it will be in the interpretation of conditions met daily in one's practice,

2

BOOKS RECEIVED



Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review, as dictated by their merits, or in the interests of our residers.

- FOOD INFECTIONS AND FOOD INTOXICATIONS BY SAMUEL REED DAMON, A M, Ph D Octavo of 266 pages, illustrated Baltimore, The Williams & Wilkins Company, 1928 Cloth, \$400
- De Lamar Lectures, 1926-1927 The Johns Hopkins University, School of Hygiene and Public Health By F Neufeld, and others Octavo of 223 pages, illustrated Baltimore, The Williams & Wilkins Company, 1928 Cloth \$500
- STATISTICAL REPORT OF THE HEALTH OF THE NAVY FOR THE YEAR 1925 Admiralty, October, 1927 O Murrary, Secretary Octavo of 139 pages London, His Majesty's Stationery Office, 1927 Paper, 4s 6d
- TREATMENT OF DISEASE IN INFANTS AND CHILDREN BY HANS KLEINSCHMIDT, M.D. Authorized translation of the fifth German edition with additions by HARRY M. GREENWALD, M.D. Octavo of 359 pages Philadelphia, P. Blakiston's Son & Company, 1928 Cloth, \$500
- LOCAL ANESTHESIA A Short Course for Students and Surgeons By Géza de Takáts, M D Octavo of 221 pages, illustrated Philadelphia and London, W B Saunders Company, 1928 Cloth, \$400
- SURGICAL CLINICS OF NORTH AMERICA Vol 8, No 1 February, 1928 (Lahey Clinic Number) Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$1200 net.
- Understanding Human Nature. By Alfred Adler. Translated by Walter Béran Wolfe Octavo of 286 pages New York, Greenberg, Publisher, 1927 Cloth, \$3 50
- THE MECHANICS OF THE DIGESTIVE TRACT AN Introduction to Gastroenterology By WALTER C ALVAREZ, M D Second Edition Octavo of 447 pages, with 100 illustrations New York, Paul B Hoeber, Inc., 1928 Cloth, \$7 50
- PATHOLOGICAL PHYSIOLOGY OF INTERNAL DISEASES Functional Pathology By Albion Walter Hewlett, M D Revised in memoriam by his colleagues, Thomas Addis and others Under the editorial supervision of George DeForest Barnett Octavo of 787 pages, with 164 illustrations New York, D Appleton and Company, 1928 Cloth, \$8 50
- GYNECOLOGY By HOWARD A KELLY, AB, MD, and collaborators Octavo of 1043 pages, illustrated. New York, D Appleton and Company, 1928 Cloth, \$1200
- Post-Mortem Appearances By Joan M Ross, M D Second Edition, 16mo of 225 pages London and New York, Oxford University Press, 1928 Cloth, \$2 50 (Oxford Medical Publications)
- THE ABDOMIAL SURGERY OF CHILDREN By L E BARRINGTON-WARD, Ch M, FRCS Octavo of 283 pages, illustrated London and New York, Oxford University Press, 1928 Cloth, \$450 (Oxford Medical Publications)
- THE SURGICAL TREATMENT OF MALIGNANT DISEASE.
 By SIR HOLBURT J WARING, MS, MB Large octave
 of 667 pages, illustrated London and New York,

- Oxford University Press, 1928. Cloth, \$1500 (Oxford Medical Publications)
- A COMPEND OF PHARMACY By F E. STEWART, Ph.M., M D Tenth Edition, revised 12mo of 199 pages Philadelphia, P Blakiston's Son & Company, 1928 Cloth, \$200
- MEDICAL CLINICS OF NORTH AMERICA Vol 11, No 5
 March, 1928 (Tulane University Number) Published
 every other month by the W B Saunders Company,
 Philadelphia and London Per Clinic Year (6 issues)
 Cloth, \$1600 net, paper, \$1200 net.
- CHILDBIRTH An Outline of Its Essential Features and the Art of Its Management. By WILLIAM GEORGE LEE, AB, MD Octavo of 300 pages Chicago, Illinois, The University of Chicago Press, 1928 Cloth, \$300
- An Elementary Laboratory Guide in General Bacteriology By Harold J Conn Octavo of 165 pages, illustrated Baltimore, The Williams & Wilkins Company, 1927 Cloth, \$300
- Introduction To the History of Science. Volume I From Homer to Omar Khayjam By George Sarton Quarto of 839 pages Baltimore, The Williams & Wilkins Company, 1927 Cloth, \$10 00
- THE PRINCIPLES OF INFANT NUTRITION AND THEIR PRACTICAL APPLICATION By K. H. TALLERMAN, M.C., M.D., and C. K. J. HAMILTON, M.C. Octavo of 183 pages London, William Heinemann, Ltd., 1928 Cloth, 10 shillings, net.
- Conditioned Reflexes An Investigation of the Physiological Activity of the Cerebral Cortex By I P Pavlov, for Mem. R S Translated and edited by G V Annep, MD Octavo of 430 pages London and New York, Oxford University Press, 1927 Cloth, \$900
- THE NEWER KNOWLEDGE OF BACTERIOLOGY AND IMMUN-OLOGY By Eighty-two Contributors Edited by Edwin O Jordan and I S Falk Octavo of 1196 pages, illustrated Chicago, Illinois, The University of Chicago Press, 1928 Cloth, \$1000
- Anthelmintics and Their Uses in Medical and Veterinary Practice. By R. N. Chopra, M.A., M.D., and Asa C. Chandler, M.Sc., Ph.D. Octavo of 291 pages Baltimore, The Williams and Wilkins Company, 1928 Cloth, \$500
- FOOD AND HEALTH An Introduction to the Study of Diet By A. BARBER CALLOW 12mo of 96 pages, illustrated London and New York, Oxford University Press, 1928 Cloth, \$1 00
- Appendicitis. By Thew Wright, AB, MD 12mo of 129 pages, illustrated New York, Allen Ross & Company, 1928 Cloth, \$200
- First Aid and Medical Service in Industry Compiled from a Survey Octavo of 134 pages, illustrated New Brunswick, N J, Johnson & Johnson, 1928
- International Clinics Edited by Henry W Cattell A.M., M.D. Thirty-eighth Series Volume I Octavo of 307 pages, illustrated Philadelphia and London, J. B. Lippincott Company, 1928

moscope of Guilstrand, and slit-lamp illumination and microscopy of the living eye. Whatever one may think as to the all 'round practice of ophthalmoscopy on the part of the general practitioner, it is certain that a reading of this book by him would be extremely profit-

THE QUEEN CHARLOTTE'S PRACTICE OF OBSTETRICS By the following members of the Staff of the Hospital J BRIGHT BANISTER, M.D., and others Octavo of 629 pages, illustrated New York, William Wood and Company, 1927 Cloth, \$700

We have read this book with much interest. Well done, yet different from our American text books, it is notable for two excellent sections,—Abdominal Pains in Pregancy and Pyrexia in the Puerperium. Not withstanding the importance of frequent abdominal examinations, labor is still conducted to the third stage in the left lateral position. Morphin is only exceptionally used in eclampsia. The rectal examination is not mentioned. Tents and manual dilatation are still advocated to overcome "Spasm of the cervix."

The chapter on X Ray in obstetrics is up to the minute. Transperitoneal section is not done, and a strong plea is made for the use of nonabsorbable material like silkworm gut, silk and thread, in the suture of the uterine Caesarean wound

FOOD AND THE PRINCIPLES OF DIETETICS By ROBERT HUTCHINSON, M D 6th Edition Octavo of 610 pages, illustrated. New York, William Wood and Company, 1927 Cloth \$500

This is the sixth edition of a work which first appeared in 1900 and which was based on a course of lectures addressed to the students at The London Hospital The present edition has been modified with regard to protein optimum, vitamines, and principles of infant feeding Other changes are the inclusion of a description of the Sippy Method of feeding in gastric and duodenal ulcer, with some changes in the section on the Dietetic Treatment of Nephritis In this book the references are placed at the foot of each page instead of at the end of the chapter as is so often the case. The print is quite small which makes rather difficult reading, this is undoubtedly due to the author's endeavor to limit his treatise to one volume. A great deal of the text is taken up with the exact chemical composition of the various foods, and these tables, while of importance to the dietitian and laboratory worker, somewhat detract from the practical value of the book to the clinician or the general practitioner of medicine. WHD

An Introductory Course in Ophthalmic Optics By Alfred Cowan MD, Octavo of 262 pages, with 121 illustrations. Philadelphia, F A. Davis Company, 1927 Cloth, \$3.50

The author's aim has been to provide a knowledge of ophthalmic optics that could be practically applied, and this without the introduction of higher mathematics. As such the book will be of considerable use in the ophthalmological field. It is a well written and illustrated work which will be found interesting and clear

DISEASES OF THE SKIN By HENRY H HAZEN A M M D 3rd Edition Octavo of 572 pages, with 248 illustrations. St. Louis, The C. V Mosby Company, 1927 Cloth, \$10.00

This new edition of Hazen's Textbook on Dermatology is in many ways a new book. It covers the field of etiology, pathology, diagnosis and treatment, insofar as these subjects are of value to the general practitioner, not as a book of reference for the dermatologist. Undue elaboration has been avoided.

The book is written in a readable and lucid style, and while strictly accurate and scientific it avoids the use of highly technical terminology. Liberal use of illustrations has been made from the author's collection, and some color photographs are included.

All the most recent aids in treatment are briefly described including the mention of gold thiosulphate in lupus erythematosis, bismuth in syphilis, and the use of unipolar and bipolar desiccation in cancer

A new departure in the classification of skin diseases has been made on the basis of etiology. Eczema has been entirely omitted except for the infantile variety, as Hazen believes "practically all cases of eczema in the adult are examples of dermatophytosis, of anaphylactic dermatitis or of dermatitis venenata."

A book already well known is thus brought up-to-date by this new edition

ARTHUR M PERSKY

A TEXT-BOOK OF PATHOLOGY By FRANCIS DELAFIELD, M.D., and T. MITCHELL PRUDDEN, M.D. 14th Edition Revised by Francis Carter Wood, M.D. Octavo of 1339 pages, with 830 illustrations. New York, William Wood and Company, 1927. Cloth \$1000

This new book is even better than the previous edition by the same author Added to the preceding subject matter are some of the recent developments in the field of pathology. The text is divided into three parts, general pathology, special pathology, and the technique of post mortem examinations. In the introduction the author discusses the chemistry of life, and touches on the various vitamines and the effects produced from their lack or deficiency. The book is written in the usual clear style in which the author is so accustomed to write, and is of great interest. The text contains numerous illustrations by which the reader can visualize the various pathological processes described. There are also many references to more detailed and special works on the subject under discussion. Another good feature of the book is a detailed index which greatly facilitates the finding of any pathological topic in which one may be interested. The book deserves a place among the best books on pathology, and we heartily recommend it to any one who seeks authentic information on the subject. E. H. NIDISH

Diseases of the Mouth By Sterling V Mead, D.D.S. Octavo of 578 pages, with 274 illustrations St. Louis, The C V Mosby Company, 1927 Cloth, \$10.00

This work impresses the reviewer as a volume well written. The medical and dental student will find it a good text book. The extensive bibliography at the end of each chapter will make it a valuable reference book to the general practitioner. The 34 chapters deal with local oral conditions, and systemic diseases, which present oral manifestations. Especially well written is the chapter on Gingivitis.

L. F. Crasson.

Poliomyelitis with Especial Reference to the Treatment. By W Russell MacAusland, M.D Octavo of 402 pages, illustrated Philadelphia, Lea and Febiger, 1927 Cloth, \$5 50

In this new book Dr MacAusland has provided an interesting, instructive and comprehensive description of Poliomyelitis. It is a volume which constitutes a distinct contribution to the literature of the disease.

The book is divided into two parts, the first of which includes eight chapters dealing with the epidemiology, etiology, pathology, symptomatology, classification, diagnosis and prognosis while the second portion is devoted to the treatment of the disease especially from the orthopaedic standpoint.

In preparing this modern treatise the author has studiously applied himself to the task of reviewing the tremendous number of publications made on the subject in the last twenty years, and from this voluminous material he has tried to select those that are recognized as having definite value. The book is written in clear, concise style, and the printing, binding and illustrations are well and attractively done. It is a work that may well be consulted not only by the general practitioner, but by the pediatrist and orthopaedist as well

JOSEPH C. REGAN

The reviewer has always been dissatisfied with the far fetched attempts to interpret color fields "Quantitative perimetry" as clucidated by Traquair presents a marked contrast in not only stating definite standards but in pointing out simple rules for interpretation

The book is profusely illustrated by charts which are very understandable and not so perfect (as some in recent articles) as to make one skeptical of their re-The author will probably rearrange some of the charts in the new edition as they do not bear a satisfactory relation to the text-notably in the chapter on the chiasm Reference numbers in the text would

No material has so far been published which presents the arrangement of the fiber bundles as we know them in a clear and complete manner. Yet an understanding of their arrangement is essential to the interpretation of any field defect. Traquair more nearly supplies this inadequacy than any other The gross anatomical relations might also be more elaborately dealt with particularly as the author has developed these aspects in a number of papers

The reviewer cannot too warmly recommend this work to every ophthalmologist. J N Evans

DISEASES OF THE NOSE, THROAT AND EAR. FOR Practitioners and Students Edited by A LOGAN TURNER, M.D. With the collaboration of J. S. Fraser and 2nd Edition, revised Octavo of 444 pages, with 234 illustrations New York, William Wood and Company, 1927 Cloth, \$6 00

This manual of diseases of the ear, nose and throat, by a group of specialists of the Royal Infirmary of Edinburgh, fulfills the requirements of this type of book splendidly. The subject matter is so inclusive, the scope so comprehensive, and the illustrations so numerous and appropriate, that the result of the authors' efforts

As evidence of the completeness of the work it is to be noted that the applied anatomy of each part is given at the beginning of the chapter in which it is considered. The chapters covering endoscopy are well The chapters on the ear are particularly deserving of favorable comment, and the last chapter which deals with labyrinth is clearly written and easily under-

Although intended for the general practitioner and student, this book makes a valuable ready reference work for the specialist. The authors and their publisher are to be congratulated upon this issue of a text book which it will be difficult to improve upon.

M C. MYERSON

HANDBOOK OF DISEASES OF THE EAR. For the Use of Students and Practitioners By RICHARD LAKE, FR.CS Eng, and E. A. Peters, M.D. 5th Edition 12mo of 310 pages, illustrated New York, William Wood and Company, 1927 Cloth, \$400 Wood and Company, 1927

This volume is devoted solely to Otology, and it is the fifth edition of a similar volume which was originally presented by Richard Lake in 1903 The book is intended for the use of students and practitioners prefaced by four plates which accurately picture the varied acute and chronic pathology of the tympanic membrane and middle ear cavities

There are chapters which describe the anatomy and physiology of the ear in addition to the functional examination of the cochlea, semi-circular canals, and otoliths

The surgery of the mastoid and internal ear is described in a general way Reference is made to the surgical procedures that have been carried out on the internal ear for the relief and cure of tinnitus and vertigo, but which are not practiced frequently

The authors stress the correction of nasal deformities in the therapy of deafness and tinnitus, but such surgery has proven of little value.

It is the belief of the authors that otosclerosis is due to sepsis and that this typical clinical entity follows suppurative and non-suppurative middle ear disease

Short chapters on life assurance and deaf-mutism con clude the volume

An appendix of prescriptions for use in practice will prove helpful B H. ABRAHAMS

An Introduction to Forensic Psychiatry in the Criminal Courts By W Norwood East, MD Octavo of 381 pages New York, William Wood and Company, 1927 Cloth, \$500

This book will be enjoyed by those physicians who are interested in the psychiatric problems of the criminal law. It is written from the standpoint of the English medico-legal expert. But there are enough points of contact in the English and American procedures to make this book of value to the American student.

The author presents his psychiatric discussions in a clear, up-to-date manner, stressing possibly more the alienistic than the psychiatric viewpoint. He is both fair and conservative in his deductions. The book can be highly recommended, in a field where there is a dearth of good books JOHN F W MEAGHER.

THE NORMAL DIET A Simple Statement of the Fundamental Principles of Diet for the Mutual Use of Physicians and Patients By W D Sansum, MS, MD 2nd Edition 12mo of 136 pages St Louis, The C. V Mosby Company, 1927 Cloth, \$150

There is a certain value to diet in sickness as well as in health. All the agencies of health and sickness are pushing dietetic ideas to the front Sansum presents his ideas in this brochure. He has great faith in diets, and finds that fifty percent of the persons coming under his observation are ill because of the elimination of bulky foods from their dietaries. He discusses his methods in the treatment of constipation, acidosis, high blood pressure, and in health. If a person is healthy, he usually eats what he pleases, and only becomes much interested in dietetic ideas when he is ill. It is the reviewer's impression that most persons actually ill from some disease are rather disappointed after trying a great many different types of diets, if they are not made worse by such treatment. The ideal in medical practise is to remove the agencies causing the ill health, and bacteria play a bigger role in the causation of disease than foods. Very often the causative factor 18 unknown, but the end result of the factor is known, and in such cases diets often spare the part affected. Diet is of some value in the treatment of disease, particularly so in diabetes, peptic ulcer, gout, and perhaps a few others, but a great many of the present ideas being promulgated about food rest on an unsound basis J ARTHUR BUCHANAN

OPHTHALMOSCOPY, RETINOSCOPY AND REFRACTION BY W A FISHER, M D 2nd Edition, revised Octavo of 291 pages, with 260 illustrations Philadelphia, F A Davis Company, 1927 Cloth, \$375

Fisher thinks that ophthalmoscopy and refraction work belong properly in the field of general practice and that it is easily possible for practitioners other than specialists to acquire all necessary knowledge. There are 24 colored fundus plates with duplicates to be used with the schematic eye. Each plate is briefly described and prognosis and treatment outlined. The visual fields are briefly discussed Glaucoma gets a short chapter Fisher sees no reason why the general practitioner cannot qualify himself to diagnose and treat glaucoma This edition contains a chapter on Newer Methods of Refinement in Ophthalmic Diagnosis by von der Heydt, with accounts of Vogt's red-free light, the binocular ophthal-

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OUR NEIGHBORS



MEDICAL PRACTICE ACT OF VIRGINIA

The April Virginia Medical Monthly contains the following editorial description of the Medical Practice Act which has recently passed the State Legislature and goes in force on June seventeenth, 1928—Editor's note

House Bill No 199 known as the Medical Practice Act, which passed both houses of the Legislature by an overwhelming vote and after careful scrutiny by the Attorney General's office was found to be entirely constitutional, was signed by Governor Byrd on March 29, 1928

Virginia now has a medical law which safeguards her citizens from quacks, charlatans and imposters and places the care of their health in the hands of those only who shall have measured fully up to the standards of academic and professional training so essential to combating disease in accordance with the progress of modern science and art.

Some of the salient features of the new law are 1 It applies with equal force not only to the so-called Regulars but to Homeopaths, Osteopaths and Chiropractors, exempting those who follow sectarian practice only from the regular examinations on Practice of Medicine, Materia Medica and Therapeutics, but requiring the registration of a diploma from a recognized School of Medicine, Homeopathy, Osteopathy or Chiropractic, awarded after four regular sessions of eight months each in four different calendar years, preceded by a premedical secondary school and college course equal to that required for the degree of Bachelor or Doctor of Medicine in this State

2 It prohibits the issuance of certificates to any person that has been guilty of unprofessional, dishonest or immoral conduct and authorizes the Board of Medical Examiners to revoke or suspend a certificate for any one of these causes

Unprofessional conduct is defined as being any of the following acts. One who is guilty of any crime involving moral turpitude or of fraud or deceit by which he was admitted to practice, is an habitual drunkard or addict to the use of morphine, opium, cocaine, or other drugs having similar effect, who undertakes or engages by any ways or means whatsover to procure or perform a criminal abortion, prescribing or dispensing morphine, cocaine or other narcotics or alcoholics with intent or knowledge that other than medicinal use will be made thereof or with intent to evade laws relative to sale, use or disposition thereof, advertising of medical business in which improbable or extravagant claims are made or which have a tendency to defraud the public, impose upon the credulous or ignorant or in which mention is made of venereal diseases, disorders of the genito-urinary organs or chronic ailments, the practice of "fee splitting", advertising or professing to treat patients under a system or school of treatment other than that for which he or she holds a certificate, or that he or she can cure or treat diseases by a secret method, procedure, treatment or medicine

The law regards any person as practicing medicine who opens an office for such purpose, announces a readiness to practice medicine in the State, or prescribe for, give surgical assistance, diagnoses or treats, heals, cures or relieves those suffering from injury, deformity or disease of mind or body or advertises to this effect, thus preventing the establishment of commercial physiotherapeutic, pathological or X-ray laboratories conducted by other than the licensed medical practitioner

In addition to the passage of the Medical Practice Act, the pernicious statute which recognized Poropathy and created a school for

training Poropaths was repealed

TUBERCULOSIS VACCINE IN BABIES

An editorial in the April issue of the New Orleans Medical and Surgical Journal announces the appointment of a special committee of the Louisiana State Medical Society to investigate the Calmette vaccine which is intended to induce immunity to tuberculosis in babies. The nature of the vaccine is set forth in an article by Dr. A. Calmette which was translated and

read on February 7, before the Orleans Parish Medical Society The vaccine is made from the Bacillus Calmette-Guerin (BCG) This organism is used to produce a culture which "constitutes a truly attenuated vaccine in the sense of Pasteur, that is to say a living culture, capable of cultivation in indefinite series, in

(Continued on page 692, adv xvi)

(Continued from page 692-adv xv1)

with a little thought we begin to realize that the proprietor of such an establishment is assuming a responsibility of great moment and importance

The rôle of nurses in the practice of medicine has before now been discussed in these pages Diagnosis, treatment and operations seem to be within their means and capabilities and there has been no dissenting voice

What is the use of medical examinations and registration if a non-professional person can make diagnosis, give advice, present the patient with medicine, and tell him when to come to the office next? Yet this is exactly what industrial and other nurses are doing daily. What availeth the restraints of medical ethics when a nurse or technician can advertise in the newspapers and bring his talents before the public. Of what use is a medical education when a charlatan can put Dr on his sign and claim a knowledge of osteology when he does not even know the names of the bones, much less their topography and functions?

The Remedy—That is not the function of this article or of this Journal, but it may well be said that if there is a law it should be invoked and offenders restrained and punished and if there is no law there should be Each year the non-professional practitioners become more and more brazen and flagrant, their propaganda more active, their practises more victous, their victims more numerous. The popular intelligence is being lowered, its judgment debased. Whoever is responsible for this state of things should be invoked and the medical profession should be active in seeing that the law is obeyed and that there is suitable legislation to meet the situation

COUNTY SOCIETY FINANCES

Dr Olin West, Secretary and General Manager of the American Medical Association, addressing the Wisconsin Secretaries' Conference in Milwaukee, in January, outlined a unique activity of a county medical society in Kansas, by which the finances of the society were assured The plan is described in the following article in the April Bulletin of the American Medical Association

"There is a county medical society in Kansas, or possibly in another state, that finances all of its work through what appeals to me as being the simplest and most practical and most beneficial plan for everybody concerned. That society agrees to provide medical care, including such surgery as is necessary that can be done locally, for the indigent poor of the county. There is not a county in the United States to my knowledge that does not have to provide for the medical care of a certain number of its own indigent citizens. Every board of county commissioners

(Continued on page 694-adv xvm)

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(Continued from page 690)

proper artificial media and in living organism without either losing or modifying its hereditary fixed characteristics, capable of serving as an antigen in vitro and in vivo, capable of provoking in vivo, the formation of antibodies, definitely deprived of all tendency to produce virulent tuberculous lesions, and remoculable upon sensitive animals

"This impregnation of the lymphatic organs is more effectually realized in causing the newborn to absorb the vaccine by the buccal route, in three doses at 48 hour intervals. A convenient quantity of a recently prepared bacterial emulsion is thus administered which contains in consequence the largest possible numbers of living bacterial elements The absorption is effected easily during the first ten days which follow birth because, during this period of life the intestine of the young infant is paved with proplasmic cells of which the These cells phagocytic power is intense gorged with microbes pass in the lymphatic circulation into the ganglia, the spleen and the bone-marrow These cells carry there and circulate there the vaccine bacilli without power of digesting them These vaccine bacilli are moffensive parasites and producers of antigenic substances whose secretion continues to determine the elaboration of defensive substances (agglutinins, etc)"

Dr Calmette describes his observations following the vaccination of over five thousand children whose subsequent histories were followed. The figures seem to show a reduction in the tuberculosis death rate among the vaccinated children, although the death rates were low among unvaccinated children.

The use of living germs in New York State for vaccinations is under the rigid control of the New York State Department of Health, and general practitioners of medicine will do well to await the judgment of the Department

WHAT IS MEDICAL PRACTICE?

The question of what constitutes medical practice is discussed in the following editorial entitled "Laboratories," in the May issue of the Rhode Island Medical Journal—Editor's note

An interesting newspaper advertisement arrested our attention because of its size and conspicuousness calling attention to the fact that a "Diet Laboratory" could be consulted and estimates of corrective diet, basal metabolism, blood and urine chemistry made and furnished. If this is not the practice of medicine we do not know what it is. The possibilities for good and evil of such an establishment are not at first apparent, but

(Continued on page 693-adv xvn)

CHIROPRACTIC LEGISLATION IN CALIFORNIA

California is one of the states that has adopted the principles of the initiative and the referendum in law-making. A proposal has been made to use the principles for securing further recognition of chiropractors. This method was attempted in Ohio last fall but the voters defeated it (see this Journal February 1, 1928, page 177). The May issue of California and Western Medicine discusses the referendum in an editorial from which the following abstracts are taken—Editor's note

We can make note of what a proposed initiative, to be voted on in the state election of November of this year 1928, proposes to enact This initiative would confer by legislation, privileges somewhat analogous to those in the proposed federal bill just considered

This California measure here referred to is an initiative sponsored by the practitioners of the healing art who are known as chiropractors. The chiropractors through one initiative now on the California law books, and which received the sanction of the people of California several years ago, divorced themselves from the state medical examining board. With their own board, in this brief period they have already licensed in California more than 2,300 members to practice their methods of diagnosis and healing.

If the plan of this proposed chiropractic initiative are carried out according to the digest that has come to our attention, it will provide in Section 15d that "Licentiates under this act shall not be discriminated against in favor of other classes of practitioners in the handling of any matters pertaining to the public health"

So here again by initiative act, a group of practitioners whose standards of education are now far below that of nonsectarian practitioners, and which only a few years ago were much more so, would presumably come into possession of full rights and privileges to all public health powers and positions in California. At present such powers and positions are limited to those practitioners of the healing art duly licensed by the state as possessing credentials indicative of adequate preliminary education and professional training

In this proposed initiative these chiropractor practitioners have the temerity to ask the people of the state to grant them through law these grave privileges and responsibilities which it stands to reason, can only be safely acquired through proper preliminary education and adequate professional training. Other sections in the bill of similar nature would be equally detrimental to proper educational and

(Continued on page 696-adv xx)



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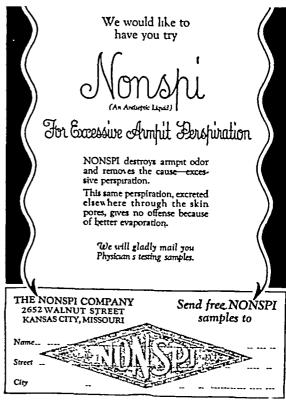
An unusually palatable tonic which appeals even to the most fastidious patient. WARNINK'S ADVOCAAT has enjoyed a unique reputation for many years, it being prescribed as a tonic the world over

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But what about fitting the stump? What about the alignment of the artificial limb? What about durability? What about pressure at the sensitive points? Not to mention such important matters 25 the special care of the stumps of diabetic patients

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. A. MARKS, Inc.

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Try it in ANEMIA!



scientific nutrient in concentrated form which permits the administration of liver substance in a convenient and palatable manner

Write for Sample

LIVERMEAL CORPORATION

420 Madison Avenue

New York

(Continued from page 693-adv xvii)

or every county court, or whatever the governing body of the county, has to provide money for medical care of indigent persons in institutions and outside of institutions

"The county society I have in mind was ap proached by the county commissioners with a proposal that the society would agree to provide all necessary service for the indigent of the county, calls for service having to come through official sources For this the society receives, as I recall the figures, approximately \$2,000 a year It may be more under some conditions Every member in that county society has his dues to the county society and to the state society paid out of that fund Every member is a fellow of the American Medical Association and receives its Journal or one of its special Journals, and none of it costs one cent in actual financial outlay Each agrees that when he is called upon, the calling coming through an official source, he will do his full part in rendering necessary medical service to the indigent poor of the county

"It has been a very easy matter, I am informed, for the officers of that society to apportion this There are no complaints on the part of the members, and the county commissioners are satisfied that the indigent poor of the county are receiving good service, as is shown by the fact that the contract has been renewed from year to

"Now that appeals to me as being a practical There are some places, perhaps, where it could not be put into effect, but I do believe that it has possibilities for rather general application and where it can be applied it will solve the question of financing the county society of average size, will prevent abuses of "medical charity," will equalize certain burdens, and work to the benefit of the community"

BOLSHEVIKI HIGHER MATHEMATICS

The Illinois Medical Journal for May contains a variation of the problem of what becomes of Explain where our working time Question

the fallacy is -Editor's note 365 days Each year has 122 days If you sleep 8 hours a day, it equals 243 days This leaves 122 days If you rest 8 hours a day 121 days This leaves 52 days There are 52 Sundays 69 days This leaves 26 days If you have Saturday half-holiday 43 days This leaves 28 days

If you have 1½ hours for lunch

15 days This leaves 14 days Two weeks vacation 1 day This leaves

1 day

This being Labor Day, no one works

(Continued from page 696-adv xx)

editorial on the efficiency of the legislative committee, but unfortunately, it does so at the expense of its neighboring state of Michigan However, the article is worth quoting for its historical value—Editor's note

Advocation of analogous anti-medical legislature in Illinois, in any degree—whether of one bill or of forty bills—would be noticed immediately upon such introduction by scores of medical men, mounting into the hundreds in fact, and measures would be taken immediately to combat this general menace

Illinois State Medical Society has a wideawake legislative committee, aided and abetted in its general alertness against these evils by practically every member of the society Again, it is the personal touch that counts

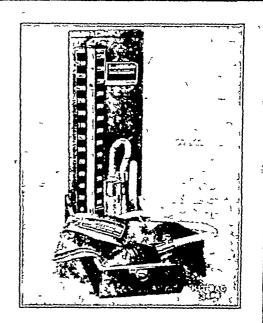
To the bystander at large it would appear as if the State of Michigan were well on its way, far and above any of the other states, to a program of socialized and state medicine. This is due of course to the control of the machinery of the state medical society in Michigan by the state department of health, and the interference by the state university hospital with the prerogatives of the medical profession through the hospital's competitive practice of medicine. This is possible by placing upon the individual taxpayers the burden of partially paying for the necessary overhead met with in caring for the sick and infirm

If this is logic and good economics the scheme should be carried further and result in the taxpayer paying partially for clothes, food, rent and other requisites of patients able to pay

Organized medicine in Illinois functions to prevent just such professional handicaps and legal atrocities as are indicated in this excerpt from an article in *The Bulletin* of the Wayne County (Mich) Medical Society Protection against just such injustice is one of the results of the diligence exerted by the Illinois State Medical Society in behalf of the membership

The need for better representation of the medical profession wherever lawmaking bodies convene, becomes quite obvious when it is noted that during the year just passed, at least eight new laws, each of such a nature as to curtail the activities of the regular medical practitioner, have been enacted by the legislature without the knowledge on the part of the profession, of what they were all about

This situation gives but a faint idea of the effort being exerted toward legislating the profession in one way or another, and it seems high time that medical men take an active hand in the proceedings, lest they be legislated entirely out of the picture



1916---1928

YEAR after year, more Baumanometers go into service than all other mercury types combined,

—for although it is not in any sense a cheap instrument, experience shows that it actually costs less in the long run

The Baumanometer is, moreover, the only instrument in all of the world whose glass tube is guaranteed, against breakage.

And for accurate bloodpressure readings—ten times ten thousands users will tell you it is unfailingly reliable.

YOUR DEALER HAS IT



WABaum Co Inc.-Originators
and hakers Sing 1916 of Bloodpressure (Inputation Sectional)
JOO FIFTH AVENUE

The Pomeroy Frame Truss



"Pomeroy

Truss Service"

A Frame Truss properly fitted is the most comfortable and dependable appliance for the retention of a hernia But when improperly fitted, it can be the most uncomfortable

The Pomeroy Method insures perfect fitting with the guarantee - to retain comfortably and securely the hernia of any person coming for personal fitting to a Pomeroy establishment

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Boston Springfield

(Continued from page 695—adv xix) professional standards as we understand those standards

This chiropractor initiative would certainly seem to partake of the nature of class legislation, since it gives privileges which other laws grant to other citizens only under vastly more stringent exactions Yet, if the initiative is favorably voted upon by the citizens of Califormia, it is a question whether it would not be construed by the courts to be constitutional

POPULAR MEDICAL EDUCATION IN ILLINOIS

The May issue of the Illinois Medical Journal contains the following description of the activities carried on by the educational committee of the Medical Society of Illinois during health

week in April, 1928 - Editor's note

Eighty-one physicians spoke before lay audiences, including high schools, men's and women's clubs, union meetings of churches, and Parent-Teacher Associations these groups planned special health programs to observe health week as proclaimed by the The Committee scheduled speak-Governor ers for every service club and high school in one of the counties in the state

Twenty-four speaking appointments were made for the first week of May which is known as National Baby Week These speakers will talk on such subjects as "Mental Hygiene of Childhood," "Good Food Habits for Children," "Early Detection and Correction of Defects in Children," "Shock Troops Against Diseases," "Eye, Ear, Nose and Throat Conditions in Children," and the Dental Society is scheduling dentists to talk on "Good Teeth for Children"

Fifteen radio talks were given over stations

WGN, WJJD, WEBH and WLS Thirteen poster exhibits were loaned to

zations

schools Nine health films were secured for organi-

Nine hundred and twenty-eight health education articles were released to newspapers

One thousand nine hundred and seventy notices were sent to all newspapers in the state regarding the annual meeting of the Illinois News items were also State Medical Society sent out about the lectures sponsored by the North Side Branch of the Chicago Medical Society and the Academy of Sciences, and about the special meeting in Quincy, May 7

LEGISLATIVE COMMITTEES

Eternal vigilance is required in order to combat legislative bills inimical to public health The Illinois Medical Journal for May has an

(Continued on page 697-adv xx1)

OHIO STATE MEDICAL JOURNAL

A medical journal without a subscription list seldom shows a profit. The Journals of the Medical Societies of the several states show a net cost of approximately one dollar per member. For example, the statement of the Ohio State Medical Journal for April has the following statement of the receipts and expenses of the Journal for the year ending December 31, 1927.

Expenses

Printing	\$11,002 75	
Office salaries	3,727 50	
Rent	1,500 00	
Postage and wrappers	776 04	
Miscellaneous	1,195 48	
		\$18,201 77

Receipts from Advertising 13,082 90

Net cost \$5,118 87

The Society allocates the sum of \$5,000 to the circulation fund of the *Journal*, thereby nearly balancing the books

- MAJOR AIMS OF THE ARKANSAS - MEDICAL SOCIETY

The April issue of the Journal of the Arkansas Medical Society contains an editorial signed by the President of the Society, Dr Henry Thibault, on the aims of the society as set forth in the following extracts—Editor's note

There are two duties of great importance now confronting the Arkansas Medical Society First, the passage of a basic science law, requiring all applicants for license to practice any form of treatment of disease in human beings to pass a creditable examination in the basic sciences before going before the medical board representing the "school of practice" from which he has graduated

Second The perfection of plans and means for the early completion of a State General Hospital, to be used for the benefit of the indigent sick of the State for the teaching of clinical medicine to the students in the Medical School of the Arkansas University

No one can deny that any one ignorant of the basic sciences, biology, chemistry, toxicology, human anatomy, physiology, bacteriology, histology and pathology, is unfit to practice medicine, no matter by what name he calls it or what school of practice he intends to follow

After an applicant has passed these fundamental branches he will be free to go before the board representing his school of practice and will not be questioned on methods of practice by men not of his school. Under this act all practitioners will be on the same footing, and if the basic science board is a non-medical one,

(Continued on page 700-adv xxiv)

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because they are digitalis in its completeness. They are physiologically tested leaves in the form of physiologically tested pills, giving double assurance of dependability.

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It stains, it penetrates, and it furnishes a deposit of the germicidal agent in the desired field.

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SAMPLES to Hospitals, Dispensaries, Physicians or Nurses, upon request.

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THE MEDICAL SOCIETY IN CIVIC

An editorial in the April issue of the Illiman Medical Journal describes the action of a South Chicago Branch of the Chicago M. Society in successfully opposing the allies ment of an obstetrical clinic whose med promoter put forth the following claims writing, although he is the head of a warning known hospital in Chicago

"We send a doctor, a student and a nurse the woman's home to take care of her, and have developed a method which prevents child bed fever and sore eyes in the baby and guarantees a quick recovery from the confinement.

The promotors of the dispensary had the physicians of Chicago, but had asked support of the South Chicago Chamber Commerce, of which many physicians we members They had the confidence of the summer of the Chamber, and won their put of excluding the institution on the double grounds that South Chicago was not a pauper section and that the guarantees of the promoters were preposterous. The Journal commenting on the situation says

"An illuminating example of the potency that the doctor can have in public affairs is illustrated by the present free dispensary situation in South Chicago Because a number of physicians in the South Chicago branch of the Chicago Medical Society are alert enough to know what is going on in the community and happen to be members of the South Chicago Chamber of Commerce, that section of the city has been saved from a shamelessly marauding invasion by socialized medicine

"The result is not only a great beneficence to the public health and welfare but one of the most brilliant pieces of community cooperation between the physician and the general public that has been reported. For the sake of the example that may be set to other communities and other members of the medical profession, it is interesting to recount what can be accomplished when members of the medical profession everywhere keep alive to the situation now almost universally confronting the profession and the sick

"The physicians of South Chicago should be congratulated on the efficiency in every branch of public service that their community receives It is recommended again that their example be followed by medical societies everywhere"

(Continued from page 700-adv xxiv)

he debate of any kind on any professional matter that faddists may undertake to make subject of controversy. A physician challenged to public debate, if he thinks the challenge worthy of any notice whatever, should bring the matter to the attention of his medical society and abide by its judgment. If the society determines that the proposed debate is expedient and wise and selects him as the one best able to represent professional medicine in the debate, he will appear on the debating platform with the prestige and backing of the organization and not as a possible seeker after publicity, if the society deems some one else more capable of representing the medical profession, he will escape what to the average physician must be a disagreeable duty matter whom the society selects, if it deems a debate proper, the society will look after the de-tails of the arrangements and thus leave the de-Later opportunity to concentrate on the collection and preparation of material for the debate, which is a sufficient task to occupy fully the time of the average physician

Unless a debate on any subject can be held under fair conditions, with definitions binding on the debaters so that words and phrases mean the same thing by whoever used, and with proper safeguards against packed audiences, it had better not be heid, for under any other conditions a fair debate is not within the range even of remote possibility. The most that is likely to be accomplished by debates with faddists is to give prominence to the vaporings of a few faith healers, antivivisectionists, antivaccinationists or other cultists who are eager to bring before the public the cause they represent—and themselves

MAT.PRACTICE PREVENTION

The Wisconsin Medical Journal of May discusses malpractice prevention in the following editorial

"The patient insisted on leaving the hospital against my advice"

"He would not go to town for an X-ray picture"

These are two fairly common defences in malpractice actions that are sometimes unsustained because they are offered on the unsupported evidence of the physician defendant. Because it is not uncommon for the accident case to want to leave the hospital as soon as some superficial injury is dressed even though a more serious injury is a possibility, because it sometimes happens that those living in rural communities believe a fracture can be properly set, or a suspected fracture or dislocation correctly diagnosed, or a suspected foreign body correctly diagnosed without the additional expense of X-ray plates, the Coun-

(Continued on page 702-adr xxvi)

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Iodides 48 grains Euphorbia Pilulifera, 6 grains Grindelia Robusta 48 grains Combined with aromatics

Prepared expressly for physicians use by

THE BUNDT LABORATORIES DETROIT, MICHIGAN

(Continued from page 699-adv xxii)

no one can feel that he is in any way ham

pered by prejudice

Country doctors are seeing every day the great need for a centrally located charity hos' They can give their services free to their destitute patients and then see many of them die for the want of proper housing, proper food and competent nursing No mat ter how willing and charitable the doctor, it is humanly impossible for him to furnish all these Thousands of these patients have been cold, hungry and miserable and many of them have died in their misery, who could have been saved to become useful citizens of the State if we had had a good State General Hos This waste of life and of clinical material is a great loss to the State and is jeopardizing the very existence of our Medical School

Every County Medical Society is urged to hold public meetings and point out to the general public the urgent need of a State General Hospital

DEBATING WITH CULTISTS

A physician is sometimes tempted to engage in a controversy with a cultist, by either newspaper story or public debate. The reasons why he should not argue with the cultist are set forth in the following article in the April Bulletin of the American Medical Association - Editor's note

A physician who is challenged to public debate with a faith healer, an antivivisectionist, an antivaccinationist or any similar antagonist should frankly recognize the dangers and unprofitableness of such debates. If he accepts the challenge, he may be mistaken by his professional associates and others for a seeker after cheap notoriety He will probably find himelf a butt for the ridicule of the faddists and cranks who usually make up the major part of the audiences that attend such The atmosphere of the debate will not be favorable to convincing even one who has an open mind, and, if by chance any confirmed faddist or crank in the audience is susceptible to reason, the crowd psychology of the partisan gathering will tend strongly to prevent his chang-Finally, newspaper reports will ing his mind add nothing to the dignity and standing of the professional debater and as likely as not will be of no service to the cause of scientific medicine They will probably describe the occasion as a mere travesty of truth seeking, which will usually be not far from correct

No physician without the specific backing of his medical society for the particular debate in which he is to engage should enter into a pub-

(Continued on page 701-adv xxv)

HEALTH EXAMINATIONS AT A STATE MEETING

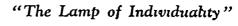
The Medical Association of Georgia, which meets on May ninth in Savannah, will give a health examination to every member as a part of the program of the meeting. The plan is described in the following editorial in the April issue of the Georgia Journal

"The Committee on Health and Public Instruction, with the co-operation of the Committee on Arrangements, has perfected plans for health examinations of all members and An appointment book will be their families kept at the registration desk so that appointments for these examinations may be made This is necessary in order that the examiners may be prepared to take care of all desiring this service Please fill out the card that will be given you when you register stating the exact time you want to be examined and secure an appointment as soon as possible and thus avoid overcrowding A complete report showing your health grade will be given you when the examination is completed

SERVICE BY PHYSICIANS

Commenting on the annual Reports of the officers of the A M A, the May Journal of the Tennessee State Medical Association says

"The profession of medicine, especially organized medicine, has spent a great deal of its corporate energies, money and time in fostering measures of general public interest. The only thing that justifies the existence of a doctor is service. The thing that justifies the existence of an organized group of doctors is service. In fact the only real excuse for the existence of any human individual is service. The type and extent of service that an individual will render will be determined largely by his ability and physical capacity The ability of organized medicine to render service will be impaired to the extent that its organization is impaired. A little more energy might be expended on measures and policies looking to the best interest of the profession doing the public will be the ultimate beneficiary"



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RESULTS

in Gynecology, Ear, Nose and Throat Diseases, Glandular Diseases, Surgical Tuberculosis, Rachitis and as a General Prophylactic, places

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THE SPECTRUM with Ultra Sun Carbons is similar to natural sunlight at high altitudes, with increased energy No domestic made carbons produce a similar spectrum.

ADAPTERS—Correctly designed, easily inserted and comfortable, make irradiations possible in every orifice of the body

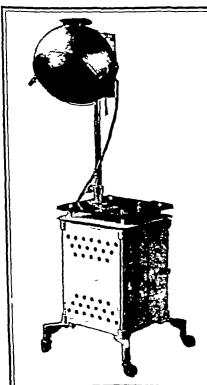
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Write for Literature, price, terms, etc

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(Continued from page 701—adv xxv) cil of the State Society has approved a plan presented by the Secretary to eliminate these contributing factors to malpractice actions

On advertising page of the Wisconsin Medical Journal will be found two forms designed to be helpful to the physician in impressing his patient with the desirability of remaining in the hospital or having certain films taken. Failing that, the duplicate slips offer concrete evidence of the fact that the patient failed to follow reasonable professional advice, in which case he alone must bear the responsibility for any untoward results growing out of such failure

These slips are offered in small pads to our members at a cost price. While letters to the same effect may be equally effective, we commend the slips for their simple wording and impressive effect upon the patient and his family

The slips that are advertised by the State Medical Society of Wisconsin are as follows

X-Ray Films Advised

Dr advises his patient, M, that it is necessary, to a proper diagnosis of the case, that X-ray pictures be made, and that, unless X-ray pictures are made, it will not be possible for the physician to be certain of his diagnosis, and he will also, of course, not be held responsible for any consequences of a failure to have X-ray pictures made.

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M

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In the presence of

м'D

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THE PUBLICATION COMMITTEE

HEALTH EXAMINATIONS AT A STATE MEETING

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in Gynecology, Ear, Nose and Throat Diseases, Glandular Diseases, Surgical Tuberculosis, Rachitis and as a General Prophylactic, places

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Operates on A. C or D C house current No special wiring required

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LEGISLATIVE ACTIVITIES IN NEW YORK STATE By W H ROSS, M D, BRENTWOOD, N Y

A Talk at the Secretaries' Conference of the Medical Society of the State of Michigan at Detroit, May 14, 1928

TEW YORK has a long background of medical legislative history, and its consideration is of value Medical legislation, like other things, has often advanced because of what has happened in the past. The records for the last one hundred and twentyfive years frequently show that this has been forgotten The work of the New York State Society illustrates some historical forgetfulness, and some successes due to keeping in mind that which has gone before some of you recall that Dana recently said, "that we get a further view ahead by standing on the shoulders of those who have already done pathway work"

Medical legislative history in New York commences in New Amsterdam on the Island of Manhattan in 1652—two hundred and seventy-six years ago—in an order to regulate the practice of medicine so that quacks and charletans should not have too prominent a place in the community

In 1665—two hundred and sixty-three years ago-a still more serious effort to regulate the practice of surgeons, midwives, and physicians was established and the law said-let me read the quotation—"that no one employed about the bodies of men, women or children for the preservation of life or health should presume to put forth any act contrary to the approved rule of art, or exercise any force or violence toward the body without the advice and consent of such as are skillful in the same art-if such may be had-or at least the consent of the wisest and gravest who were present together with the consent of the patient." It was further stated that the purpose of the law was to direct and encourage those having skill in the right use thereof and to restrain those having presumptuous arrogance and other laws on Manhattan Island overshadow the efforts of recent years and remind us that organized medicine has for long time tried to do something for the proper regulation of the practice of medicine and for com-

munity protection

Then there came a colonial law in 1760 by which the physicians of the province of New York endeavored to secure for its citizens through legislative measures, the results of advancement in medical knowledge and protection against quackery and malpractice This act was the first one in this country that compelled everyone who wanted to practice medicine to be examined and admitted by law, and there was a penalty for violation The province of New York though not at that time the most populous, has priority in establishing an efficient medical practice act though as Dr Beck points out in his Presidential Address of 1842 that more than a century before this act (in fact in 1649) the Colony of Massachusetts "attempted the regulation of medicine and the correction of its medical abuses"

There were some other medical laws immediately before the Revolution and several immediately after the establishment of the state government, but none of them had anything to do with regulating the practice of medicine until 1792 when a time limit of at least two years of study was required in New York City Then there was another enactment covering the whole state of New York in 1797, "that one must have practiced for two years or have studied for two years with a reputable physician and then he could be licensed by the court," and the act of 1792 was repealed All of these laws had to do with better educational requirement for physicians and community protection from disease, just as modern medical practice laws have been characterized by these things

After several years of discussion and the overcoming of both lay and professional opposition, the physicians of New York State were successful in 1806 in having enacted a law creating county medical societies and empowering delegates from them to organize a State Medical Society. The county societies were

given the power of granting or refusing licenses to practice medicine upon examination. Various amendments have been established since that time terminating in the great Medical Practice Act of 1926. The laws of 1806 were revised in 1813 and 1828. Often (and at times every year) efforts were made to lower the requirements for licensing physicians—relatively not unlike the efforts of medical legislative history in the first twenty years of the present century.

Since 1760 in New York Province and then in the State, the ground upon which all medical legislation to regulate the practice of medicine was based was the medical protection of the people, and yet the physicians did not escape the charge of self interest any more than they do today, by many laymen and those trying to be licensed as the result of limited study and knowledge of the human body Nearly every year some remodeling of the law was attempted up to 1843, and the mass of the people made urgent demands for alteration or repeal of the law exactly as they did in New York State for twenty-five years terminating in 1926

In 1842 the Thompsonian physicians sought admission to practice medicine in the same legal way as those entering the profession by law and without examination. They were backed up by the public who perhaps were in revolt because of the heroic methods and dosage common at that time. Anyway the medical profession did not take the public into confidence or try to gain their support at that time as finally they discovered that they had to do and did do in New York in 1926.

It does not appear to have ever been the intention of the legislature to recognize any particular mode or system of medical practice, and the arguments made in 1842 by the medical profession against the admission of the Thompsonian physicians were used against the cults from 1916 to 1926 with the difference that in 1926 the lay support of medical laws was generous The mass of the people who had worked hard supporting the Thompsonian effort succeeded in 1844 in getting a law enacted that allowed any inhabitant of the state to practice medicine without license from the Regents or a County Medical Society or a degree in medicine, except that, when he was permitted to practice without being licensed, he could not charge for his services nor collect by suits in law (The Thompsonian physician, some of you may not know, was one who used only infusions or teas made from roots or barks of plants grown in the United States) Curiously the medical profession to quite an extent supported this legal effort In 1840-1842 several legally organized county medical societies in New York concluded that all prohibitory

enactments were inexpedient, and that the medical society of the state and the medical profession in general were abundantly able to take care of themselves without legislative support, and that in asking for laws from time to time, it was to protect the public and not to gain any advancement in the way of self interest. Many medical men thought that if all restrictions were taken off "so that not having the agitation and the sympathies of the public to feed it," this cult would go down.

This was a time of great excitement, agitation, and revolution in medical laws which continued to about 1850, in some ways like the efforts of the chiropractors to be admitted in 1916 to 1926 though probably more intense. The laws of 1844 removed all restraints to practice, subjecting those practicing only to civil liabilities for malpractice, criminal prosecution for gross ignorance or immoral conduct, allowed them to collect by law for services, leaving all other statutory provisions untouched and rendering them, of course, ineffectual

At about this time there had come to be a very low standard of medical education throughout the country Schools were founded where they were not needed. They were in a state of acute rivalry, competing for students by shortening the course of instruction and making graduation easier.

At the annual meeting of the New York State Society in 1844, Dr N S Davis introduced the resolution that resulted in 1846 in the foundation of the American Medical Association, though the subject had been called up in 1839 by Dr McCall of New York American Medical Association was founded for the primary purpose of raising the standard of medical education in medical schools just as the organization of the New York State Society in 1806 was for the purpose of raising the professional standard among physicians There was decided opposition to this proposal and mostly from medical schools, with perhaps more bitterness and personalities than has ever happened over any other question within the profession

The low standards maintained for the purpose of attracting students and the jealousies of teachers in medical schools show how low all sense of professional dignity had fallen Quoting from the report of the committee of the American Medical Association on medical education in 1852, "the conclusions regarding medical laws were simply to give protection to those measures which are calculated to secure to the community a well educated body of physicians. The medical profession should be a single body of men without any prescribed set of opinions." This fairly characterizes the medical practice act of 1926 in New York

It is interesting to note that there was a penalty for illegal practice in New York from 1683 to 1835 when all penalties were repealed leaving only the provision that an illegal practitioner of medicine coud not recover his debts for service by suits at law

In 1842 leading sections of the state concluded that the only remedy for the deplorable state of the practice of medicine was in medical reform "by which a higher standard of medical education shall be secured" There were many medical schools in those times who licensed those that they knew to be unworthy 1830, eighteen out of twenty-six states had no law regulating the practice of medicine nor laws prohibiting quackery It was thought that the repeal of laws against quacks robbed the quack of his strong-hold on the sympathies of the public Up to 1830, eight states never had any law regulating the practice of medicine, and ten states had abolished all laws pertaining to medical practice. Only four states had existing laws as far as known. In this survey replies were not received from Arkansas, Illinois, Michigan and Delaware

The Thompsonian school had a State Society somewhere near 1850 The State Homeopathic Society was incorporated in 1862 and the Eclectic Medical Society in 1865

There were no further medical laws enacted relating to the practicing of medicine until 1872 when a law was enacted relating to the examination of candidates for the degree of doctor of medicine by the State Board of Regents, and in 1874 it became a misdemeanor to practice medicine in New York except by those authorized to do so by license from the Regents or by diploma

In 1880 a law came into effect that all practitioners had to register in the county clerk's office of the county in which he lived before October first of that year and he had to pay a fee of twenty-five cents. This is known in New York State as the roll call of 1880, and there was not another for forty-six years or until 1926, and now there is one every year.

Can quackery be suppressed by law, or by enlightening the public of its dangers? Public medical opinion in 1844 thought the latter. In 1928 we think by law. Is the highest result to come from a combination?

The Osteopaths were licensed in New York in 1907 under a minimum educational standard with restrictions as to the administration of drugs, giving narcotics, or doing surgery, and the result has been to diminish the number so that today there are about three hundred in the State of New York. They have a state organization

In 1890 the medical practice act of New York was amended so that all graduates in medicine from that time had to be licensed by

examination of the State Board of Medical Examiners and those who had been in practice were licensed by registration of their diplomas

Medical legislative effort in New York was chiefly defensive up to 1916. At that time an attempt was made to amend the medical practice act. It took ten years of work to do it. For years the State was unsuccessful in prosecuting unlicensed practitioners and one of the reasons was that the State had no proper definition of what constituted the practice of medicine. Each year some changes were made in the form of the proposed amendment by both the Department of Education and the State Medical Society in turn until the law was finally enacted in 1926.

Physicians have been largely alone in opposing the exploitation of the public by quacks and charletans. Only in recent years have we endeavored to enlist lay support. For years our legislative activities have been almost confined to the opposition of bills of the cults to the extent of ten or fifteen each year, and it was only in the year 1925 that the profession took steps to offer constructive legislation and adopted means to develop lay support as an aid in enacting its constructive proposals for amending the medical practice act.

In 1925 the House of Delegates of the New York State Society by resolution appointed a committee of seven eminent physicians selected from different parts of the state, and after four months of study of the need for change, improvement, and amendment in the then existing act, it formulated the Medical Practice Act of 1926 After this the bill was put into legal shape by the Counsel of the Society, then after approval by the Council it was submitted to the Attorney General, the Board of Regents, the State Department of Health, and the State Department of Education for suggestions Then it was submitted to a meeting of the legislative chairmen of the county societies of the state, and in its final form came as near representing the opinion of the profession as any medical measure has ever done legislature and at the hearing before the Governor, it was vigorously opposed by the organized chiropractors and drugless healers on the ground that it represented the medical trust, and would make their practice difficult,-which was true, though the bill does not mention any Much thought was given the bill in its final form in adapting it to the law, the constitution, and the established customs and methods of administration

The Medical Practice Act of 1926 is the best practical measure that could be drawn and passed in our state. Its outstanding features are a clear definition of the practice of medicine, annual registration, a minimum educational requirement, prosecution of violators by

the Attorney General's office, limiting the title "doctor" to licensed physicians, and provision for a grievance committee

Let us consider the grievance committee for a moment It is made up of ten members four from the State Medical Society, two from the State Homeopathic Society, one from the State Osteopathic Society, and three members at large of conspicuous professional standing, all appointed by the State Board of Regents The grievance committee is similar in principle to that of the bar association It has jurisdiction to hear and determine all charges against a physician who is charged with fraud or deceit in the practice of medicine, or who has been convicted of a crime or misdemeanor, or who is a habitual alcoholic or drug addict, or who has become insane, or who has been guilty of untrue or fraudulent advertising or advertising that he can cure or treat disease by a secret method, or who undertakes in any way to perform criminal abortion provides a definite method for the operation of the grievance committee

For many years in New York State following 1806 it was the custom of the Medical Society of the State to meet with the Governor, spend an evening with him at his mansion in order to discuss important medical legislative matters that were pending for that year present Governor essentially revived the cus-He was of great help in enacting the 1926 law because of his interest in public health and the illegal practice of medicine He called a conference of the leaders of the medical profession and the official and voluntary health agencies in 1922, '23, '24, '25 and '26 for the purpose of discussing the advisability of amending the medical practice act so as to establish a better basis for preventing cults which by this time had grown numerous (variously estimated at upward of two thousand five hundred) from becoming entrenched by law, the result of constant yearly effort by the cults to have themselves licensed by the state

The Governor further helped to create favorable public sentiment in his annual messages Let me read a paragraph of 1925 and 1926 "Careful consideration should be given to the protection of the people of the state from unlicensed and unqualified persons practicing The co-operation of the medical medicine profession is an essential factor in the protection of the public health as well as in the care of the sick A very large part of modern public health is urging people to see their physicians before serious and incurable conditions have developed Such effort comes to naught if unqualified persons are allowed to hold themselves out as physicians" This splendid statement to the legislature was of great value in the enactment of this law later in the year

We have in our state a legislative bureau controlled by the legislative committee of the State Society. We have had since 1924 a full time medical executive officer devoting about half of his time to medical legislative matters and the other half to assisting the president, secretary, and chairmen of standing committees.

Prior to 1924 the Medical Society made its contact with the legislature through the committee on legislation. Rarely did physicians appear in support of bills because the Medical Society itself was not introducing much legislation at that time. It was chiefly on the defensive and with more or less justification, for there were some bills to the disadvantage of the physicians. Most prominent among them were the efforts to secure some form of health insurance.

Since 1924, when the Society employed an executive officer, it has differently interested itself in legislative matters The executive officer early in the session, makes the acquaintance of the chairmen of the various committees particularly the committee on public health in both houses Through his work the county societies, through their committees on legislation, are informed of everything that transpires in the legislature He endeavors to convince the members of the legislature that he represents the Medical Society of the State, and that its interests are constructive and its principal concern in advocating or opposing bills is the public good He has directed opposition to bills introduced by cults, by showing their selfish character, that they are not an effort to improve the public good, but rather to secure legally the selfish interest of the organizations or individuals from whom the bills have sprung Representatives of the Depart. ment of Education and the Department of Health and the State Society meet for the discussion of bills in which there is a common interest

One of the baffling conditions prior to the establishment of this custom was to find the several departments advising the legislators differently Not a few times this difference in advice brought about defeat of measures that were worth while The harmony of conference has been of great value and was of signal usefulness in passing the Medical Practice Act of Today the legislator looks upon the Medical Society of the State of New York as interested in the protection of the public equally with the Department of Health or the Department of Education, and we have reason to believe that he takes our interest to be as unselfish as the interests of either of the two state departments In the past two years the important change in our legislative program has been its linking up more closely with voluntary agencies whose object is the promotion of the public good. These bodies represent from five to ten per cent of the public and in activity much more than that. In the future I believe that it will be the policy to try to enlist as representatives of the public and staunch allies of ours in legislative work, such organizations as the State Charities' Aid Association, Parent-Teachers' Association, State Committee on Tuberculosis and Public Health, Federation of Women's Clubs, Chambers of Commerce, and the foundations interested in promoting public health activities in the state

The choosing of legislative committee chairmen by the county societies is of great importance with regard to their personal interest, and willingness and ability to give time enough to keep their own legislators informed -through their family physicians if possibleand to make an effort to get them to see that medical men are working for the public good and not for self interest, that they are trying to give the public better physicians and improve public health practice We have in New York one special state meeting at the capital each year of the county legislative committee chairmen, the legislative committee of the State Society, the Council, and the State Society officers A luncheon is served, railroad fares and necessary hotel bills are paid, and there is a good attendance. We have been fortunate in having a governor in New York in sympathy with the advancement of public health and always willing to confer with the Prominent physicians medical profession have always been willing to work in an advisory way with the legislative committee This lays the foundation for the work that we have done in New York Each year the legislators have become more friendly due probably to physicians taking them into confidence, telling them what we are trying to do, and getting their medical constituents to tell them the same thing at home.

The campaign for the enactment of the medical practice act was greatly helped by co-operation with lay agencies as has been done in the past few years in other places, notably in California, Washington, and Oregon The American Association for Medical Progress, the County Tuberculosis and Public Health committees of the State Charities' Aid Association, and other welfare and civic organizations all became interested and actively supported the proposed medical act The great strength behind this bill was the lay organizations, and the fact that it was sponsored by two great state departments, represented by the Commissioner of Health, and the Commissioner of Education Therefore, the essential factor in the passage of the Medical Practice Act was the demand for its enactment by laymen The work of the doctors formulated the law The great power in passing it came from laymen During the efforts to pass the bill in 1926 legislators often expressed surprise and gratification in the interest in the bill taken by laymen. This was the first year that their constituents had told them of the popular support of the bill, and that it was desired by the medical profession and the thinking public equally.

We have apparently learned some things from history. The failures in the neighborhood of 1830 to 1845 appear to be largely because the public were not with the medical profession. The success of 1926 was largely because the public worked with the medical profession. There was need one hundred and fifty years ago to regulate medical practice and to protect the public from quacks and charletans just as there is today. We are inclined to think that we are doing entirely new things. The fact is that we are inheritors of past accomplishments.

The history of all professions shows that "none become highly useful and not even respectable except under restraint of its own members" If it were not that the fitness and qualification of those who may be entrusted with the cure or prevention of disease is to be determined by those trained in these subjects, then there would be little protection against the tendency of so many to accept the mysterious at the hand of ignorant pretenders. If it takes five years of training to develop a safe practitioner of medicine, then those who are willing to accept the cultist with five months of training cannot secure real medical service any more than under similar circumstances in other fields of human endeavor

To show you how much lay interest was aroused over the Medical Practice Act in New York in 1926, let me quote from one of many editorials in the public press "No illegal physician can use the term 'doctor' have wanted the public to believe that they were physicians and merely of a different Deception was their main stock in trade. As Governor Smith said the term 'doctor' presupposes in the minds of a great many people knowledge of the human body and its The new law prevents the doctor diseases It is a decided gain for public health The medical practice act needed strengthening The legislature and the governor are to be congratulated on their handling of a situation menacing to the people of the state" With frequent statements of this kind we were aided When the bill came to a vote it passed the Senate 35 to 12 and the Assembly 95 to 33 It was said that the chiropractors paid their counsel twenty thousand dollars to try to prevent the passage of the bill

The results of the Medical Practice Act were almost at once to drive many illegal practitioners from the state It is believed by the secretary of the New York State Board of Medical Examiners that the number is about one thousand He says that during 1927 one hundred and three cases were arrested, thirty convicted with fifty-eight cases pending, and seven hundred and twenty-eight cases were investigated Apparently there will be as many or more this year They have been widely distributed among chiropractors, naturopaths. physicians without license, foreign physicians who cannot obtain a license, faith healers, druggists, laymen, herb doctors, naprapaths, bone setters, and licensed practitioners in the lesser fields of optometry and chiropody

At the present time one hundred and twenty-five physiotherapists have been licensed under the law. There is a definite need of this type of technical assistant. The law does not give them permission to give medicine or treat disease except under the direction of a licensed physician. New York University is starting a four year course in physiotherapy in association with the Hospital of Ruptured and Crippled.

Many complaints have come from adjoining states and Canada—ten large cities in this country, four in Canada, and three in South America—relative to the sudden increase in the number of quacks in their territory Apparently this wholesale exodus from New York State is the result of its Medical Practice Act Other states and countries have suffered The only remedy is for other states to enact a similar or equal law

Illegal practitioners naturally seek other places where the laws are less stringent. So far as solving a country-wide problem it is not enough for only New York to enact a medical practice law. All other states must do it also if the problem is to be solved.

The illegal use of the title "doctor" or "Dr" has been almost entirely discontinued in the metropolitan area of New York

During the last century some new cult of some prominence has come into existence about every ten years, and we could look forward probably to about the same occurrence in the future This will be stopped by the new medical practice act with its clear definition of what constitutes the practice of medicine, furnishing an accurate list each year of licensed practitioners, and having an educational requirement as a physician in the knowledge of the human body and its diseases without prescribing any system of therapeutics or forbidding the use of anything that a licensed These requirements doctor deems of value should be efficient for a long, long time

An obvious task of the medical profession is to watch out that the force of the medical practice act is never weakened by the modification or repeal of any of its features. It is certain that attempts will be made in the future, just as unsuccessful ones were made in 1927.

In our ten years of experience in trying to get a medical practice act we learned certain lessons which I have referred to, but they can be summarized in a few words

- 1 It was team work that did it It was not due to the influence of any single person. The influence of each one engaged in it was like a brick in a wall—necessary but no more so than any other one. So long as those in power could look upon the medical profession as physicians, they were listened to, but there was no interest as soon as they became politicians.
- 2 No medical body can accomplish the passing of a medical practice act alone. It is absolutely necessary to have lay support, both organized and individual, to the largest possible extent.
- 3 Such laws must come about as a process of evolution They cannot be enacted at once It took New York several years to discover why it failed and to plan and accomplish its final success

The essential features of how it was done are under these three heads—all else is detail Before closing I want to comment upon the Grievance Committee in action The Grievance Committee is a judicial court of reference and not a prosecuting body. Its functions are to discipline licensed physicians who have violated the medical practice act, and to dispose of complaints against licensed physicians based upon inadequate causes or action Charges against a physician must be drawn by an attorney of letter by the State Attorney General's office Then the charges are qualified by the Board of Regents, and referred to the Grievance Committee The Attorney General's office is then asked for an opinion, and if the case has merit, it is put in the hands of the Attorney General and each side appears by counsel The case is the Board of Regents against the accused practitioner, and not the Medical Society against the accused practi-The Grievance Committee really renders an opinion for the use of the Board of The results are splendid One case resulting in correction, when the inevitable local publicity appears, corrects dozens of It takes only a few scattered cases to spread the news all over the state quasi cases where no convictions are expected, have a deterrent effect because of the necessary investigation by the court of judicial reference The Grievance Committee divides the state

into three districts for its convenience—three men sitting in each. The findings are submitted to the full committee. When decisions ar reached, they are filed with the State Board of Regents

We have a permanent administrative organization for the sole purpose of enforcing the act, differing in this respect from the medical

practice act of any other state.

Perhaps it is of interest to note that in 1927 there were registered seventeen thousand four hundred and thirty physicians, three hundred and thirty-one osteopaths, and one hundred and twenty physiotherapists. The secretary of the New York State Board of Medical Examiners says that he thinks that this represents ninety-five per cent of all those practicing medicine in 1927.

The functioning of the Medical Practice Law of New York State is working out well. It is being very carefully administered with the

idea in view that it is universally applicable to the whole United States When this is proven beyond doubt, it should fill a large place in the future in planning a medical practice act in any other state

Through all these laws for nearly three hundred years to regulate the practice of medicine and correct its abuses, there runs four things -an educational requirement, protection of the public against unqualified men, protection of the community in all medical matters, and These fundamental professional dignity traits are plain in the first medical practice law and in the last one These laws have all originated with physicians Each one came into existence when there was need to correct medical abuses I have no doubt that the physicians of each state in turn as its needs arise, will meet their own problems New York has apparently settled its medical practice problems for a generation or two to come

SOME COMMON CONGENITAL DEFORMITIES AND THEIR ORTHOPEDIC TREATMENT*

By PAUL C COLONNA, MD, NEW YORK, N Y

RTHOPEDIC Surgery deals largely with the prevention and treatment of deformities of the skeletal system. It is a branch of general surgery that was described by Andry in 1741, the word being derived originally from two Greek words, "orthos" and "pais," meaning "to straighten the child" and not from the Latin "pes"

The congenital deformities constitute a smaller proportion than those of acquired origin such as deformities following infantile paralysis, tuberculosis or fractures. However, it is considered of sufficient interest to discuss very briefly the diagnosis and treatment of some of the more common congenital deformities as congenital dislocation of the hip, congenital talipes and congenital torticollis

All congenital deformities are thought to come from one of three causes those in which there are inherent defects in the fertilized ovum, those in which there has been some external force acting upon the fetus, such as abnormal intrauterine pressure or position, and those arising from disease of the fetus itself. The second or mechanical theory is the explanation applied to the majority of congenital deformities of the ex-

*Read before the North Brooklyn Medical Society December 27, 1927

tremities In a consideration of these deformities the prognosis is somewhat different from those of acquired origin, for in the majority of these cases seen the opportunity for restoration of form and function can be safely promised if an efficient type of treatment can be begun early and the after care persistently employed

Congenital Dislocation of the Hip -This deformity is usually unnoticed until the child begins It more frequently involves only one hip and may be detected by a marked sinking of the affected hip at each step if the dislocation is unilateral, the so-called Trendelenburg sign, or by a waddling gait if both sides are dislocated Conclusive diagnosis is made by the X-ray and treatment with plaster of Paris after the reduction is accomplished should be begun as soon as the child can be taught not to soil the plaster The dislocation can usually be reduced by manipulation in cases under four years of age and then plaster spicas to retain the dislocation are worn from six to ten months thereafter being changed whenever soiled or broken During this time weight bearing may be permitted on the affected hip The prospect of success with these cases usually stands in direct relation to the age of the patient. In the older cases the degree of trauma necessary to reduce and retain the dislocation by the closed method hardly justifies attempting it and during the adolescent age an open operation is advisable. The patient is primarily interested in securing a stable hip. During the adolescent age the arthritic changes, which in later life may give rise to severe pain, have not appeared and therefore stability at the hip should be the primary aim of the surgeon. In the older arthritic patients the type of operation employed must depend upon the signs and symptoms presented.

Congenital Tahpes—Congenital talipes equinovarus is a deformity in which the foot is twisted inward and the toes pointed downward. This is the type known as clubfoot and composes about seventy-five per cent of all congenital foot deformities. Occasionally the foot assumes other attitudes such as valgus, varus, calcaneo valgus, etc., but congenital types other than equinovarus are rather infrequent.

The clubfoot or equinovarus deformity is usually recognized at birth and is much more common in males than females. All the component parts of the foot are involved in the deformity. If the treatment is begun early, and that means within the first few weeks of life, the results are usually satisfactory. However, cases in which there is an accompanying spina bifida are not followed by such satisfactory results and in all of these congenital talipes cases a careful examination should be made for other existing anomalies.

The correction of the equinovarus deformity should necessarily be gradual and plaster of Paris seems to be the simplest medium for correcting these feet First the varus deformity should be well over-corrected before beginning to correct the equinus, and not only should the deformity be overcome and corrected but recurrence of the clubfoot is a condition that should be guarded against Instruction should be given to frequently stretch and manipulate these feet into an overcorrected attitude until the patient begins to walk and then the shoes should be raised on the outer border for months thereafter In the older patients all parts of the foot become more resistant and fixed in the deformed attitude and operative procedures are necessary to correct the form The treatment of these older cases of the foot must necessarily be an operation on the skeletal structure of the foot These resistant types are usually preceded by wrenching of the foot to partially correct the deformity before an open operation on the bony structure of the foot is The age of operation in a series of cases investigated and reported several years ago, varied from three to twenty-seven years of age and the type of operation generally employed was a tarsectomy A few weeks after operation the patient should be encouraged to walk with the foot in plaster and this should be worn from six to eight weeks and followed by a proper type of shoe

Congenital Torticollis — This is a painless distortion often called wry-neck and results from a contracture or shortening of one or more of the lateral muscles of the neck usually the sternomastoid There were seen at the Hospital for the Ruptured and Crippled 269 cases in a six year period from 1920 to 1926

The theory of Stromyer that congenital torticollis is caused by rupture of the sternomastoid muscle fibres, followed by a subsequent myositis developing in the hematoma has been rather definitely disproven Whitman points out in his textbook that the rupture of muscles elsewhere is practically never followed by a myositis with contracture, unless there is present an active in-The deformity is usually unilateral, slightly more frequently observed in males and ordinarily noticed within the first few weeks of life It presents a characteristic picture with the head inclined to one side, the chin turned towards the opposite shoulder and the contracted muscle prominent In many of the older cases asymmetry of the face and a moderate scoliosis of the cervical vertebrae may be noticed

In very young infants a methodical stretching of the contracted tissues will correct the deformity but in cases over six months of age an operation is usually required

A subcutaneous tenotomy of the contracted tissues was formerly employed but the method is both dangerous and unsatisfactory dissection and tenotomy of the contracted bands through a two inch incision made just below and parallel to the clavicle is a most simple and satisfactory procedure. Some surgeons advise a more radical method, removing a section of the steromastoid at its mid-portion but this is hardly to be recommended Lange and Putti believe the approach at the origin of the muscle is preferable, in order that the scar may be obliterated by the growth of hair on the scalp Whatever the mode of tenotomy employed, it is essential to divide as far as possible all the limiting bands of muscle and facial sheaths and to hold the head in the over-corrected position for four to six The simplest method is to employ plaster of Paris to hold the head in the desired attitude, which should be just the reverse of the wry-neck deformity On removing the plaster, massage and daily stretching should be employed

Conclusions

- 1 Congenital deformities constitute a large group of cases seen in an orthopedic clinic, the most common being congenital dislocation of the hip, congenital clubfoot and congenital torticollis
- 2 If efficient treatment is instituted early a satisfactory correction can be usually attained
- 3 Over-correction of the deformity and long after care are necessary with these cases

tell the tale.

A SIMPLE BUT EFFICACIOUS TREATMENT FOR MORNING SICKNESS* By D A. CALHOUN, MD, TROY, N Y

■ ORNING sickness is notorious for its disputed Etiology, its diversity of manifestations, and particularly for its resistance to the whole Pharmacopæia of drugs used to control it Some of these, are more or less satisfactory, but the majority are useless, and Superimposed upon this is the unnecessary prevalent attitude of many physicians that the condition is to be expected, and endured by the patient The condition is to be expected, but not necessarily endured The very enduring of it over a period of several weeks, with its detrimental effects both physical and mental are adverse to the very fundamental principles of present day Prenatal Care, to-wit, keeping the patient in the best possible condition both physical and mental during such a trying period in her existence Environment today is rapidly making it more and more of an ordeal

It is said of any undertaking that a poor start goes a long way toward a bad ending Morning Sickness, with its loss of weight and ill nourishment, together with the mental perturbation over a period of several weeks is indeed a poor start. The patient insufficiently recovered from such an ordeal and entering the most difficult and trying period of her existence, to-wit, Labor, is indeed a bad ending Operative Deliveries and Puerperal Morbidity

In 1910, Underhill and Rand, as well as Ewing, showed that in Hyperemesis Gravidarum there is an underlying disturbance of Carbohydrate Metabolism Duncan and Harding next expressed themselves as convinced that in early Toxemia of Pregnancy the dominant factor is a metabolic one due largely to a carbohydrate deficiency Over the same period of time Hoffman, Givins and Titus stated that the carbohydrate deficiency is of two fold origin first-a relative deficiency due to an unexpected demand for Glycogen on the part of the fetus and enlarging uterus, second—an actual deficiency, augmented in the presence of nausea and vomiting from lessened carbohydrate intake

Reasoning from the above, it is logical to replenish the liver with the needed carbohydrate as early as the nausea and vomiting appear in order to forestall, as in the first instance, a relative deficiency due to the unexpected demand on the part of the fetus for Glycogen. The nutritive exchange through the Placenta is almost entirely in the form of glycogen as demonstrated by Slemons with his simultaneous analysis of maternal and fetal blood. Likewise, as in the second instance, to prophylactically prevent an actual deficiency,

augmented by the very presence of nausea and vomiting from lessened carbohydrate intake The actual deficiency, of course, leading to the more serious Pernicious Vomiting

Therapeutics based on the above reasoning replenishing of the decarbohydrated liver is, therefore, the logical procedure The simpler the procedure, provided the results are satisfactory, the more attractive it is to the patient With this in mind I have been using the following method of treatment for cases of Morning Sickness during the past several months In mild cases after the patient is up and about, a cleansing enema of soap suds is given and thoroughly evacuated Following this a retention enema of a five per cent Glucose Solution is given. Eight ounces of the mixture is used and is to be retained throughout the day During the day the patient only takes small quantities of fluid every two hours. A ten per cent solution of Lactose taken in small quantities is advantageous, at this time. At bed time the retention enema is repeated as in the morning One tablet of Luminal Sodium is given at night to insure rest and quiet Since using this simple remedy I have been greatly surprised and highly encouraged at the results obtained Two or three days on this treatment suffices, in practically all cases to cause a complete cessation of all nausea and vomiting If the case, when first seen, is of the more exaggerated type, the patient is kept in bed and a daily cleansing enema given, together with three retention enemas at 8 a m to 12 m and 8 p m The Luminal is given night and morning and no food allowed for twenty-four hours, after which small quantities of fluid nourishment are allowed as in the treatment of the mild cases Of course, each case must be treated individually and according to the conditions found when the patient is first seen

In order to insure no return of the condition, I have found it advisable to continue the daily retention enemas for several days after the nausea and vomiting have ceased

The generally accepted treatment today for cases of Pernicious Vomiting is one of intensive carbohydrate medication—oral, subcutaneous, and intravenous—all based on a Carbohydrate Deficiency as the etiological factor. The manifestations of Morning Sickness are similar to those of Pernicious Vomiting although to a very mild degree. Therefore, if the carbohydrate deficiency is supplied at this early period with the above favorable results, not only is the etiology of Pernicious Vomiting one of Glycogen Deficiency but that of Morning Sickness is of the same origin and should be treated exclusively as such

^{*} Read before Rensselaer County Medical Society, Jan., 1928.

DIET IN HEART DISEASE—THE ROLE OF HIGH CARBOHYDRATE FEEDING* By ALBERT S HYMAN, MD, NEW YORK, and MAURICE PROTAS, MD, WASHINGTON, D C

N spite of the tremendous advance made in the understanding and therapy of the cardiovascular-renal disorders during the past decade, it is rather astonishing to note how little attention has apparently been given to the problem of scientific dietary management Standard text books on diseases of the heart devote a relatively insignificant amount of space to what is often the most perplexing phase in the successful treatment of those suffering from the various cardiovascular affections Indeed, the most glittering generalities and evasive statements are the rule and the entire subject is ordinarily dismissed with a rewording of Withering's contribution made in 1785 in which he wrote "that in dropsie from heart failure, water and salt should be abstained from"

The importance of properly selected elements of diet in the favorable outcome of patients being treated for heart disease, has impressed itself dore and more forcibly upon us, as drug therapy or these cases has become standardized. We are f the opinion that not infrequently the dietary management of decompensated cardiacs may vie with pharmacologic medication in the successful convalescence of such cases, in fact, we believe that many times a favorable outcome has been more the result of proper feeding the individual than in the drug therapy employed. Smith, Gibson and Rosse¹ have recently emphasized this thought

One reason for the apparent failure to appreciate the rôle of food intake in heart disease, may perhaps lie in the diversity of opinion held by many clinicians in regard to the actual value of elected diets in any other condition but diabetes, many physicians, as Vaquez points out, tend to regard most-diets with a suspicion of fadism and content themselves with the elimination of one or more substances from the patient's usual dietary

In the light of recent advances in metabolic studies of cardiovascular disorders, the problem of water and salt intake is found to be no more important than the metabolic balance of carbohydrate, fat, and protein elements of the diet, especially is this so in the non-decompensated types of heart disease

Restriction of fluids and salt has been the routine dietary management in cases of heart failure with more or less evidence of circulatory congestion and edema. In effect, this has ordinarily meant the application of the Karell diet with minor modifications. Warfield, for example, limits the fluid intake of these patients to 746 cc, while Neuhof permits no more than 500 cc per diem. Others like Smith have been more liberal

in their interpretation of Balfour's diets and have included easily digested substances, while Rubow[†] has made a practice of keeping such cases on a very dry diet for weeks and months. Cowan and Ritchie⁸ on the other hand permit a fluid intake as high as 2,000 cc. in twenty-four hours.

Inasmuch as a weakened heart demands more nourishment than a healthy one, in cardiac failure an attempt must be made to insure an adequate caloric intake. The problem is complicated by the fact that in most cardiovascular affections digestive disturbances are not uncommonly found and the symptoms of the embarrassed heart may be intensified by abdominal distension and flatulence

In our experience, none of the modifications of the Karell diet have offered the caloric intake necessary to maintain metabolic requirements. In addition, many patients are unable to digest the milk component of the diet without considerable gastric distress. Peabody, Wentworth, and Barker. have shown that the basal metabolic rates are usually increased in cases of marked cardiac failure, Lev and Hamburger. have noted that in 75% of their series of decompensated cardiacs there was an average increase in the metabolic rate to 39% above normal. Du Bois. found an increase to 40% above normal in severe heart failure.

With these facts in mind, we have believed that there should be an increase rather than a diminution in the caloric intake of such cardiacs. Of the three elementary foodstuffs, the carbohydrates are unquestionably the most important, in the nourishment of the failing heart 12, 18. The frequent accompaniment of renal involvement prevents any great addition of protein substances, Altinow 14 believes that the protein intake must at first be limited to 28 gms, with a gradual increase to 60 gms as the patient convalences. On the other hand, Warfield advises against the addition of fats 4

The use of high carbohydrate diets in the treatment of cardiovascular-renal disorders was probably first advocated by Goulston in 1911, subsequently Pfalz in and Budingen in injected glucose solutions intravenously in marked decompensation with many favorable results. Cheisnisse is reviewing the work of Ettriquez and Gutman done in 1913 used strongly hypertonic sugar solutions intravenously, he believed that such solutions were supplementary even to digitalis in heart failure, his opinion being that a condition of cardiodystrophy occurred from an inadequate sugar content of the blood

While theoretically sound, the problem of increasing the carbohydrate intake in cardiovascular disorders has met the serious objections raised by O'Hare's experiments 19 in which glucose toler-

^{*} From the Witkin Foundation for the Study and Prevention of Heart Disease, Beth David Hospital, New York

ance tests were performed in 23 cases of chronic vascular hypertension with a conclusion that such cases are potential diabetics and nephritics. It has also been pointed out that there is a relatively high incidence of cardiovascular disease among diabetics in whom an hyperglycemia is the rule.

These objections, we believe, can now be more readily understood in the light of recent progress in insulin therapy. In diabetes the excess sugar in the blood fails to be oxidized by the organs of the body and therefor serves no useful purpose in the muscular economy, in non-diabetic heart disease on the other hand, where there is no lack of insulin production, the increased sugar intake is rapidly oxidized and utilized.

Recently, Osato²⁰ has shown in animal experimentation that intravenous injection of dextrose combined with insulin has exerted a very favorable influence upon hearts damaged by bacterial toxins. Edmunds and Cooper²¹ have demonstrated a similar result in depression of the circulatory system with diphtheria toxin. The clinical application of these facts have led us to develop a series of graduated diets with increasing amounts of carbohydrates in the treatment of all cardiovascular-renal disorders.

A study of such patients as they enter any large hospital service has demonstrated that they may be readily grouped into two general classes, those suffering with marked cardiac decompensation and signs of circulatory failure and edema, and those with coronary artery disease or infectious carditis where the problem of water metabolism is relatively unimportant. Such a classification permits dietary treatment to be started promptly

DIET NO 1

Protein 28.9 gm. Fat 18 5 gm Carbohydrate 150 1 gm. Calories 882 0 Total Fluid Intake 800 cc.

Upon arising take 1 glass of cool, not ice cold, water

Break fast

Milk (or Postum with milk)	75 ∞
Oatmeal (or other cereal)	30 gm
Rye (or whole wheat) bread	33 gm
Grapefruit (or orange)	100 gm
Butter	5 gm.

Dinner

50 gm.
100 gm
50 gm.
33 gm.
200 cc.
5 gm

Supper	
Potato, boiled and mashed	100 gm.
Spinach	50 gm.
Cabbage (or cauliflower or sprouts)	100 gm.
Peaches, canned (or pears)	100 gm
Rye (or whole wheat) bread	33 gm.
Tea (or Postum)	200 cc.
At 9 P M, take one-half glass of warm milk.	

*Note. There is no substitute for artichokes, which contain a substance called *inulin*, that is a direct food for the heart muscle.

In the first group of cases with retained fluid, we have found that our Diet No 1 offers many advantages over the Karell diet which is ordinarily used in such conditions. As we have noted before, the milk component of the Karell diet frequently renders the patient's heart action more precarious because of the flatulence and abdominal distension engendered by fermentation. The resulting pressure from the high diaphragm seriously embarrasses the movements of the heart Moreover, as Osborne²² succinctly points out, the continued use of such a diet may be dangerous in that the heart and circulation becomes progressively weaker on its low caloric value.

Diet No 1 contains almost an equivalent amount of protein and fluid intake as that of the Karell diet, there is a reduction in the fat content, however, with a corresponding increase in the carbohydrate components. At the same time, this diet provides for the oral mastication of the food, a factor so often overlooked by those preparing diets for such conditions Mackenzie²³ wrote in his fine practical manner, that in the Karell diet the bread and milk are so prepared that no mastication is needed and the stomach is burdened with the duty of getting rid of the The great importance of oral digestion is not sufficiently appreciated—not only does the process of mastication in several subtle ways stimulate the digestive glands of other organs but the juices from the mouth are so mixed with the food that they not only assist digestion but prevent flatulence which is so often such a troublesome feature in the weakened digestion which accompanies heart failure

Starting with Diet No 1 we have devised six groups, each containing the minimal metabolic requirements of protein equally suitable for cardiac or renal disease, yet meeting with the standards of Altnow 14. The fat content has of necessity been kept low, for as Joslin 24 has shown, in any diet where the carbohydrate is high the fat must be low and vice versa. The carbohydrate components of the diets have been progressively increased but in forms not readily leading to flatulence or gastric disturbance.

In this connection, the work of Root and Barker²⁵ in regard to the mulin content of artichokes is of considerable interest, these authors found experimentally that the ingestion of artichokes insured a slow liberation of glucose in the blood with a rapid utilization. We have included this vegetable in our diets as a valuable source of carbohydrate intake

In the first group of cases consisting of the badly decompensated cardiacs and some coronary occlusions we have used Diets Nos 1, 2, and 3 Diet No 1 consists of protein 28 9 gm, fat 18 5 gm, carbohydrate 150 1 gm, total fluid intake 800 cc, calories 882

Diet No 2 consists of protein 37 7 gm, fat 27.2 gm, carbohydrate 181 1 gm, total fluid intake 1200 cc Caloric value 1120 4

DIET NO 2

Protein 377 gm Fat 272 gm Carbohydrate 1811 gm Total Fluid Intake 1200 cc.

Upon arising take 1 glass of cool, not ice cold, water

Breakfast

Dumer

Artichokes Potato, boiled (or turnip or carrot) Lettuce (or other greens) Rye (or whole wheat) bread	50 gm 100 gm 50 gm
Rye (or whole wheat) bread Tea (or Postum)	50 gm 200 cc
Butter	10 gm

Supper

Potato, boiled and mashed Spinach (or other greens) Cabbage (or cauliflower or sprouts) Peaches, canned (or pears) Rye (or whole wheat) bread	•-	100 gm, 50 gm 100 gm 100 gm 50 gm
Postum		200 cc.

At 9 P M take two-thirds of a glass of warm milk During the day, 2 additional glasses of water should be taken

This diet has been used in those cases of returning compensation which have been on Diet No 1 for three or four days An attempt is made to raise the caloric intake as rapidly as possible, for while 1,000 calories per diem have been shown to meet the basal metabolic requirements of the ordinary bed patient, the increased metabolic rate in heart disease demands at least 25% more

DIET NO 3

Protein 44 3 gm Fat 37.5 gm Carbohydrate 213 5 gm Calories 1368 7

Upon arising take 1 glass of cool, not ice cold, water

Breakfast

Grapefruit (or orange) Oatmeal (or other cooked cereal) Rye (or whole wheat) bread, plain, toasted Orange marmalade (or honey) Milk (or Postum) Butter	100 gm, 30 gm 33 gm 35 gm 100 cc, 5 gm,
Dutta	-

Dunner

Artichokes	50 gm
Potato, boiled (or carrot)	100 gm.
Lettuce (or other greens)	50 gm
Rye (or whole wheat) bread	50 gm
	200 cc.
<u>T</u> ea	10 gm
Butter	10 8

Subber

Potato, boiled and mashed Spinach (or other greens) Cabbage (or cauliflower or sprouts) Peaches, canned (or pears or apple) Egg (boiled or coddled) Rye (or whole wheat) bread or crackers	100 gm 50 gm 100 gm 100 gm 1 33 gm 70 gm
Honey (or marmalade or syrup)	70 gm

Postum Rutter

5 em At 9 P M take one glass of warm milk During the day, 2 to 3 glasses of water should be taken

200 cc

FO

Diet No 3 containing protein 443 gm, fat 375 gm, carbohydrate 2135 gm, with a total caloric intake of 13687 meets the minimum basal metabolic rates of most cardiac disease As the patient continues to improve he is placed upon Diets No 4, 5, or 6 depending upon age, sex and These diets contain respectively 16174, 2288.7, and 2690 3 calories per diem with increasing amounts of carbohydrates as indicated in the charts

DIET NO 4

Protein 62 0 gm Fat 43.2 gm Carbohydrate 290 6 gm. Calories 1617 4

Upon arising take 1 glass of cool, not ice cold, water

Breakfast

2,000,	
Grapefruit (or orange) Oatmeal (or other cooked cereal) Rye (or whole wheat) bread, plain, toasted Orange marmalade (or honey) Milk (or Postum or Kaffee Hag or Sanka) Butter	100 gm. 30 gm. 33 gm. 35 gm. 200 cc. 10 gm.

Dinner

Rye (or whole wheat) bread 50 Peaches, canned (or pears or apple) 100 Tea 200

Subper

Artichokes	50 gm.
Macaroni (or spaghetti or noodles)	50 gm
Spinach (or other greens)	50 gm
Cabbage (or cauliflower or sprouts)	100 gm.
Rye (or whole wheat) bread	65 gm.
Honey (or marmalade or syrup)	70 gm
Coffee cake (or other similar pastry)	30 gm
Baked or stewed apple (or prunes or figs)	100 gm.
Milk or (Postum)	200 ∞
Butter	10 gm.

At 9 P M take 1 glass of warm milk, during the day take 2 or 3 glasses of water

DIET NO 5

Protein 68.2 gm. Fat 439 gm Carbohydrate 405.2 gm Calories 2288 7

Upon arising take 1 glass of cool, not ice cold, water

Breakfast

Grapefruit (or orange) Oatmeal (or other cooked cereal) Rye (or whole wheat) bread, plain, toasted Orange marmalade (or honey) Prunes (or figs) Wilk (or Poetum or Koffee Hag or Sanka)	100 gm 30 gm, 33 gm, 35 gm 100 gm 200 cc,
Prunes (or figs) Milk (or Postum or Kaffee Hag or Sanka) Butter	200 cc. 10 gm

Dinner	
Beef liver (or lean meat or white Chicken) Potato (boiled or baked) Lettuce (or other greens) Rye (or whole wheat) bread Peaches, canned (or pears or apple) Tea	50 gm 200 gm 50 gm 50 gm 100 gm 200 cc

Subber

0.0770	
Artichokes	50 gm
Macaroni (or spaghetti or noodles)	50 gm
Spinach (or other greens)	50 gm
Cabbage (or cauliflower or sprouts)	100 gm
Sweet potato	100 gm
Rye (or whole wheat) bread	65 gm
Orange marmalade (or honey or syrup)	70 gm.
Coffee cake (or similar pastry)	30 gm
Baked apple (or apple sauce)	100 gm
Milk (or Postum)	200 cc
Butter	10 gm
During the day drink 2 to 3 glasses of water	

DIET NO 6

Protein 72.2 gm Fat 49 5 gm Carboliydrate 489 0 gm Calories 2690 3

Upon arising take 1 glass of cool, not ice cold, water

Breakfast

Grapefruit (or orange)	100 gm
Oatmeal (or other cooked cereal)	30 gm.
Rye (or whole wheat) bread	50 gm
Orange marmalade (or hone)	33 gm
Prunes (or figs) stewed	100 gm
Milk (or Postum or Kaffee Hag or Sanka)	200 cc.
Butter	10 gm

Dinner

Beef liver (or lean meat or white Chicken) Potato (boiled or baked) Lettuce (or other greens) Rye (or whole wheat) bread Peaches, canned (or pears or apple) Tea	50 gm. 200 gm. 50 gm 65 gm 200 gm. 200 cc.
Tea	200 сс.

Supper

Supper _	
Artichokes	50 gm
Macaroni (or spaghetti or noodles)	50 gm
Spinach (or other greens)	50 gm
Cabbage (or cauliflower or sprouts)	100 gm
Sweet potato	200 gm.
Rye (or whole wheat) bread .	75 gm.
Baked apple or apple sauce	200 gm
Coffee cake (or similar pastry)	30 gm
Orange marmalade (or syrup)	70 gm.
Milk (or Postum)	200 cc.
Butter	20 gm
During the day drink 2 to 3 glasses of water	J

In practice we have adopted the procedure of utilizing Diets No 1 and 2 for hospitalized cardiacs, increasing to Diets No 3 and 4 during convalescence. The patient is usually discharged with Diet No 5 or 6 Every patient upon admission to the hospital has a preliminary urinalysis to determine the presence or absence of sugar, for this entire system of high carbohydrate feeding is, of course, contra indicated in the presence even of suspected diabetes. A subsequent blood sugar is made to confirm the urinary findings and to discover cases where the sugar threshold is high

SUMMARY

1 Although many writers discuss the importance of dietary regime in the treatment of cardiovascular-renal disorders, the available literature reveals no specific outlines for the practical feeding of such patients. In general only casual and obscure references to a *dry diet* and one which is easily digested are made

2 Because of its simplicity the Karell milk diet has claimed the attention of most authors, particularly in the treatment of the badly decompensated cardiacs. It is noted, however, that the milk component of the diet is not well tolerated by many patients, abdominal distension, flatulence, and other gastric disturbances may develop and may lead to further embarrassment of an already weakened myocardium. In addition, the low caloric values of the Karell diet and its modifications tend to increase the undernourishment of the previously starved heart.

3 The increased metabolic rate which has been found to occur in decompensated heart disease is not met by the ordinary Karell diet, other substances must be added to raise the caloric intake necessary to maintain sufficient nourishment of

the body

4 Experimental and clinical evidence tend to indicate that the weakened and undernourished myocardium is greatly benefited by carbohydrate ingestion. In fact, intravenous injection of glucose has shown remarkable curative effects in advanced cases where even digitalis has failed to act.

5 The former objections to high carbohydrate feeding for the relief of cardiac decompensation were raised because of the discovery of the relatively high incidence of cardiovascular disease among the diabetics, in this latter condition, however, the use of insulin has shown that the hyperglycaemia is the result of dysfunction in the oxidizing processes in this disease and for this reason the increased sugar content in the blood is of no benefit to the myocardium

6 The intravenous use of glucose combined with insulin is suggested in the seriously decompensated heart. Where, however, the food are be taken by mouth, a carbohydrate intake can be provided to meet the patient's metabolic require-

ments

7 For this purpose, a series of diets have been devised which contain relatively low amounts of fats and protein but with increasing amounts of carbohydrates. The carbohydrates are given in the forms least likely to produce flatulence and gastric distress. The inulin content of artichokes is recommended for its almost specific effect upon the undernourished myocardium. The protein levels have been kept well within the limits demanded by Du Bois, Chittenden, and Altnow These diets are thus equally suitable for patients suffering from acute renal disease.

8 Six standardized diets have been prepared utilizing foods based upon the principles outlined above, the first three are suitable for hospitalized or bed patients, the latter three for convalescent and ambulatory cases

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PITUITARY EXTRACT IN PYELITIS

By JULIUS A. MILLER, MD, NEW YORK, N Y.

HE treatment of pyelitis has up to the present time proven quite unsatisfactory, because of the fact that in all cases apparently cured there have been frequent and annoying recurrences of the condition

In studying my records of a number of obstetrical cases complicated by pyelitis in the past ten years, I have noticed a surprising fact, where pituitary extract was used pyelitis never occurred or recurred as a postpartum condition, whereas prior to its use the complication cropped up with annoying frequency

This led to further study and experimentation, the result of which I wish to present for corroboration

Treatment of pyelitis has heretofore consisted of varying attempts to neutralize the acidity of the urine and to cause the urine to become germicidal or antiseptic. Rest in bed, alkiline treatment coupled with hexamethylenamine and tincture of hyoscyamus have been the more common procedures resorted to

In mild cases these treatments appeared to be successful and the course of the disease arrested. However after the lapse of short periods of time the conditions recur and the recurrences are usually frequent and of increasing severity. Protraction of the symptoms of the disease after the most intelligent

and persistent treatment often proves very disheartening to both physician and patient

If, therefore, the treatments which I suggest should prove to be substantiated by the experiences of other members of the medical profession a great step will have been taken toward eliminating this common complication in the parturient woman

I have noted that pyelitis occurs more frequently in the latter months of pregnancy Primipara are more commonly afflicted than multipara Pressure is usually one of the chief causative factors

With pressure applied directly or indirectly on the ureter a condition of dilation above the point of pressure is certain to result. There is therefore a retention of urine in the dilated portion and soon the retained urine decomposes and the ureter and the pelvis of the kidney is invaded by intestinal bacteria. The result is always a pyelitis

The ureter from long dilation, becomes atonic at the artificially created bulbous portion so that even after the removal of the pressure postpartum, its contractility is impaired. There is also of necessity a complementary shrinkage in the lumen of the ureter in the lower portion with a further reduction in kidney drainage.

That is why pyelitis often persists long after delivery and recurs even after the involved areas have been rendered aseptic It is known that pituitary extract causes an increase in the contracting power of the involuntary muscle tissue. It is therefore apparent that its use has the effect of restoring the tone of the ureter and so increasing the contractility and preventing stasis of the urine and the resultant infection of the genito-urinary tract

These facts explain the following results which I obtained through the use of pituitary extract in the parturient woman as shown in

the accompanying tables

PYELITIS DURING PREGNANCY USING PITUITARY

		Post	Treat 1	Recurren	ce	
Case	Para	partum	ment	ın 6 mo		End results
7	2	pituitary	alkıne	none	no	complaints
39	3	- 16	**	16	**	- 64
46	3	44	•	rr	"	et .
39 46 48 63	2 3 2 2	£f	16	**	"	11
63	2	46	CF CF	tt	"	u
119	1	44	"	"		subsequent labors
132	1	u	u	"		neg subsequent labor neg
152	1	н	11	u	no	complaints
	3	44	44	46		" "
206 224	1 3 1 2	"	"	æ	**	"
267	2	46	2 sever	e attack	9	
			7th-9	th mo	**	lt .
281	2	pit. for in	duction	of la-		
		-		nd PP	"	ı,

PYELITIS IN NON PREGNANT

PIELIIIS IN NON PREGNANI					
Case	Para	Previous Cond.	Pit given End results 4 months		
1 2	nul 4	2 attacks 10 years under my care Alk. Hex. bladder irr cvs- toscopic treat- ment	June 1927 no complaints July 1927 no complaints but too early		
3 4 5	nul	3 attacks	June 1927 no complaints		
4	nul	3 attacks	June 1927 no complaints		
	1	several attacks 9 years ago, last attack Aug 1927	Aug 1927 no complaints but too early		
6	nul	3 attacks from Oct. 1926 to July 1927	Aug 1927 no complaints		
7	2	treated by me 10 years ago Re- cur Sept 1927	Sept. 1927 no complaints		
8	1		June 1927 no complaints		
9	2	2 attacks	June 1927 no complaints		

PYELITIS DURING PREGNANCY 1917—1924

Before Using Pituitary Occurrence PP

Case	Para	Post partum	Treat ment	Recurrence in 6 mo	End results
7 39	1 2	ergot ergot	alkıne alkıne	•	recur 1920-1924
46	2	ergot	alkine	none yes	3 attacks

Case	Para	Post partum	Treat ment	Recurrence in 6 mo	End results
48	1	ergot	alkine	3 es	no other
51	2	ergot	alkıne	3 es	lost sight of
55	1	ergot	alkıne	3 es	lost sight of
63	1	ergot	alkine	ъes	rec. 1923
70	1	ergot	alkıne	none	
73	2	ergot	alkıne	none	
81	2	ergot	alkine	none	
105	3	ergot	alkıne	попе	
108	1	ergot	alkıne	3 es	lost sight of

First, as I stated above, where pituitary extract was used, pyelitis did not occur as a postpartum complication.

Second, where pyelitis existed before delivery, the use of pituitary for inducing labor, or as routine postpartum, effected an immediate and almost miraculous cure (This fact previously proved very puzzling to me, but in the light of the facts stated above it is logical and simple)

The fact that all other conditions of the antipartum, labor and postpartum treatment remained the same (except for minor differences in the use of anaesthetics and analgesics) both in those cases where I used the pituitary extract and those where I had not used it led me to feel that I had a proper control group in the latter with which I could compare my results in the former. It seemed an inevitable conclusion, therefore, that the improved results were due entirely to the use of pituitary extract.

The next step was to test the results in using pituitary extract with old standing cases of pyelitis which had reacted only temporarily to the former methods of treatment

Nine old cases of recurrent pyelitis were given three injections of 1cc of pituitary extract at intervals of five days. Urinalysis was made weekly, and the cases carefully watched

Several months have elapsed since this treatment was given and the pyelitis has not recurred thus far in any of the nine cases. Whether this present cure is permanent remains to be seen. However the uniformity of the results and the length of time elapsed without recurrence lead me to feel that pituitary extract can be used in such cases with fair assurance of a permanent cure in many cases.

It remains also to be seen whether similar treatment can be given in the latter months of pregnancy without incurring the dangers of induced premature labor

I would suggest that treatment along these lines be tried also by pediatricians in the cases of pyelitis of infancy

THE ASSOCIATION OF DISEASES*

By HAROLD THOMAS HYMAN, M D, and LEO KESSEL, M D, NEW YORK, N Y

HE synchronous association of more than one pathological process may give rise to both diagnostic and therapeutic difficulties. It is a general practice to attempt to explain all the symptoms and signs on the basis of a single disturbance. The purpose of this report is to call attention to exceptions to this rule.

The simplest examples of a misleading association are illustrated by the following case histories

No 269 An old man with cardio-nephritic degeneration complained constantly of vague abdominal pains. The vague pains were thought to be due to tympanites or the result of the chronic passive congestion of the liver X-ray showed calculi in the kidney (Plate I) No A man with cardio-nephritic change developed acute abdominal pain. It was originally thought that the patient probably had an infarction associated with the original disease X-ray film made some days later however, showed a ureteral stone which the man later passed after another paroxysm of pain No 210 A man of sixty-one had had a nephrotomy for stones and later developed lower lumbar pain It was a natural inference that the back pain was also associated with a disturbance in the genito-urinary tract Careful examination, however, the relief from strapping and posture soon made it apparent that the difficulty was skeletal, and cystoscopy absolved the genito-urinary tract

An extremely common association, the examples of which might be continued indefinitely occurs in the patient who has a psychoneurosis and who actually develops real pathology For example, a woman (No 23) had had a profound psychoneurosis for six years with subjective manifestations of all sorts and all degrees of intensity While under observation she developed upper abdominal pain which was found to be caused by a real cholecystitis X-ray of the gallbladder region after the injection of kerasol revealed a moth-eaten organ with negative shadows that strongly suggested concretion Unquestionably this condition had nothing to do with the previous complaints Because of the usual absence of physical findings on previous occasions, the abdominal pain was at first minimized, and there was a distinct tendency to slide over the possibility that she might have an organic disorder Such errors are common and they illustrate the necessity of realizing that patients who suffer from psychoneurosis or other functional disorders may, as well as anyone else, develop true organic disease On the other hand, the presence of truly hysterical symptoms may complicate the clinical picture resulting from true organic disease, as occurred in a woman of forty-one (No

45), who complained of pain in the right upper quadrant and retention of urine. Until it was realized that the retention of urine was hysterical, all our attention was directed at the genito-urinary tract. When we learned that the retention of urine always accompanied any disorder of any type, we investigated anew, and established a diagnosis of cholecystitis and cholelithiasis both from the clinical examination and from the appearance of the film of the gallbladder region taken after the injection of kerasol

When an actute infection is superimposed upon a latent chronic disease, error is hable to occur from the interpretation of all of the physical findings as the result of the acute infectious disease. It is often impossible to estimate the age of the findings. Thus in patient No. 59 and

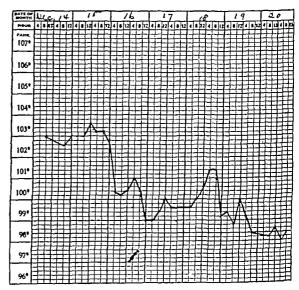


Fig 1 Temperature chart of patient No 59, a girl of fifteen

again in No 207, we were dealing with children who had old defects of the mitral valve which had never been suspected In the first instance, a girl of fifteen with fever and a cardiac murmur, it was the first suspicion that the fever was related to the cardiac condition and that we were dealing with an active endocarditis The course of the disease, however, made it apparent that the girl had a pyelitis, and that the valvular defect was an ancient affair and unrelated to the acute infection In the second instance, a boy of fourteen who similarly had fever and evidences of mitral defect, the infection was not an endocarditis, as was at first suspected, but a bronchopneumonia, occurring in a boy who happened to have a stenosis of his valve other example of a similar difficulty arose in

^{*}From the Medical Service of the Mount Sina: Hospital

patient No 33, who had a purulent pan-sinusitis, and entered the hospital with fever, headache and swelling of the eyes. The constitutional symptoms were thought, to be due to the sinus infection until the blood count was made and an eosinophilia of forty per cent was found. The history of the course of the disease made it perfectly clear that we were dealing with trichiniasis in a woman who had a pansinus infection. It was impossible to obtain a specimen from her muscle, but the clinical diagnosis was quite clear to the general satisfaction.

In the course of the last two years during which we were engaged in the study of lobar pneumonia,1 we have seen three examples of the coincidental presence of lobar pneumonia and an acute cholecystitis In the first instance, case No 16, a pneumococcus peritonitis was suspected, but abdominal puncture showed no fluid second instance, No 30, an actual hydrops of the gallbladder made the diagnosis more obvious, and in the third instance, No 95, the clinical picture was extremely clear. None of these women had ever had symptoms relative to their gallbladder before, nor have they had since, and we are inclined to believe that there is perhaps some etiological relationship between the pneumonia and the cholecystitis The frequent occurrence of a physiological jaundice and of abdominal pain from other sources such as distension and pleuritis makes the diagnosis of a concurrent cholecystitis in pneumonia fraught with many difficulties

Certain associations also seem to occur with a degree of frequency that suggests symbiosis. For example, in a study of two hundred cases of exophthalmic goiter, we have met carcinoma of the stomach in five instances, or two and a half per cent. This is certainly beyond expectation, and the coincidence has been elsewhere commented upon. An example of this association occurred in patient. No 6, who was a woman of forty-six who had had exophthalmic goiter for ten years and whose gastric symptoms dated back four months. Her basal metabolic rate was plus thirty-eight per cent, and she had diffuse carcinomatosis, undoubtedly originating in the stomach.

The association of various types of infection, mishaps and clinical diseases in patients with exophthalmic goiter has been the subject of a previous communication by us 4. These associations are probably due to the lowered resistance and increased susceptibility of a patient, either because the defenses have been drained by the manifestations of the exophthalmic goiter, or because these complications as well as the exophthalmic goiter grow easily in a peculiarly susceptible organism

Where an individual suffers from syphilis, there is great tendency to explain all of the disturbances that may arise on the basis of a spirochetal invasion. However, an individual who has syphilis may suffer from identically the same diseases as the non-syphilitic. At times, however, the diagnostic dilemma may be great, as for example, in patient No 46, who was a woman with cerebro-spinal syphilis and severe attacks of abdominal pain. The first impression was quite naturally that she was suffering from tabetic crises, but more extensive examination made it perfectly clear that she had a cholecystifis with cholelithiasis A similar picture occurred in a woman of fifty-three (No 106) with cerebro-spinal syphilis who developed carcinoma of the stomach A very similar but more complicated picture arose in this woman, thirty-five years old, (No 157), who had syphilis, was undergoing arsenotherapy, and developed an acute cholecystitis with jaundice In this instance, in addition to the diagnostic difficulty that arose from the syphilis, there was the suspicion that the jaundice might have resulted from the therapy The gallgladder, however, was definitely pathological, and the course of the disease made it apparent that it was an acute cholecystitis which happened to occur in a syphilitic woman who was receiving arsenic

Patients with carcinoma are invariably suspected of metastases when they develop pain or disability anywhere, and particularly in bones Thus a man, (No 222), with a carcinoma of the bladder and a duodenal ulcer came to the hospital complaining of pain in the shoulder suspicion was a metastatic growth, but investigation made it quite clear that he had a simple bursitis from which he made a complete recovery An error illustrating the opposite was apparent in patient No 251 who developed pulmonary symptoms seventeen years after the removal of a bladder carcinoma The span of time that had existed between the removal of this neoplasm and the present symptom, made it seem unlikely that there was any relationship The X-ray however, was quite characteristic, and the autopsy showed the presence of metastatic carcinoma of the lung This whole clinical picture occurred in a man who had complete situs invertus

In individuals with tuberculosis just as in individuals with syphilis or malignant disease, one tends to explain everything on the basis of that tuberculosis, particularly if the signs are pulmonary. However, acute pulmonary infection may occur in the tuberculous just as in the non-tuberculous. A man of thirty (No. 54) had a tuberculosis of the left upper lobe and a lobar pneumonia of the right lower lobe. He entered the hospital from symptoms which were obviously related to the fresh pneumonia. He ran the typical course of a lobar pneumonia and made a recovery as far as his pneumonia was concerned. Similarly patient No. 86, a woman of thirty-eight

had a nephrectomy for tuberculosis five years before she developed acute abdominal pain in the right upper quadrant The natural suspicion was a tuberculous involvement of the remaining kidney However, greatly to our surprise and much to our relief, we found a cholelithiasis and a perfectly normal kidney Under expectant treatment, she made an uneventful recovery

Pulmonary accidents may also occur in the tuberculous, as occurred to a boy of nineteen (No 69), who complained of repeated hemo-X-ray and clinical examination showed ptyses a bilateral apical infiltration For no particularly intelligible reason, a bronchoscopy was ordered, and a walnut shell was removed from the left upper bronchus, and it became apparent that the hemoptyses came from this site rather than the old tuberculosis Thirteen months after this bronchoscopy, the boy was re-admitted with a bronchopneumonia of the right lower lobe This ran the course of an acute infection discharged, and when seen later in the follow-up clinic, he was perfectly well, and suffered no ill effects of the tuberculosis

While diagnostic errors may occur as the result of attempts to explain the entire clinical picture on a single basis, the opposite error may occur, as in a woman of twenty-one (No 68), who had had an appendicectomy and a cholecystectomy for the relief of abdominal symptoms before she was seen by us We found an irregularity of the duodenal bulb and believed that her gastric symptoms were probably due to this defect which had been overlooked at the previous Six months later, however, she deoperations veloped a polyarthritis and an erythema nodosum, so that the likelihood was strong that all of the previous diagnoses were probably incorrect, and

the whole syndrome hinged on the visceral manifestations of the erythema group

At times a cause and effect relationship exists between apparently unrelated conditions, and this may be of great therapeutic usefulness Thus, an obese woman of forty-four (No 29), had a chronic cholecystitis associated with auricular fibrillation Previous writers noted this association and possible relationship as evidenced by the fact that the cardiac mechanism at times becomes regular when the gallbladder is removed 5 In this instance, however, the patient refused operation, so that no opportunity was offered for investigating this particular point

Sum mary

Pathological conditions may occur synchronously in the same individual. At times these offer diagnostic difficulties, and while it may be the exception for two diseases to co-exist, at the same time the possibility must be borne in mind if error is to be avoided

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THE TREATMENT OF CERTAIN FORMS OF URTICARIA By EUGENE E MARCOVICI, MD, NEW YORK, N Y

URING the past three years I have had the opportunity of seeing a great number of urticaria cases in my office, the symptoms and treatment of which I take the liberty to relate briefly

A group of these cases complained of the appearance of enormous hives on the body for the past two years In this group were mostly female patients, nearly sixty years of age, who gave a history of some food poisoning (fish or meat), with acute gastric conditions, followed by the appearance of a general urticaria, of the gigantic type with all the disturbing symptoms such as itching, insomnia, dizziness, nausea, and lack of appetite

The skin manifestations appeared mostly at night, over the covered parts of the body, or on places which were under a pressure (under a corset or fur collar), and would persist dur-

ing the night and disappear in the morning The eruptions, which were of light pink color, raised over the level of the skin, reached the size of 7 4 cm, varying on some days and appearing as small fields of tiny single spots or involving larger surfaces, the intensity of the general reaction in accordance with the The localization of the skin area involved eruptions would correspond to the course of the nerves

The patients were all underweight and very Dietetic care did not change the conditions, neither did the formerly advised medications, as bromides, physics, and colonic irrigations

All these patients had in common the atonia of the whole colon, the ptosis of the transverse colon, and the 72 hours retention in the cæcum

A rich carbohydrate fat diet would not be

followed by eruptions, while a richer protein diet would, in spite of the usual medication, provoke them. It seemed as if the once suffered protein poisoning had produced a hypersensitiveness to all animal proteins in those patients

The aim of a successful therapy will attempt to improve the elimination of toxins through complete intestinal evacuations, and to reduce the hypersensitiveness of the skin nerves by means of aniesthetic salves, and finally, to improve the general resistance by increasing the state of nutrition

The cases were started with a dosis of calomel (02 to 04 gr) followed by citrate of magnesia. The diet consisted only of milk, boiled, and tea (one quart of milk and two quarts of tea) daily

Every night one tablespoonful of milk of magnesia upon retiring Every other day colonic irrigations with addition of irrigol (one teaspoonful to one quart of water, warm), using about four gallons of water

Three times weekly subcutaneously 10 cc of sterile uriage water (uriage in sterile ampoulles, Fougera Co)

Before dinner a warm bath with bicarbonate of soda (one lb to the bath), for twenty minutes After the bath use the following ointment

Chloral hydrate—50
Aqu calcis
Aqu amygdal amar—aa 150
Lanolini
Vaselini—aa 300
Sig Ointment.

The diet after the two fast days should be lactovegetarian, with the addition of easily digestable proteins (boiled fish or chicken) An example of suitable diet, following the first days of strict diet

Breakfast Tea with boiled milk, sweet butter, toast or zwieback, fresh stewed fruit (apples, pears, peaches, plums), boiled cereals (oatmeal, farina, tapioca, wheatena) with milk and cream

Luncheon Thick soups (cream soups, made of rice, barley, peas, beans, potatoes, oatmeal, celery, etc), boiled fish or chicken, purées of vegetables (spinach, potatoes, carrots, peas, beans, lettuce, beets, turnips, squash, artichokes, asparagus, chestnuts, lentils) Light desserts as puddings, souffles, ice cream, jellies, compotes, sponge cake, lady fingers, etc) Toast or zwieback, vichy water (Celestins)

Dinner Purées of vegetables, milk dishes, stewed fruits, sweet or sour milk, sweet butter, zwieback Drinks light beer, orangeade Carbonated waters and wines, whiskey, prohibited

Among foods which have to be excluded from the diet for a longer period of time are

game, beef, lamb, pork, fat fish, eggs, asparagus

I have seen recurrence of urticaria in one of my cases after lamb, in another, after nuts or sherry wine

An abdominal support was recommended in all cases with a pronounced colon ptosis

Inquiries with all the cases observed are satisfactory, no recurrences since one or two years, although they were cases which had the conditions for many months, some over one year

Intravenous injections of calcium chloride, urotropine, were not successful in acute cases, as anaphylactic reactions on some foods (lobster, crawfish, spoiled fish, or meat) Afenil and Ekzebrol give quick relief (intravenously)

The types I mention in this communication were chronic cases in which the formerly cited therapeutical means seemed to be the most efficient

The suggestion to name these skin eruptions, caused by cæcum stagnation and toxin resorption, cæcum urticaria may prove justified, when further observations on the subject will be more numerous

CONCLUSIONS

While urticaria-like skin eruptions are very frequent and usually easy to correct (when due to acute gastrointestinal conditions—food poisoning, anaphylactic reactions, diseases of the genital tract in the female, anemia, hypoor achlorhydria of the stomach, etc.), there are types of chronic cases described above, due to atoma of the coecum, leading to toxic resorption, and with a pronounced ptosis of the transverse colon.

In the treatment of these coecum urticaria cases, the etiology will have to be considered, and as such internal, causal, and external symptomatic means are to be employed

In urticaria ex in gestis, prompt and efficient evacuation of the intestines by means of a cathartic, especially castor oil or calomel, is desired Easy, digestable diet as mentioned above In chronic cases, Karlsbad water (Mühlbrunnen), and a continuous use of intestinal antiseptics (menthol, salol, ichtyol pills)

In undernourished, weak patients, arsen medication, change of climate, sea baths, light hydrotherapy are successful

In some very persistent urticaria cases blood letting (venae punctio) and following infusion of salt solution is of advantage (taking about 200 cc blood and replace with one pint of warm physiologic salt solution)

Intravenous injections of 50 per cent glucose solutions (10 cc every other day), Afemil (810 injections), ekzebrol, hypodermic solutions of uriage water, are means which enrich our fighting resources against the more resistent urticaria

The itching of the skin we try to control with alcoholic solutions (washing) of salicylic or carbolic acid, menthol, thymol, applying talcum powder afterwards

Among outtments, the ones containing chloral hydrate (according to the prescription mentioned

above), camphor or menthol are the most de-

Artificial sun-light treatment, internal medication of calcium, magnesia, colonic irrigations with irrigol, complete our means of fighting the urticaria forms, described above, successfully

A CRITICAL STUDY OF THE T WAVE IN THE ELECTROCARDIOGRAM By SIMON FRUCHT, MD, BROOKLYN, N Y

THE problem of the T wave has engrossed the attention of many investigators. According to Willius (1922) and Lewis (1925) no adequate explanation for the occurrence of the T wave and its change in experiment and disease, has been given up to the present time. These alterations are very characteristic and their appearance in disease has been found to portend such grave consequences that it was deemed worth while to undertake the following study.

It is common knowledge that the Sinus Node is the pacemaker of the heart beat stimulation has been found to produce an acid condition and an electro-negativity in its immediate vicinity This event ushers in a series of_electrical phenomena resulting in a cardiac The impulse or excitation wave, generated in the Sinus Node, travels radially through the auricular musculature, spreading like oil upon water and causing a contraction of the upper chambers When the excitation wave reaches the junctional tissues between auricle and ventricle, its propagation is taken up by a specialized conduction system, the Bundle of His and its right and left branches These branches transmit the stimulus through their fine arborizations to the ventricular musculature, the impulse emerging to the surface of the heart from within outward

Various points of the ventricular wall become activated at different intervals according to the length of the Purkinge pathway and the thickness of the muscle walls The thinnest portions receive the stimulus earliest auricles the surface is covered in 04 to 05 seconds The ventricular surface becomes activated in 03 seconds or less because of the Purkinje net-work The cardiac impulse arrives earliest at a point near the right apex, then the left ventricle becomes activated, first at the apex, a little later at its middle and finally at the base. The last point to receive finally at the base the stimulus is the base of the right ventricle, . the figure being 0288 seconds The rate of flow of the excitation wave is five times as fast through the Purkinje system as it is through the cardiac muscle 1

Physiological research has therefore established the fact that the base of the right ven-

tricle is the last point of the ventricular musculature to receive the stimulus, electro-negativity being found latest in this area and the final contraction of the ventricle takes place in this particular region Investigations from another angle have given findings rather pertinent in Eppinger and Rothberger this connection found a difference of Ol second between the aortic and pulmonary pulses, due to the nonsimultaneous contraction of the two auricles Katz's working along the same lines in reference to the systole of the ventricles, found that the right ventricular systole terminates 029 seconds later than the left Asynchronism of the ventricles is the rule

Turning to the electrocardiogram, which is the graphic representation of electrical differences during cardiac activity we find that the normal tracing consists of three waves, the first, termed the P wave, is the result of auricular stimulation, the second, known as the Q R S complex, represents the transport of the excitation wave through the Purkinje system, and the end-deflection, or T wave is the symbol of the final electrical activity of the ventricles And normally the T wave is upright in all three derivations of the electrocardiogram

In experiment, definite changes in the direction of the T wave have been found to follow prolongation or retardation of the electrical response and the present study is an attempt to co-ordinate the experimental and clinical data in order to obtain a simple and logical explanation for certain aberrant phenomena occurring in cardiac disease

It has been found that cooling and warming the ventricular surface produced striking alterations in the form of the T wave. On warming the apex, the T wave becomes upright when it is inverted, whereas, cooling the apex modifies the end-deflection in the opposite direction. Cooling the apex of the left ventricle gives an effect opposite to that produced by cooling the right base.

Adrian, in experiment has shown that cooling prolongs the duration of the electrical response in nerve and muscle. Local modifications of temperature upon the ventricular surface alter the T wave through their effect upon the electrical response. The action of cold on

the surface, experimentally, retards electrical activity in the superficial layers of the cardiac muscle. Mines contends that the form of the T wave is the result of an electrical imbalance incident to the decline of the excitation wave The return to the resting state is not uniform and simultaneous at all points so that differences in electric potential arise, the portion that remains active last being relatively electrically negative to the part that has already completed its electrical activity. If the left apex finishes in advance of the right base the T is positive If the right base finishes in advance of the left apex the T is negative. It has already been pointed out that the right base is activated last and that its systole is the latest of any portion of the heart Therefore, the upward direction of the end-deflection is the normal condition, because the right base is last

An experiment undertaken to study the effect of cooling the apex of the human heart, revealed interesting changes in the T wave Five normal individuals were given three glasses of iced-water to drink at a temperature of 40 degrees F The subjects drank the icedwater while lying down Lead 1 showed no Lead 2 showed the T decreased in amplitude, and Lead 3 showed T inversions The effect disappeared in from 10 to 15 min-An ice-bag over the heart gave no change and hot lemonade produced no altera-To determine the portion of the heart influenced, the individuals were given three glasses of Barium mixture and X-rays were taken without disturbing the subjects plates showed that the posterior-inferior aspect of the left apex was the most influenced 6

Fred M Smith⁷ in "Experimental Work on Coronary Ligation," observed that ligation of the left coronary artery caused inversion of the T wave in 24 hours Ligation of the right coronary produced no change in the form of the end-deflection

It is apparent that the effect of cooling the right ventricle and ligating the right coronary produce similar results. Cooling the left ventricle and ligating the left coronary also give identical changes in the T wave

Willius in a survey of 1106 cases founds

Inverted T, in Lead 1 (140 cases)	
Myocardial degeneration associated with hype	er-
tension occurred with greatest frequency	40%
Chronic valvular disease	20%
Arterio-sclerosis and angina pectoris	40%
In no instance was the heart normal, the major	ıty
revealed grave heart disease.	
Inverted T, in Leads 1 and 2 (62 cases)	

Myocardial degeneration associated with hyper-

Chronic valvular disease

60%

20%

Chronic myocarditis	11%
Inverted T, in Leads 1, 2 and 3 4% of the total	
Hypertension	35%
Chronic valvular disease	25%
Chronic my ocarditis	20%
Every patient in this group had cardiac comp	laints
Inverted T, an Leads 2 and 3 (171 cases)	
Valvular disease	25%
Myocardial degeneration associated with exop	h-
thalmic goitre	20%
Chronic myocarditis	18%
Myocardial degeneration with hypertension	15%
Inverted T, in Lead 3, severe affection of the hea	rt
found to be infrequent	

MORTALITY IN 41/2 YEARS

Inverted T, Lead 1 (117 cases)	66% died	None with-
out cardiac complaint.		

Inverted T, Leads 1 and 2 (52 cases) 67% died. Only one reports no cardiac complaint.

Inverted T, Leads 1, 2 and 3 (58 cases) 50% died No patient without cardiac complaint.

Inverted T, Leads 2 and 3 (135 cases) 25% died 16% reported no cardiac complaint

7 patients had thyroidectomy performed and were cured Inverted T, Lead 3 (487 cases) 10% died 106 or 20% were without cardiac complaints

Resume of Mortality

Leads 1 and 2	67%
Lead 1	66%
Leads 1, 2 and 3	50%
Leads 2 and 3	26%
Lead 3	10%

The wave T is positive in all three Leads of the electrocardiogram normally and the statistics of Willius give overwhelming evidence that disease of the myocardium manifests itself in striking alterations of the T wave.

The force and power of the heart reside in the efficiency of the left ventricle With the onset of disease the intrinsic circulation of the heart suffers, the transmission of the electric impulse through the ventricular musculature is impaired, the production of stimulus material, the removal of fatigue products, the contractility and tonicity are all slightly below par Clinically, the first sound at the apex shows a loss of muscular tone, a relative mitral insufficiency manifests itself in the form of a soft blowing systolic apical murmur and the electrocardiogram registers a delay in the reception and response to the cardiac impulse by a flattening of T 3 With progressive myocardial change, the T wave becomes more and more altered until complete inversion takes place In other words, the left ventricle now is the last to recover from its refractory state and its influence imposes itself upon the enddeflection, dragging it downward. The greater the myocardial affection, the greater the tendency of the T to become inverted And this condition can be present without any alteration in the Q R S complex because the changes are taking place in the myocardium and not in the Bundle of His or its branches gives 10% mortality in this group (Figs 1 and 2)

Further progression in myocardial affection

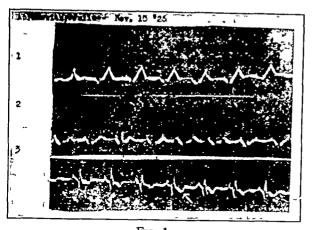


Fig 1 A J Male, age 23, weight 170 lbs Chief complaint, precordial pain Heart was slightly enlarged to the left, a short soft systolic at apex Electrocardiogram showed inverted T wave in lead 3 Nov 15, 1926

shows inversion of T 3 and T 2, a tracing similar to the one obtained in the iced-water investigation in which the left apex and its adjoining central portion were involved lius gives 26% mortality in this class (Fig

Still more serious are the cases showing in-

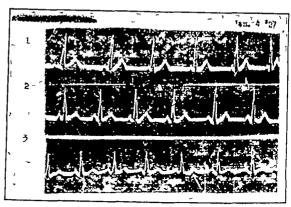
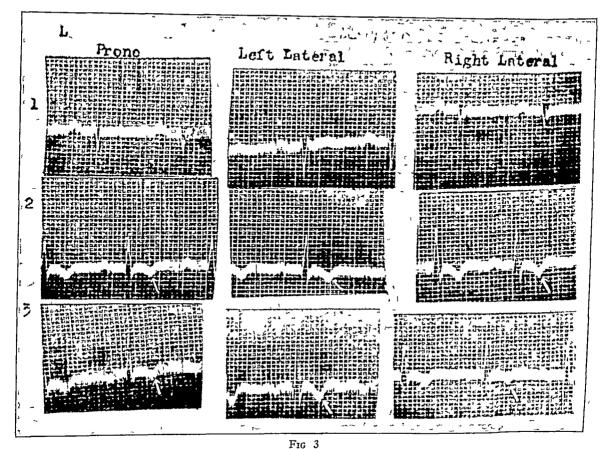
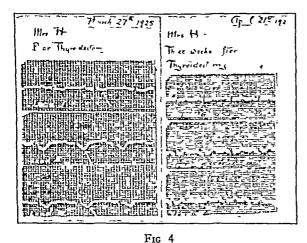


Fig. 2 Same patient as in Fig 1 Patient feels better, no precordial pain Systolic at apex as before Weight 158 Was given thyroid extract, gr 1/5, tunce daily Electrocardiogram taken Jan 4th, 1927, showed T 3 normal



L A Male, age 30 Clinical diagnosis Ch Adhesive Pericarditis Electrocardiogram shows inversion of T3 and T4

version of T3, T2 and T1, in which there is every reason to believe that the entire left ventricle is affected. In the iced-water affair, T 3 and T 2 showed inversion, T 1 remaining upright because the cooling effect did not extend to the left base, but cooling the left base in experiment, does invert T1, therefore it is reasonable to infer that T 3, T 2 and T 1, when inverted indicate an affection of the entire left ventricle It does not follow that all individuals in this group have permanently damaged In fact, it is just this sort of tracing that would go well with a general systemic disturbance, toxic in nature This interpretation must be given in the case of Mrs $\,H\,$ who showed inversion of $\,T\,3$, $\,T\,2$ and $\,T\,1$, but an electrocardiogram taken three weeks after thyroidectomy, presented a normal curve, Willius gives a mortality of 50% for this type. (Fig 4)



H R. Female, age 45 Clinical diagnosis, Thyrotoxicosis Electrocardiogram taken March 27th, 1925, showed T inversion in all leads Electrocardiogram taken April 21st, 1925, three weeks after thyrodectomy showed normally directed T waves in all leads

The outstanding feature in the survey of Willius is the inversion of T1 and the combination of T1 and T2 It is clear that this sign is part and parcel of a condition affecting the most important area of cardiac activity, the power behind the throne Willius finds the greatest injury present in this particular set of patients, the mortality mounting to 66% (Figs 5 and 6)

From what has gone before it is evident that cooling the left ventricle, ligating the left coronary and disease of the left ventricle, all produce inversions of the T wave because all three conditions tend to retard electrical activity. In the human heart, modifications of temperature are improbable, in so far as any one portion of the heart is concerned. The

only possible reason for the T inversion is disease of the ventricle

M H Nathanson, writing in the Proceedings of the Society for Biology and Medicine, Feb 1927, describes 8 patients with severe diphtheritic toxemia, 7 showing T inversions In 2 cases with the T inverted in all 3 leads, death took place within one week. The 5 cases that recovered showed a gradual change to the normal upright position, the T at first becoming less negative, then iso-electric and finally upright. The earliest return to normal was 6 weeks after onset of the disease.

We have seen that inversion of T 3, T 2 and T 1, indicates involvement of the entire left ventricle principally, and inversion of T 3 and T 2 is found in abnormal conditions affecting the left apex and the adjoining central portion, it follows therefore that inversion of T 1 means disease of the left base

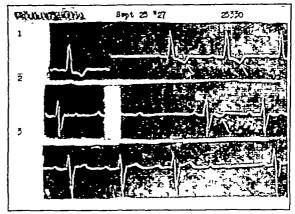


Fig 5

E H Male, age 35 Clinical diagnosis Rheumatic endocarditis affecting the initial and aortic valves. The electrocardiogram shows the Wenckebach type of partial heart with blocked auricular systoles and inversion of T1 and T2, localizing the lesion at the base of the left ventricle in the neighborhood of the left branch of the His bundle

Recently a most interesting series of experiments upon rabbits demonstrated that the above conclusions have experimental confirmation. Becke, Johnson and Harris, to working on experimental endocarditis, found definite changes in the cardiac muscle following injections of adrenalin and caftein sodium benzoate. Electrocardiograms taken at the time revealed alterations of the T wave in leads 1 and 2. At autopsy, all the animals showed the lesion to be at the base of the left ventricle (American Heart Journal, Feb. 1927.)

Experimental evidence of this nature lends convincing support to the conclusions drawn in this paper

Co-ordinating the foregoing with the statistics of Willius, we find a marked relation between them Thus.

Inversion	Region Affected	Mortality in 4½ Years
T3 T3 and T2	Left apex Left apex and adjoining	10% cen-
T3, T2 and T1 T2 and T1	tral portion Left ventricle, entire Left base and adjoining	26% 50%
Т1	tral portion Left base	67% 66%

Lewis has never found an inversion of T2 alone and Willius has never observed inversion of T1 and T3 without T2 being involved This is as it should be According to Einthoven, lead 2 is the algebraic sum of lead 1 plus lead 3 and nothing can appear in lead 2 which is not present in lead 1 or lead 3 or both

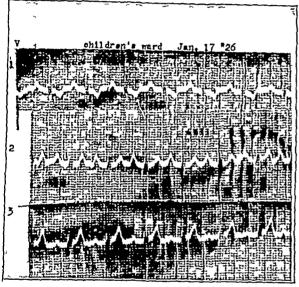


Fig 6

V E Female, age 5 Rheumatic endocarditis affecting all four valves Electrocardiogram shows inversion of T 1, a very serious myocardial condition affecting principally the base of the left ventricle

The T wave does not register disease of any one portion of the heart muscle directly is only a graphic representation of interferences and oppositions in the electrical phenomena and changes in the myocardium must be of a severe grade, whether temporary or permanent, to cause any alteration sion must be extensive enough and must involve the left heart sufficiently in order to alter the direction of the final deflection tionally, serious disease of the heart may exist without being revealed in the electrocardio-Alternation of the heart, signifying cardiac exhaustion, may show a normal trac-

In the vast majority of the cases, definite disease of the heart will give conspicuous

changes in the electrocardiogram is it possible to localize the site of the cardiac pathology but it is also possible to follow the course of the ailment, improvement being shown by the tracing assuming a more normal It is true that disease of the right base does not alter the T wave, but in the course of time, a right preponderance or a change in rhythm manifests itself We have already seen that disease of the left base gives T 1 inverted and injury to the left apex causes inversion of T3

It is apparent that disease of the myocardium from whatever source, or interference with its nutrition through disease of the intrinsic blood supply are the media that produce alterations in the T wave The constant and unceasing activity of the cardiac musculature requires, of necessity, a very rich and unfailing blood supply Impairment of the normal ebb and flow of the intrinsic cardiac circulation would retard the normal ventricular mechanism, causing delay in electrical ac-Electrical imbalance results and the direction of the T wave becomes altered

Erichsen, 11 writing in 1842, on the influence of the coronary circulation upon the action of the heart, says that any circumstances that may interfere with the passage of the blood through the coronary arteries, either directly as in ossification of the coats of these vessels, or indirectly by there not being sufficient blood sent out of the left ventricle, as in cases of extreme obstruction or regurgitant disease of the aortic or mitral valves, may occasion the fatal event It is the contention, in this article, that the fatal event is fore-shadowed by an inversion of the T wave in a measure corresponding to the degree of cardiac insult more, the electrocardiograph is an instrument of such delicacy that it will display alterations in cardiac function that are incapable of detection by any other means and will localize the lesion to an extent that will make clear the underlying pathology

The following conditions produce inversion of T1 through a retardation of the cardiac impulse

I Cooling the left ventricle, in experiment, delaying electrical activity

2 Ligating the left coronary, in experiment,

interfering with nutrition

3 Premature contractions arising at the base and apex of the right ventricle right ventricle becomes stimulated prematurely to contract, the left ventricle follows and the T wave is directed downward

4 Coronary sclerosis and cardiac fibrosis affecting the base of the left ventricle principally Interference with the blood supply in this particular area delays the electrical response, the right ventricle answers in advance of the left and the T wave reverses its normal direction

5 Digitalis, through its influence on the vagus and the cardiac musculature by causing a blocking of the excitation wave 12

On the other hand, the right ventricle, in contrast to the left, in the presence of abnormal conditions produces no alteration in the direction of the T wave In some of these situations, the T wave becomes even more upright because the response is last normally and with retardation the electrical activity is even later, hence there is no change in the form of the T wave Thus,

1 Cooling the right ventricle, in experiment, heightens the upright T wave

2 Ligating the right coronary, in experi-

ment, produces no change in the T wave 3 Premature contractions arising in the left The left ventricle becomes stimulated prematurely to contract, the right ventricle follows (the normal sequence) and the ${
m T}$ wave shows the normal upward direction

4 Coronary sclerosis and cardiac fibrosis affecting the right ventricle principally, would retard the electrical response and the final activity would be still later than the time of the normal effect No change would be registered in the direction of the T wave

5 Digitalis affects the left ventricle most because it has the greatest muscle bulk

Conclusions

1 The T wave in the electrocardiogram is the graphic representation of the final electrical activity of the ventricular musculature and pictures in composite form the differences in electrical potential developed in the ventricles

2 The T wave is separate, distinct and independent of the Q R S complex

3 The direction of the T wave gives a valuable clue to the condition of the ventricular musculature and may be employed for the localization of the region affected

4 Successive alterations of the T wave give an insight into the progress of the disease It is an invaluable aid in cardiac prognosis

5 The appearance of an inverted T wave, especially in lead 1 is a danger signal in disease of the heart

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LATENT PARANASAL SINUS INFECTIONS

. By WILLIAM LAWRENCE GATEWOOD, M.D., F.ACS, NEW YORK, N.Y.

N the title of this paper the word "latent" is used to specify obscure infections of the paranasal sinuses which do not present the outstanding symptoms of either the acute or chronic forms of sinus disease These obscure cases are generally low grade infections, yet some show recurrent acute exacerbations when the condition then becomes very evident and is no longer obscure.

In the diagnosis of these conditions affecting the two sinuses most commonly involved Namely, the maxillary and frontal, I have found transillumination very unsatisfactory With the sinuses full of opaque pus the shadow from the lamp is very decided these low grade infections, however, there is often only an infected mucous membrane with little or no free pus and under transillumination no definite shadow is produced One of the standard signs of antrum and frontal sinus disease is therefore lacking in these latent cases

Greater diagnostic acumen, however, is being employed through the proper interpretation of good X-ray plates In searching for focal infections the writer has made it a routine practice, for some time past, to examine carefully skiographs of the nasal sinuses pictures are taken in different directions and each serves as a control to the other

I personally examine the plates very carefully, comparing my findings with the diagnosis from the roentgenologists and with my own clinical oservations After many years of careful study I have come to the conclusion that there are a great number of infected sinuses which I formerly did not recognize I have no doubt that with the improvement in roentgenology and with its increased employment, many others are also discovering these

low grade infections, but even now adequate attention is not being given to the importance of their discovery and treatment. They are often not recognized because of the absence of the two classical diagnostic signs—a dark shadow by transillumination and the presence of pus located in the middle nasal fossa.

Reference has already been made to the unreliability of transillumination. It frequently fails because the secretion is of a glairy translucent consistency which does not show in transmitted light but which shows an appreciable shadow with the X-ray. This glairy muco-pus is often hard to distinguish in examination of the nose either by anterior or

posterior rhinoscopy

In the diagnosis of nasal sinus infections of long standing the writer learned to rely very greatly on the condition of the lymphatic tissue in the pharynx which lies in a vertical streak immediately posterior to the posterior pillar fauces. When infected secretion is being drained into the pharynx this tissue becomes congested and stands out as a red swollen band and this means an infection which is of

nasal origin

In studying the skiographs, if only those cavities are considered diseased which show a marked opaque shadow there will be many foci of infection overlooked The shadows should be classified as clear, questionable, cloudy and opaque Several plates should be taken, including an anterior and lateral is always a great mistake to rely on the readings of one plate in the diagnosis of such ob-In determining the degree scure infections of opacity the shadows are compared with each other Each picture is considered a control on the other and in this way a slight degree of cloudiness shown in each picture has an intensified significance, and when combined with the enlargement of the pharyngeal lympathic pillar, it is in all probability diagnostic of a low grade infection

The importance of these low grade sinus cases lies in the general or remote symptoms resulting from them. Many of them have no localized pain or even discomfort from the discharge, and there is little to call attention directly to these cavities. The symptoms are remote and are those which are becoming more and more recognized as due to focal infections. The most important of these, which have appeared in my cases have been generalized headache, neurasthenic symptoms, anemia, catarrhal otitis media, cardio-vascular and nephritic changes.

Absorption from a latent antrum infection will, as a rule, produce symptoms which are more pronounced than corresponding infections of the other accessory cavities of the nose. This probably being due to the greater

size of the maxillary sinus as compared with the frontal, ethmoidal and sphenoidal sinuses

Latent disease of the posterior ethmoidal and sphenoidal sinuses will not infrequently cause retrobulbor optic neuritis with in some instances loss of vision, partial or complete The more one studies the structures surrounding the sphenoid sinuses the more one is impressed with the importance of a thorough comprehension of the pathologic conditions found here These sinuses vary greatly in size and position even in the same individual They may extend outward and backward into the greater wings of the sphenoid to the Gasserian ganglion and have a capacity of twelve centimeters or more The pituitary body, chiasm and optic nerve are in relation to the superior wall, while externally lie the optic, abduceus, oculomotor, trochlear, ophthalmic and maxillary nerves, the cavernus sinus, the internal carotid artery and the dura of the middle fossa

Cases of brain abscess and cavernous sinus thrombosis from sphenoid sinus disease do occur, but fortunately are rather rare complications, while affection of adjacent nerves producing intense neuralgias are frequent. Involvement of the optic or sixth nerve through disease of the sphenoid sinus is explained by the close proximity of the nerve to the sinus, these structures being separated by a paper thick-

ness of bone

In demonstrating on the cadaver the anatomy of this region the writer has often inadvertently removed this fragile bone while detaching the lining membrane of the sphenoid sinus thus exposing a considerable area of dura Not long ago one of the most prominent rhynologist in this city accidently injured the cavernous sinus while opening the sphenoid and the patient died of hemorrhage in fifteen minutes. Familiarity with the anatomy by morgue training can not be too strongly urged before attempting this intricate field of surgery

Before concluding my remarks on this important subject let me say a few words regarding the treatment. This is necessarily operative and only in those cardio-vascular cases in which operation must be excluded are we justified in prescribing local treatment such as nasal washes and suction. Once these cavities are chronically infected they remain diseased until proper surgical treatment is carried out.

I shall not attempt to go into the technic of the various operations. I will mention, however, that certain details will be essential if we are to expect a complete cure. Conservatism should when possible always take the place of radicalism, bearing constantly in mind that it is easy to remove healthy tissue, but extremely difficult for nature to replace it. This being especially true in surgery of the

intranasal region where there is a limit to the depth of granulation tissue which can be properly nourished

The citation of numerous cases would only bore you and serve no useful purpose. Hence I will limit my report to three cases which recently came under my observation and care, each of which have particular bearing on the points I have endeavored to emphasize in the preparation of this paper.

Case No 1 Man twenty-eight years old referred for relief of nasal obstruction

Examination revealed an acutely deflected nasal septum which almost occuled the right nasal passage making it impossible to examine the ethmoidal region by anterior rhinoscopy. Posterior rhinoscopy showed the presence of thin glairy streaks of secretion reaching from the posterior nares to the lateral naso-pharyngeal wall on the right side. Both posterior lymphatic pillars were red and thickened.

Illumination of the maxillary sinuses with the bulb in the roof of the mouth was very indistinct suggesting disease of both cavities Illumination of the frontal region showed both frontal sinuses to be clear

The diagnosis of sinus disease was very evident, but to determine definitely which sinus or sinuses were affected seemed impossible without the aid of the roentgen-ray. Satisfactory plates were made and these gave a positive shadow in the right frontal, anterior and posterior ethmoidal and sphenoidal regions. X-ray findings in this case reversed my transilumination findings. Operation two days later revealed extensive disease of these sinuses.

In the study of this case it was not difficult to detect disease of the ethmoid and sphenoid clinically as the post-rhinoscopic examination revealed this with a fair degree of certainty. On the other hand it would be nothing short of guess work to state whether the other sinuses were or were not involved without the aid of an X-ray

I did not feel willing to accept the positive findings which resulted from transillumination of the antra, nor was I ready to believe there was no involvement of the frontal as indicated by transillumination. Had the X-ray examination not been made and the transillumination findings accepted as the only diagnostic evidence, this patient would most likely have been subjected to unnecessary surgery of the maxillary sinuses, and the frontal sinus which was badly diseased would have escaped treatment.

Case No 2 This patient is a woman fiftysix years of age whom I saw in consultation Her chief complaint being neuritis involving the left shoulder, arm and forearm which had

existed more than a year, the pain sufficiently acute to cause her to remain in bed for weeks at a time with the arm in a fixed position

While making preparations to examine her nose and throat she informed me that she thought the cause of her trouble might have been discovered had her physicians ordered examinations of other parts of her body as often as they had the nose and throat. She stated that all agreed that her tonsils were diseased and she supposed my opinion would not greatly differ from theirs. She also said that at her age she did not care to have her tonsils removed and would not submit to the operation unless we were sure that nothing but the tonsils could be the cause of her neuritis.

A careful examination of the nose revealed no pathology. Inspection of the throat showed the tonsils to be of fair size, and the surrounding pillars did not appear inflamed. Pressure on the anterior pillars failed to express detritus from the tonsil crypts.

The pharyngeal lymphatic tissue just posterior to the posterior pillar appeared definitely enlarged and red. This made me immediatly suspicious of sinus involvment. I considered this sufficient evidence to warrant my making a tentative diagnosis of latent sinus infection.

The X-ray plates showed a questionable shadow of the right maxillary sinus. Operation on this sinus the next day was followed in less than ten days by complete relief of pain and tenderness of the shoulder, arm and forearm. Three months later this patint stated that she was entirely free from all discomfort and felt perfectly well in every way.

This is the type of case that is too frequently subjected to the removal of tonsils resulting in not the slightest relief of symptoms. While diseased tonsils are not infrequently the cause of neuritis, one is not justified in condemning these organs until proper examinations are made which will exclude other possible sources.

Case No 3 Man twenty-five years old complaining of right nasal obstruction and generalized headache with occasional accentuation of pain in the occipital region

Examination of the anterior nares revealed a pronounced deviation of the septum, the convexity on the right side. Examination of the post-nasal space showed signs of posterior ethmoidal and sphenoidal disease. X-ray plates gave marked evidence of an infection of the right ethmoidal and sphenoidal regions.

Operation two days later consisted of resection of the septum, eventeration of the ethmoidal cells and removal of the anterior wall of the sphenoidal sinus. One week following the date of operation this patient suddenly discovered that he had recovered the sight in his right eye. This was noticed purely by accident

while rubbing the left eye Until this time he had made no mention of his impairment of vision and I was greatly surprised to learn of it. On questioning him he stated that depreciation of vision in this eye became noticeable about a month before he came to me about his nose, that he had consulted an oculist who had told him that the nerve in the eye was dead, and there was no possible chance of his ever regaining his sight. After this he concluded there was nothing to be done and accepted it as part of fate.

He could now read the newspaper one foot away and on closing first the right then the

left eye, he could see as well with the right eye as he could the left

This was evidently a case of retrobulbar optic neuritis due to disease of the posterior ethmoid and sphenoid which would have resulted in permanent loss of vision had he escaped surgical treatment of these sinuses

The return of vision in this case after sinus exenteration was done, has impressed upon me the necessity of enquiring into eye symptoms hereafter in all sinus involvements and when discrepancies are discovered to refer them to a competent ophthalmologist for a report

THE WASSERMANN TEST IN THE DIAGNOSIS AND TREATMENT OF SYPHILIS By ARTHUR SAYER, M.D., NEW YORK, N. Y.

AT first glance the subject matter of this paper may appear quite elementary and simple. It may appear to some of you as A B C stuff which should be known to every physician. Probably some may hastily dogmatize their opinions by the following formula "A negative Wassermann means no syphilis and no necessity for anti-luetic treatment—A positive Wassermann means syphilis and necessity for anti-luetic treatment." Such a summary, however, does not reveal a true or an adequate comprehension of the subject.

I feel that the subject merits full discussion and that its understanding is of inestimable value in the medical practise. I shall endeavor in this paper to present the subject matter from various angles, and to consider the proper evaluation of the positive and negative Wassermann report both in diagnosis and treatment.

We are all aware of the significance of a positive Wassermann reaction Except for a few diseases which are rare in this country, it is pathognomonic of the existence of syphilis in that individual whose blood serum or spinal fluid so responds to that test Such rare diseases as Leprosy¹ 2, 8 and Yaws 4, 5 also respond with a positive Wassermann blood test. But these diseases need not necessarily confuse the physician by their positive Wassermann report, for they can usually be differentiated from syphilis by further bacteriologic as well as clinical study of the case Rarely also, some cases of tuberculosis respond with a positive Wassermann test even though that individual is free from any luetic

We are also fully agreed that having definitely diagnosed a case as syphilitic, that the patient must be subjected to approved vigorous anti-luetic treatment, except in the presence of certain known contra-indications. This treatment should be continued according to a definite plan until the physician feels that certain criteria for the cure of the syphilitic infection have been met.

We will therefore state that the significance of a positive Wassermann report is

1 That the particular individual has lues

2 That he is in potential danger from many serious pathologic degenerations in his viscera with resulting impairment of health

3 That he is therefore in need of antiluctic treatment to arrest the further course of this disease

It is, however, much more difficult and confusing to interpret and evaluate a negative Wassermann report in some cases Even those expert in diagnosis will often be puzzled when a Wassermann test in a given case is reported negative. Many cases of syphilis may at times give negative serologic findings The physician depending solely on the laboratory for his diagnosis will therefore often fall into grievous error. The clinical picture may be very suggestive of lues and yet the Wassermann report may not corroborate the clinical impression. At other times the clinical picture is positively that of syphilis and vet ordinary Wassermann tests prove negative Suffice it to state that whenever the clinical picture is suggestive of syphilis repeated Wassermann tests should be performed The provocative Wassermann tests and other refinements of serologic technique should be employed before abandoning the diagnosis of lues in cases where the clinical picture suggest that diagnosis

We must also remember that there are other symptoms just as important as the Wassermann reaction in the diagnosis of lues. Indeed there are certain symptoms which may be considered just as diagnostic of lues as a positive Wassermann, i.e., Argyl-Robertson pupil, Hutchinsonian teeth, interstitial keratitis, aortic aneurism, certain bone changes, etc. We must not forget that the positive Wassermann is only one of the symptoms of syphilis. Other symptoms of syphilis may be present even in the absence of the positive Wassermann. The mere absence of the positive Wassermann in a given case is therefore

insufficient to preclude syphilis from the diagnosis

The physician relying mostly on his clinical acumen and his evaluation of the various symptoms will often be loathe to surrender his diagnosis of lues even though the ordinary serologic tests are reported negative. He will insist on spinal fluid examinations (Wassermann globulin content, cell-count, colloidal gold curve), provocative Wassermanns and certain refinements of the Wassermann tests in the hope of obtaining substantiating laboratory findings Even after all laboratory reports are negative, he may still insist on the therapeutic test to prove his opinion that the case is luctic Many a case so baffling in diagnosis has responded to specific therapy, and thereby proved the diagnosis of syphilis through the striking benefits obtained from the anti-luetic treatment

In general we will therefore state that the positive Wassermann is sufficient to prove the existence of syphilis in the individual (except for such diseases as yaws and leprosy, etc.) While the negative Wassermann in the absence of certain definite criteria does not necessarily disprove that

the person has lues

When then does this negative Wassermann mean that the individual is most certainly free of lues? There are certain criteria and facts necessary for our complete knowledge in order to definitely assert this statement. The following are

important considerations

I The individual must give no history of a primary lesion or of secondaries. He must be sure that he has never had a suspicious genital or extra-genital lesion. Even a history of ure-thritis may cloud the picture and throw an element of doubt on the case. We occasionally see an intra-urethral chancre develop in a person who first showed only the symptoms of an ordinary urethritis. Similarly, no history of a generalized eruption with adenopathies, or buccal mucous membrane lesions may be admitted.

2 There must be no suspicious symptoms or stigmata suggesting syphilis. The presence of a scar on the penis, of a corneal opacity of inflammatory origin, of cranial nerve palsies, of an aortic aneurysm, of a certain characteristic glossitis, or many other symptoms usually associated with lues is sufficient cause to throw doubt on the nega-

tive Wassermann report.

3 The individual must give a history of never having had a strongly positive Wassermann reaction. Once a person has had a ++++ Wassermann, the onus of lues is strongly attached to them. Of course, a + or 1+ report should never be considered as diagnostic of lues in a person who has never had any history of lues. Much unnecessary distress is often experienced by a person from such a 1+ or 1± Wassermann report. Such a report is best to be disregarded and considered as of no significance if all of the criteria here discussed are met.

4 The individual must never have been treated for lues. Once having been treated for lues, even though the treatment was insufficient judging by present standards, it may mask and retard the Wassermann reaction though other symptoms of lues continue to develop and progress

5 We must be sure that the person was not under the influence of alcoholics or an anaesthetic at the time that the Wassermann was taken. As later mentioned, the recent ingestion of alcohol or a general anaesthetic will usually obscure a

positive Wassermann reaction

6 The general health of the patient must be fair. If the person is very much rundown or cachetic, their body resistance may be so poor that the anti-body formation is inhibited. The serum of such a debilitated individual often gives a negative Wassermann reaction even though that person suffers from lues.

7 Occasionally the age of the patient is a factor Rarely children under one year of age may as yet fail to show a positive Wassermann even

though they are congenital syphilities 7 8

If a person answers favorably to all of the above mentioned criteria, then a safe presumptive diagnosis may be made of the non-existence of lues in that individual Should there be any doubt in any of these criteria, such as a history of a doubtful penile lesion, a former doubtful positive Wassermann (± or 1+), some former doubtful treatment for lues (some intravenous medication or intramuscular injections), some doubtful clinical symptoms, such as inequality or irregularity of pupils, etc, etc, then a negative Wassermann report must be carefully checked up In such cases a provocative series of Wassermann tests should be done and the study of the spinal fluid undertaken before we may pronounce a definite opinion of the absence of syphilis is always best to repeat the Wassermann tests after several months in order to make assurance doubly sure

Table showing the conditions under which the Wassermann test is positive or negative

The Wassermann Is
Positive

1 After the chancre is fully developed. This usually occurs about three weeks after the chancre first occurs

The Wassermann Is Negative

- 1 In the early stages of the chancre. It usually takes twenty-one days after the first appearance of the primary before the Wassermann becomes positive.
- 2 In over 95% of cases of untreated secondary syphilis
- 2. In 5% or less of cases of untreated secondary syphilis. This usually occurs when the individual is very rundown or in cases of malignant syphilis.
- 3 In 90 to 95% of untreated tertiary syphilis
- 3 In over 70% cases of treated tertiary syphilis Of course it is to be understood that this depends on the amount of treatment and the kind of treatment instituted

- 4 In a small percentage of cases of treated syphilis The Wassermann test may remain persistently positive in spite of the treatment.
- 5 In congenital syphilis After one year of age 99% of untreated cases show a positive Wassermann.
- 6 In certain diseases which are rare in this country, such as yaws, nodular leprosy, trypansomiasis, relapsing fever, yellow fever, malaria. These often give non-specific positive Was-

In fevers, such as pneumonia, erysipelas, there may occasionally be a false positive Wassermann

sermann reactions

- 4 In a small percentage of untreated tertiary syphilis This happens even though other symptoms of syphilis may be present.
- 5 In some cases of congenital syphilis in infants under one year of age ^{7 8} Here the Wassermann may be negative even though other symptoms of syphilis are found. In such cases of suspected congenital lues, the Wassermann should be repeated at intervals of three months.
- 6 When the person is under the influence of alcohol Under such conditions the Wassermann test is negative even though that individual usually shows a positive Wassermann reaction.

When the test is taken within twenty-four hours after the administration of a general anaesthetic. Here again the Wassermann test is negative in an individual who usually shows a positive Wassermann

It will be apropos to consider briefly the subject of the fluctuation of the Wassermann and the provocation of the Wassermann test sermann in some cases of syphilis, may vary from various degrees of positiveness to negative and vice versa in a short period of time, apparently without cause The reason for these fluctuations may be sometimes sought in the technique with which the test is performed, but often even with the same technique the Wassermann will fluctuate for some unexplainable reason As to the provocation or activation of the Wassermann, that is a procedure which is employed either in diagnosis of doubtful cases, or to determine when a syphilitic individual has been sufficiently treated It must also be borne in mind that occasionally a syphilitic case after vigorous treatment may for years have a negative Wassermann, and then revert to a positive Wassermann it should be noted that the Wassermann may become more strongly positive temporarily in some cases of syphilis during treatment is to say, occasionally the Wassermann which was negative or weakly positive becomes more strongly positive after an additional course of antiluetic therapy

It is also well known that in some luetic cases the spinal fluid Wassermann may be positive even though the blood Wassermann

is persistently negative. It is to be remembered that no case should be considered properly investigated unless both the blood and spinal fluid have been studied. It is also a routine procedure to carefully test the spinal fluid of all treated cases before deciding that they have been fully and adequately subjected to anti-luetic therapy and in no further need of treatment. If both the blood and spinal fluid are normal after sufficient anti-luetic treatment, then the patient may be considered as cured.

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EDITORIAL



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For list of officers of County Medical Societies, see May 15 issue, advertising page xxviii.

EUROPEAN MEDICAL INFORMATION

Many American physicians who go to Europe for pleasure would take advantage of the medical lectures and clinics if they knew where information concerning them could be obtained readily An outline of the teaching facilities of the larger European cities has been made by the Bureau of Chincal Information of the New York Academy

of Medicine and is published on page 751 of this issue. The cities of Europe as well as those of New York State maintain centers of medical information similar to that of the New York Academy of Medicine, and this information is available to any physician in New York State through the New York Academy of Medicine

- 4 In a small percentage of cases of treated syphilis The Wassermann test may remain persistently positive in spite of the treatment.
- 5 In congenital syphilis After one year of age 99% of untreated cases show a positive Wassermann.
- 6 In certain diseases which are rare in this country, such as yaws, nodular leprosy, trypansomiasis, relapsing fever, yellow fever, malaria These often give non-specific positive Wassermann reactions

In fevers, such as pneumonia, erysipelas, there may occasionally be a false positive Wassermann

- 4 In a small percentage of untreated tertiary syphilis This happens even though other symptoms of syphilis may be present
- 5 In some cases of congenital syphilis in infants under one year of age 7 8 Here the Wassermann may be negative even though other symptoms of syphilis are found. In such cases of suspected congenital lues, the Wassermann should be repeated at intervals of three months
- 6 When the person is under the influence of alcohol Under such conditions the Wassermann test is negative even though that individual urually shows a positive Wassermann reaction.

When the test is taken within twenty-four hours after the administration of a general anaesthetic. Here again the Wassermann test is negative in an individual who usually shows a positive Wassermann.

It will be appropos to consider briefly the subject of the fluctuation of the Wassermann and the provocation of the Wassermann test The Wassermann in some cases of syphilis, may vary from various degrees of positiveness to negative and vice versa in a short period of time, apparently without cause The reason for these fluctuations may be sometimes sought in the technique with which the test is performed, but often even with the same technique the Wassermann will fluctuate for some unexplainable reason As to the provocation or activation of the Wassermann, that is a procedure which is employed either in diagnosis of doubtful cases, or to determine when a syphilitic individual has been sufficiently treated. It must also be borne in mind that occasionally a syphilitic case after vigorous treatment may for years have a negative Wassermann, and then revert to a positive Wassermann it should be noted that the Wassermann may become more strongly positive temporarily in some cases of syphilis during treatment is to say, occasionally the Wassermann which was negative or weakly positive becomes more strongly positive after an additional course of antiluetic therapy

It is also well known that in some luetic cases the spinal fluid Wassermann may be positive even though the blood Wassermann

is persistently negative. It is to be remembered that no case should be considered properly investigated unless both the blood and spinal fluid have been studied. It is also a routine procedure to carefully test the spinal fluid of all treated cases before deciding that they have been fully and adequately subjected to anti-luetic therapy and in no further need of treatment. If both the blood and spinal fluid are normal after sufficient anti-luetic treatment, then the patient may be considered as cured.

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BUDGETS OF COUNTY TUBERCULOSIS ASSOCIATIONS

Nearly every county in New York State has a local tuberculosis association which represents the laymen engaged in public health work. The county associations derive their funds from the sale of Christmas Seals which are prepared by the National Tuberculosis Association, whose headquarters are at 370 Seventh Avenue, New York City. The National Organization is the central body which standardizes and coordinates the activities of the associations of the counties, and the services which it renders are invaluable.

One of the services of the National Tuberculosis Association is the promotion of a uniform system of budgeting expenses. The national organization has issued a tentative form (N T A—Form 1025) which arranges the various items of expense and allocates them according to the value of the work which is done, the principal items in which marked changes have been suggested are those regarding the cost of Christmas seal sale and of educating the public in health matters

The promoters of the new budget recognize the well known fact that there is an educational value in every letter asking a citizen to buy one dollar's worth of stamps The budget makers therefore suggest that about one-half of the cost of conducting the Christmas seal sale be allocated to public health education. If, for example, the collection of \$15,000 from the sale of stamps costs \$500 for the stamps and envelopes, \$2,000 for the clerical work of sending and receiving the soliciting letters, and \$1,000 for postage—a total of \$3,500-only \$1,200 shall be entered as the cost of the Christmas seal sale, while \$2,300 shall be entered under the head of Public Health Education

This division of the cost of collecting the Christmas seal money is misleading. The cost of the collection should be stated, and later in the report, the educational value of the letters should be entered as a credit, if it is to be extended at all. The leaders of the National Association are making a study of the opinions of physicians regarding the new form of budget.

LOOKING BACKWARD

THIS JOURNAL TWENTY YEARS AGO

Health Education of Girls—The present day emphasis on health promotion among pupils and students, and the growth of the new woman movements make the following editorial description of the school girl of only twenty years ago, taken from this JOURNAL of June, 1908, read like a page of ancient history

"Herbert Spencer wisely suggested that should we suddenly become an extinct race, and should some future historian find the school-books used by our young women, he would think that he had discovered a race of celibates who were interested in everything but their own lives and happiness. The fact that between forty and fifty per cent of the women admitted to the hospitals for the insane in New York State belong to the class which is spoken of as 'well educated,' can not in itself be taken as a reflection upon the work of the schools, but it does indicate that something is wrong with their manner of life to bring them to this unfortunate state

"The appreciation of the best things in life is happily growing, but unconsciously slowly A

few lectures on hygiene—how to ventilate a room, the harm of tight lacing, the value of sleep, the importance of discretion in diet, and kindred subjects—will not make school girls healthy. Self-preservation and perpetuation is a bigger subject than primary hygiene. It involves all of the functions of the mind as well as the body. It involves all of the day of work and play and sleep. It is the most important thing for young women to study. But in our schools and colleges it is as yet imperfectly grasped.

"There is much that answers to the name of education, which, instead of preparing young women for life, is contributing to their undoing. The one line in which they are least learned is that of natural sciences, which deal with the things that surround us and which are known. Its pursuit is the most profitable and cultivating. It helps the mind and the body, and so long as it continues to be slighted young women will lack salutary education. It is the one line of study that will save their health and preserve them from the pitfalls of mysticism and the cults of mental obliquity"

THE SMALL HOSPITAL IN MEDICAL EDUCATION

Dr James E Sadlier in his Presidential address before the Medical Society of the State of New York on May 22nd, printed on page 639 of the June 1 issue of this Journal, discusses the influence of small hospitals in educating and inspiring physicians to practice scientific medicine with greater efficiency Dr Sadlier gave special credit to the hospitals in the smaller cities and rural com-While these hospitals were especially and primarily for the convenience of sick persons, they also have educated doctors by their laboratories, their staff meetings, and the opportunities for consultations and conferences Hospitals are coming to require the physicians on their staffs to make use of all the facilities of the institution, including consultations with other members of the staff Physicians take pride in their local hospital and the increased skill which it gives to them, and they speak familiarly and proudly of "my hospital" and "my service" They are inspired to live up to the standards of practice which are required in a scientific hospital The hospital has probably been the greatest single factor in raising the standard of the practice of medicine in New York Dr Sadlier has been an interested observer of the trends of medical practice and an ardent promoter of the continuous education of What he says concerning hospitals physicians may be considered to have the authority of the Medical Society of the State of New York which he officially headed and represented during the past year

The following quotations taken from his annual address set forth his views regarding the influence of the smaller hospitals on the practice of medicine

"Two years of office as President-Elect and President of your State Medical Society have presented a wonderful opportunity for me to get acquainted with the physicians of this State, to observe the quality of service they are rendering to the sick, and the character of the men who make up the great rank and file of the field workers of our profession, and to note the environment in which, and the equipment with which, they practice the healing art It has been a source of deep and increasing gratification to observe the excellent type of scientific medical care that is rendered our citizens by the medical profession of There is no question that curative medicine is being practiced increasingly well and that the profession as a body is eager in its desire to render the most efficient service possible

"Progress in the scientific advancement of medicine has been so great that should a surgeon to-day have the same mortality in his practice that appertained in the nineties, he would be a proper subject for investigation

"Many of us feel that too much time is being devoted to the laboratory side and too little to the practical clinical phases of medicine which, in the final analysis, represent to a considerable degree, the real worth of the man in his future work My only criticism of present teaching of medicine would be along the line of stressing the importance of a more practical clinical teaching

"The present hospital with its up-to-date equipment is more and more coming to fill a real need in our modern life, and the medical men in a county which has no general hospital—and there are still a few such counties—are seriously and almost hopelessly handicapped in their effort to care

for cases of disease

"I particularly wish to stress the growing importance of the city of the third class as a hospital and medical center, not only for its citizens, but for those of a vast area of surrounding territory. We are noting in these small cities throughout the state, hospitals of a very modern type fully equipped and in a position to care for all types of disease.

"The hospital of the small city as a medical center is becoming a very important factor in lessening the damage which seemed likely to accrue from the very positive shortage of physicians which exists in rural sections. Furthermore it gives to the young physician a proper environment, adequate facilities for study and work, and the advantages to be obtained from contact and interchange of thought with members of his own profession. One can readily visualize how these institutions are to be a grand step upward for the science and art of medicine.

"The hospital will develop the broader medical man of the present day who realizes the necessity for cooperation with others and the utilization of all beneficial agencies for the proper performance of his work in curative medicine. Realizing this in the diagnosis and treatment of disease means that it will be but one step farther in advance to recognize the importance of adopting similar methods in developing that newer phase of our work which has to do with the prevention of disease.

"Medical men have recognized these changing conditions in their service to the sick, and have qualified themselves to meet the requirements of these hospitals, so that today we find such institutions enjoying the confidence and support of the community in which they are located. The end results compare favorably with those of the older and more advanced hospitals of our cities of the first and second class."

anemia, and secondary anemia the red cells are abnormal In polycythemia a portion of the cells are very resistant, while some cells are slightly more fragile than normal Reticulated red cells of normal size are more resistant than the nonreticulated This test is of value in the differential diagnosis of anemia and for determining the resistance of the red cells and the hemolytic power of the serum—Archives of Internal Medicine, April 15, 1928, xli, 4

A Consideration of Leucemia, with Special Reference to a Subacute Form -Baxter L Crawford and Edward Weiss, writing in the American Journal of the Medical Sciences, May, 1928, clxxv, 5, describe a form of leucemia which runs a subacute course, rather than the short course characteristic of the acute form Usually the onset is insidious, with progressive loss of strength, increasing pallor, slight fever and perhaps fleeting pains in the muscles or Frequently there is a necrotic process ioints in the mouth-around tooth sockets following the removal of teeth-or in the throat, smears of which show Vincent's organisms danger that dentists and physicians may treat these lesions without thinking of the possibility of such an underlying condition Clinically subacute leucemia may resemble typhoid fever or subacute bacterial endocarditis leucocyte count may be normal or only slightly increased, but the stained blood film shows the predominant presence of immature white cells The oxydase reaction is sometimes helpful in determining whether these cells are lymphocytic or myelocytic, although it is not practically important to make this distinction portant, however, to differentiate a number of conditions which are likely to be confused with the acute or subacute forms of leucemia must be especially on guard to differentiate acute mononucleosis and other benign infections with leucemoid reactions The milder course of such processes, the absence of destructive changes of the red blood cells and the failure to maintain consistently a preponderance of immature white cells in the blood usually permits a differentiation to be made The morbid anatomy of subacute leucemia is distinctive In the myelogenous form there is myeloid metaplasia of the spleen, bone-marrow, liver, and lymph-nodes, with occasionally infiltration of the kidneys, lungs, and heart In the lymphatic form the histological changes differ, particularly in the spleen, where there is overgrowth of follicles at the expense of pulp —the opposite of the myelogenous form

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with special emphasis on dysmenorrhea. The authors have worked for a number of years in this direction and the above substance gives better results than any other tested The idea of volumbine in this connection is suggested, of course, by the value of the alkaloid in ovarian insufficiency, especially in veterinary prac-Papaverine, on the other hand, is an fice antispasmodic against uterine contraction, and the combination with volumbine reduces its toxicity Not satisfied with the combination for all patients, the authors have a second formula in which to the double salt is added amidopyrine, the full name of which is dimethylaminoantipyrine, which is also an analgesic and antispasmodic to smooth muscle From the numerous case histories appended it is evident that the authors rely principally on the second formula when pain is marked, or in other words, in dysmenorrhea, while the double tartrate is used in cases of simple hormonal deficiency when plain yohimbine has proved inactive The need for a second formula is probably a commercial one, for the double tartrate, being a definite chemical substance, could hardly be marketed under a special name, hence the necessity of a mixture which can be sold under a trademark name. It does not appear that this combination has any superiority over the double salt]—Deutsche medizinische Wochenschrift, March 23, 1928

Surgical Treatment of Hyperidrosis —W Braeucker of the Hamburg-Eppendorf Hospital discusses this subject in monographic fashion, largely from the experimental and speculative angles Evidence is cited to show that the nerves which preside over the function of the sweat glands are members of the sympathetic system exclusively. The article is based largely on the history of a single case occurring in a man of 21 years, with marked hyperidrosis of the hands and feet. This tendency was aggravated in various ways and interfered with the livelihood and earning capacity On searching through the literature the writer found that in a few cases resection of the cervical sympathetic, whether intentionally or not, had the effect of checking the undue secretion In other instances, however, such a result was not in evidence. The author reasoned that a periarterial sympathectomy of the brachialis would not bring about the desired result, but in place of this, and after experimental blocking of the innervation by novocaine, he decided that division of the rami communicantes was the true indicated intervention. One year ago he divided the communicating branches of the last cervical and first dorsal sympathetic on the left side, following this up by a similar division of the fourth and

MEDICAL PROGRESS



Clinical Significance of the Lymphatic Throat Ring - J Beck discusses the physiology, pathology, and clinical importance of the so-called Waldeyer ring, referring to the studies of Groll on war material, presumably healthy and vigorous, from which it appeared that hypertrophy of the tonsils, etc, might be regarded as almost normal In opposition to this, however, it might be urged that military privations and hardships played some part in this state of affairs The material in question was from autopsies Theories as to the function of the tonsils are diametrically opposed masmuch as some attribute to them protective functions while others regard them as inviting the lodgment of hostile germs. It is claimed and denied that the tonsils have an internal The number of infectious diseases which have been accused of entering the system through the tonsils is appalling and seems to be increasing continually as new disease pictures are isolated-septic sore throat, monocytic angina, agranulocytous angina, etc Extirpation of the tonsils is called by some salutary, by others mischievous and perhaps dangerous, although it is, of course, conceded that certain tonsils should come out Here belong those which are subject to continually recurring angina In recent years, as part of the doctrine of focal infection, removal of infected tonsils is urged in all cases of incipient nephritis, endocarditis, etc Tonsillectomy has been called a prophylactic against recurrence when the symptoms have become silent Opponents of tonsillectomy are in a minority, the author maintains, and he says that none has ever been able to prove that loss of the tonsils has damaged the patient -Munchener medizimsche Wochenschrift, March 30, 1928

Tumor of the Intrascapular Gland --- Mark S Reuben and Aaron R Peskin (Archives of Pediatrics, April, 1928, xlv, 4) discuss the correspondence of the intrascapular gland to two organs of other mammals one the so-called "hibernating gland" or fat organ, and the other the so-called "hemolymph gland" The only references in the literature to tumor of the intrascapular gland are two cases reported by Inglis in the British Journal of Anatomy, June, 1927, and a description of a pathological specimen presented before the British Medical Association in 1921 The authors' case was that of an infant, aged 4 weeks, who at birth showed three large cystic masses, located respectively in the cervical region, in the right axilla, and over the sternum There were also hard glan-

dular masses in the region of the axilla and The masses were in no may connected with the deeper tissues They were cyanotic in hue and could be easily compressed. The mass over the chest was aspirated and 5 c c of clear straw-colored fluid was removed fluid subsequently reaccumulated and the cyst was extirpated The cyst wall was very thin The pathologist's report showed that it was probably made up of muscle and fibrous tissue arranged in lamellæ, as ordinarily seen in the walls of blood vessels and cysts There was no epithelial lining The diagnosis was cavernous angioma Later the article of Inglis came to the writers' notice. In this article three types of intrascapular cysts are described (1) those with thin walls and clear fluid contents, (2) those with thin or slightly thickened walls, containing almost pure blood or blood-stained fluid in which is fibrin clot, and (3) those with thick, canary-yellow, semifluid contents presence of the three types of structures and the location of the tumor masses in the case here reported leave no doubt as to the diag-

Hemocidal Properties of Blood Serum with Special Reference to Pernicious Anemia.-O H Horrall and T E Buchman state that notwithstanding the fact that increased destruction of blood in pernicious anemia was demonstrated over thirty years ago by Hunter, a careful search of the literature shows that a direct destructive action of the blood serum upon the red corpuscles has not heretofore been demonstrated They describe the technique by which they tested the hemolysis and destruction of the red cells in the serum of normal persons and of those with acute hemorrhage, secondary anemia, hemolytic jaundice, pernicious anemia, and polycythemia From their findings they conclude that under certain conditions there are hemolytic substances in the blood serum The unknown substances act in vitro and may also act in the blood stream on the red cells The increased hemolysis in relapsing pernicious anemia is more prominent when the process is on the decline and less when on the incline to recovery It would seem from this that some toxic or hemolytic substance is present, but that this agent is transitory In pernicious anemia during remission the curves for hemolysis are normal, with slight variations for individual cases, depending upon the stage of remission The serum in hemolytic jaundice and septic anemia also contains a hemolytic substance In polycythemia, aplastic

anemia, and secondary anemia the red cells are abnormal In polycythemia a portion of the cells are very resistant, while some cells are slightly more fragile than normal Reticulated red cells of normal size are more resistant than the nonreticulated This test is of value in the differential diagnosis of anemia and for determining the resistance of the red cells and the hemolytic power of the serum—Archives of Internal Medicine, April 15, 1928, xli, 4

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Treatment of Menstrual Dysfunction—K. Fleischer and O Hirsh-Tabor devote an article to the action of tartrate of papaverine and yohimbine on the anomalies of menstruation

with special emphasis on dysmenorrhea The authors have worked for a number of years in this direction and the above substance gives better results than any other tested The idea of yohimbine in this connection is suggested, of course, by the value of the alkaloid in ovarian insufficiency, especially in veterinary prac-Papaverine, on the other hand, is an antispasmodic against uterine contraction, and the combination with yohimbine reduces its toxicity Not satisfied with the combination for all patients, the authors have a second formula in which to the double salt is added amidopyrine, the full name of which is dimethylaminoantipyrine, which is also an analgesic and antispasmodic to smooth muscle From the numerous case histories appended it is evident that the authors rely principally on the second formula when pain is marked, or in other words, in dysmenorrhea, while the double tartrate is used in cases of simple hormonal deficiency when plain volumbine has proved inactive [The need for a second formula is probably a commercial one, for the double tartrate, being a definite chemical substance, could hardly be marketed under a special name, hence the necessity of a mixture which can be sold under a trademark name. It does not appear that this combination has any superiority over the double salt]-Deutsche medizinische Wochenschrift, March 23, 1928

Surgical Treatment of Hyperidrosis --- W Braeucker of the Hamburg-Eppendorf Hospital discusses this subject in monographic fashion, largely from the experimental and speculative angles Evidence is cited to show that the nerves which preside over the function of the sweat glands are members of the sympathetic system exclusively The article is based largely on the history of a single case occurring in a man of 21 years, with marked hyperidrosis of the hands and feet. This tendency was aggravated in various ways and interfered with the livelihood and earning capac-On searching through the literature the writer found that in a few cases resection of the cervical sympathetic, whether intentionally or not, had the effect of checking the undue secretion In other instances, however, such a result was not in evidence. The author reasoned that a periarterial sympathectomy of the brachialis would not bring about the desired result, but in place of this, and after experimental blocking of the innervation by novocaine, he decided that division of the rami communicantes was the true indicated intervention One year ago he divided the communicating branches of the last cervical and first dorsal sympathetic on the left side, following this up by a similar division of the fourth and was most satisfactory Incidentally he and that it was still possible to obtain a secretory effect from the exhibition of pilocarpine, which fact should revolutionize our knowledge of the activity of this alkaloid. It would appear that the great effort of the author in this direction is more in the direction of an advance of our knowledge of physiology than in any great achievement in surgery—Klimsche Wochenschrift, April 8, 1928

Family Gaucher's Disease -R Mühsam adds a double case to the 40 recorded in Pick's monograph on Gaucher's disease, in 10 of which there were other cases in the family Nineteen patients were subjected to operation author's cases were in brother and sister The brother had had his spleen removed under the erroneous diagnosis of hemolytic jaundice The sister, who presented the same picture, was about to have her spleen removed under the same diagnosis It was Christeller who made the correct diagnosis from smears and sections of the extirpated spleen of the brother which showed the presence of Gaucher cells The most pronounced family incidence is found in Pick's book-4 cases in 5 children of the The apparent extreme infresame family quency of Gaucher's disease is responsible for erroneous diagnoses. In this affection there are a yellow-brown tint, notable enlargement of liver and spleen, and abnormal blood picture—a syndrome which is presented by various other maladies, notably Banti's disease and hemolytic icterus. The author's male patient did well after his splenectomy sister's case, with the organ very large and adherent, a preliminary double ligation and division of the splenic artery had been practiced but splenectomy was reserved as a last The author makes no reference to the methods of biopsy which are being tested in some clinics, in the liver and, we believe, the spleen as well Apparently it should be an easy matter to subject the splenic pulp to a biopsy, when the Gaucher cells could hardly escape recognition -Deutsche medizinische Wochenschrift, April 6, 1928

Headache in Children.—R C Lightwood, writing in the Lancet, April 14, 1928, ccxiv, 5459, states that headache in children under the age of 5 years is infrequent. It can be recognized in infants only by the signs it produces—putting the hands to the head and scratching and rubbing it. Earache is by far the commonest cause of these signs. In infancy true headache may be caused by meningitis, intracranial tumor, and hydrocephalus. In children past the age of infancy eyestrain is the commonest single cause of headache.

prolonged over a period of more than a few days Toxic headache may be produced by any of the acute infectious diseases. It seldom occurs with a temperature of less than 104°F, its presence with a temperature of 100° or 101° should cause suspicion of tuberculous meningitis The two main varieties of juvenile headache are due to digestive disturbances and juvenile rheumatism digestive disturbance may be dietetic, or it may be secondary to infections of the upper respiratory tract, being produced by the swallowed secretions of chronically infected tonsils and adenoids Headache due to juvenile rheumatism occurs in children of the hospital class above the age of 6 years, and usually in theearly part of the day Symptomatic treatment is seldom required provided attention is given to the underlying condition Migraine in childhood is often manifested by cyclic vomit-A large majority of the recurrent bilious attacks accompanied by headache fall into the group of acetonemic vomiting, and for these the daily addition of glucose to the diet will almost invariably be an entirely satisfactory prophylactic measure Younger children should have a teaspoonful of commercial liquid glucose three times a day, older children double this amount Endocrine disturbances may cause persistent headache in a certain small group of overgrown obese children The treatment of such is most difficult Antipyrine, aspirin or the bromides may be tried, or the following mixture Antipyrine, 5 grains, sodium bromide, 5 grains, glycerin, 30 minims, camphor water, to make ½ ounce, to be taken three times a day Other causes of headache are adenoids in 50 per cent of all patients requiring operation, dental caries, and occasionally uremia, nephritis, anemia, trauma, and lead poisoning Sinusitis is a highly exceptional cause in children

Sublingual Phlegmon Primary and Secondary Ludwig's Angina -Writing in the Annals of Surgery, May, 1928, lexxvii, 5, William P Van Wagenen and Clarence V Costello call attention to the fact that sublingual phlegmon, which is the dominating symptom of primary or classical Ludwig's angina, is also seen as the outstanding feature of another group of infections about the neck which have been erroneously grouped with Ludwig's angina on the strength of possessing this one symptom The confusion this has created has led the authors to set these latter cases apart under the name of secondary Ludwig's angina cases differ from the primary or classical type of this disease, in that (a) the sublingual phlegmon is secondary to lymph-gland infection and cervical abscess rather than to an infection of the cellular tissues about the Immph-glands or

submaxillary salivary gland, (b) the sublingual tissues are infected by a direct extension through the muscles which make up the floor of the mouth, the extension occurring through the loose areolar tissue about the submaxillary pland as it curls around the posterior border of the mylohyoid muscles, and (c) the sub-lingual phlegmon is to be looked upon as the peripheral manifestation of a cervical abscess or lymph-gland infection and not as an integral part of an original fulminating cellulitis as in primary Ludwig's angina The formation of ous in the sublingual tissues is the rule in primary Ludwig's angina, while it is rare in the secondary type of the disease Streptococci predominate in the former group and staphylococci in the latter. In primary Ludwig's angina extension to the larynx occurs much more frequently. The phlegmon finds its way to the side of the larynx and epiglottis by extending through the aperture between the posterior edge of the mylohyoid muscle and the middle constrictor of the pharynx. The fundamental principle of operation for both types of the disease is primarily to relieve tension and secondarily to release pus For this reason short incisions have little if any place A long, free, external incision dividing the mylohyoid muscle is essential. In the author's series of cases of primary Ludwig's angina the mortality was 25 per cent, as against 40 per cent in 104 cases collected by Thomas in 1908 and 31 per cent in 92 cases collected since that date

Leriche's Operation in Facial Paralysis -J Jianu and G Buzoianu refer to the operation as performed in peripheral traumatic facial paralysis and also append the competitive methods of other surgeons The Leriche intervention dates from 1919 when he ablated the superior cervical ganglion with the immediate result that the patient was able to close his Several surgeons who tested the operation obtained complete or nearly complete In one case at least the benefit extended to all of the facial muscles The explanation of the mechanism of cure has varied somewhat Excision of the ganglion in question is followed by some enophthalmus with narrowing of the palpebral fissure, two factors which tend alike to closure of the lids, but this does not explain the return of voluntary power Leriche has shown that such paradoxical results are not isolated and that there is an entire series of cures of this character which defy physiological explanation The ablation of the superior ganglion appears to make possible a return of muscular tone to the facial muscles, and the possibility of nerve anastomosis has also been invoked. However the problem has now become clarified by an explanation invoked by Bourguignon which involves both anatomical and physiological factors and justifies completely the procedure of Leriche. This investigator was able to show that every facial nerve gives off a twig to the eyelid of the opposite side, but that this does not function unless the sympathetic is suppressed. In the words of Leriche this explanation closes the discussion—Lyon Chirurgical, Jan-Feb., 1928

Keloidosis - Prof H Schridde seeks to show that the tendency to keloidal overgrowth in the skin may not be confined to the exterior of the body but may be present in the interior as well. He describes cases of external keloid in vaccination and other scars and in connection with acne, furunculosis, etc. these formations we see originally a granulation tissue with relatively few blood vessels, and histological study shows a peculiar feltlike arrangement of the tissue elements which consist largely of fibroblasts The author recognized the same picture in the study of stone cutter's phthisis. The tendency to form nodules leads the writer to speak of nodular In the lungs the nodular formakeloidosis tions are the result of irritation of the tissues by particles of stone Similar lesions are due to deposits of coal dust in the lungs but not in discrete nodules, for the author speaks of tumor-like masses the size of hens' eggs and larger Moreover in place of sharply markedoff lesions there is a tendency to a much more diffuse keloidosis Still here and there discrete nodules are visible. The author was next able to show that the regional lymphnodes share in this peculiarity There is nothing mysterious about this complication for the specks of stone dust or coal dust are merely taken up by the lymphatics and arrested in the nodes where they evert their irritant action The author expresses the opinion that the hard gastric ulcer (ulcus callosum) owes its peculiarities to the tendency of the subject to form keloidal granulation tissue as a response to irritation-in this case probably from the gastric juice However it must not be thought that this result is at all common, as a matter of fact it is rare and doubtless due to some peculiar predisposition which resides in the fibrous connective tissue -Klimsche Wochenschrift, March 25, 1928



LEGAL



By LLOYD PAUL STRYKER, ESQ Counsel, Medical Society of the State of New York

THE ERA OF GOOD FEELING

The historians of President Monroe's administration refer to that epoch in our history as "the era of good feeling" The same term might be employed to describe the present state of affairs in our Society. There is a very general and sincere reciprocal feeling of regard and respect obtaining among its various members, officers and committees, and a sense of confidence that the affairs of our Society are being well administered by those who for the time being are charged with that duty

This general attitude of good feeling was never more manifest than at the annual state meeting held in Albany during the fourth week of May. The various sessions were well attended, and the business in hand was promptly and efficiently disposed of A considerable amount of work was done, not the least of which was the adoption of the amended bylaws and constitution, and the position taken with respect to the Cattaraugus matter.

Dr John Alling Card, our new Speaker, presided with dignity and ability, and demonstrated to all that the mantle of our beloved Dr E Eliot Harris, had fallen upon worthy shoulders Dr Harris was with us, and at times assisted in the carrying on of the Speaker's burdens Dr Harris leaves the office which he so long graced and honored, with the affectionate regard and esteem and appreciation of every member of the Society By a unanimous rising vote, he was made Speaker Emeritus May he long be with us to assist with his wise counsel!

The very able report of the retiring President, Dr James E Sadlier, was listened to with the keenest interest. His unusually indefatigable labors in the fulfilment of the Presidential office, together with his intimate knowledge of the affairs and problems of the medical profession, lent to all he said the air of indisputable authority. When we consider the amount of time which he expended in the performance of his multifarious tasks, in the attendance at committee meetings, and espe-

cially in his visits to the various County Societies and the District Branches, together with the constructive work accomplished, we are forced to the realization of the debt of gratitude under which he has placed every member of the Society He has set a standard which it will be difficult to approach, and perhaps im-Yet, as we look possible to improve upon forward to the new year, no one can entertain a doubt but that our new President, Dr Harry R Trick, will prove himself a worthy and honored successor, not only to Dr Sadher, but to the long line of distinguished men who have occupied the difficult and exacting position of President of the New York State Medical Society

Dr Daniel S Dougherty, our efficient and long-tried Secretary, carried on as usual the duties of his office with efficiency and dispatch, and with that sure touch which comes from a long and intimate knowledge of every detail of our organization. He was unanimously elected to succeed himself

On Tuesday evening, at the annual banquet, the delegates and their wives were instructed and entertained by the address of our distinguished Governor, the Honorable Alfred E Smith His attractive personality lent light and color to the occasion. What he had to say was to the point, and brought home to us once again that seldom if ever has the medical profession been so fortunate in having as the Chief Executive of this state, a man with a real grasp of the problems of public health and an appreciation of the necessity, not only of protecting the honorable practitioner in the rights of his calling, but of safe-guarding the laity from the blandishments of quacks, charlatans and humbugs

The delegates returned to their homes with the feeling of confidence that all was well, and with the appreciation of the able and wellplanned labors of the Committee on Arrangements

ABRASION TO BACK DURING MASTOID OPERATION

This action was brought on behalf of an infant patient against a hospital and a surgeon. As against the surgeon it was, alleged that on the 5th

of March the mother of the infant had engaged the services of the defendant surgeon to perform an operation upon the infant That the same was negligently and carelessly done. That before and while performing the operation the surgeon had allowed or permitted to be placed on the child's back bags of hot sand saturated with iodine or some other poisonous, dangerous or injurious substance, whereby the patient's back was burned As against the hospital it was charged that an agreement had been entered into between the patient's mother and the hospital, whereby the hospital was to furnish and provide the infant patient with a room and also with skilled and competent nurses, and the use of the operating room, together with anaesthetics and other articles, medicines and attendance that were necessary for the performance of the operation That the hospital in violation of this agreement, carelessly and negligently allowed and permitted careless and incompetent nurses to attend the infant plaintiff prior to, during and after the operation, and allowed or permitted one or more of its nurses to place upon the back of the infant patient bags of hot sand saturated with iodine or other poisonous, dangerous or injurious substance caus-

ing a burn to the patient's back The defendant surgeon about two years prior to the operation in question had attended the infant plaintiff at his home for a mastoid condition, at which time he had chiseled out the diseased bone, from which operation the child com-About March 1st he was pletely recovered again called to the boy's home and found him suffering from an abscess in the ear that he had operated on in the previous year. The doctor recommended that the boy be removed to the hospital, and when on March 5th the surgeon went to the hospital he found the boy on the operating Some one connected with the hospital had given the boy an anaesthesia of ether and had prepared him for the operation, so that at the time the surgeon entered the operating room the patient was fully prepared and draped for the operation. The surgeon then proceeded with the performance of a mastoidectomy Upon completing the operation the patient was put back to bed and he was left in charge of the house About two hours later the surgeon returned to the hospital, saw the boy and found him complaining of pain in the back. At that time he observed a reddened area on his back of about the size of a dollar, which area was somewhat congested He advised the application of unguentine, which was applied by a special nurse who was atending the boy The surgeon called daily on the boy and changed the dressing on his ear, observed the condition of his back and also

observed that the salve was being used for a week For the next two weeks the boy was seen by the surgeon's associate Thereafter the boy called at the surgeon's office every second day for about four weeks, the ear being dressed on these calls At the end of this time the wound in the ear had healed The back was also healing when last seen by the surgeon, but not completely healed The surgeon was paid for his operation and for his aftercare

The surgeon had at no time advised the placing of hot water bottles or any hot applications to the boy's back and did not know the cause of the reddened condition of the back. Before the surgeon began his operation the child was on the operating table completely anaesthetized and had a sand bag propped under his back. The surgeon did not examine the sand bag and did not know whether it contained hot or cold sand geon's assistant stated that he was present in the hospital when the child was operated on by the surgeon, that the orderlies had placed the boy on the table, put a sand bag prop under his back and adjusted his head so that the operation could be performed Upon completion of the operation the boy was taken back to his bed. No hot water bottles were used while the surgeon or his assistants were present. After the child had left the hospital, the surgeon's assistant attended the boy at his home for a period of about two weeks He observed the reddened area on the back and applied a salve to it. When last seen by this physician the ear had healed and the reddened area on the back had almost completely healed

The hospital attendants who prepared the operating table and the child for operation, and administered the anaesthesia, stated that no hot sand bag or one saturated with iodine or poisonous substance was used at the time of the operation upon the boy, and the cause of the abrasion on his back could not be accounted for

A physical examination showed that the boy had a circular burn over the back and right shoulder blade six inches in diameter, third degree at one or two spots, but mostly second degree, involving the full thickness of skin The scar was freely movable and permitted free and painless full motions of shoulder blade and arm abrasion and scar caused no disability, though the scar is large, pronounced and permanent

The plaintiff at the time of trial being unable to establish that the injury was due either to the negligence or carelessness of the surgeon or the hospital, a verdict resulted in favor of the defendants

CLAIMED WRONG DIAGNOSIS OF SYPHILIS

A complaint charged that the plaintiff was under the care of the defendant, as a physician and surgeon It was charged that this physician had

negligently and carelessly diagnosed the patient's condition as syphilis or other loathsome disease, when with the exercise of reasonable care he

philis or any other similar disease. The must claimed that she was rendered sick for a long period of time, and that her home life was disrupted and broken up, and she and her husband were caused to separate and live apart by reason of the alleged negligence and wrong diagnosis of the defendant physician

In the early part of July, when this patient called at the office of the defendant physician, she stated that she had been in the gynaecological ward of one of the hospitals, that after receiving treatment for some period of time, she had been discharged from the hospital

The history given the defendant physician was similar to that which she gave upon admission to the hospital, where the history record shows a female, twenty-six years of age, started to menstruate at the age of fourteen, the flow regular and moderate and every twenty-eight days, lasting four days, no clots, for the past nine years, flow has been irregular, lasting six to seven days. and the flow profuse, but no clots During the menstrual period, she would have pain in the left lower quadrant for one week previous to onset of menstruation She gave a history of pregnancies as follows First pregnancy, abortion spontaneous, two and one-half months, second pregnancy, normal, girl living, eight years, third pregnancy, normal, boy living, seven years, fourth pregnancy, normal, died at the age of one and one-half years, fifty pregnancy, normal, boy living, four years, sixth pregnancy, spontaneous abortion, four months The last menstrual period was in the middle of the preceding June, and had lasted three days with flow profuse, but no clots Operative history was an appendectomy nine years previous, and a right oophorectomy and salpingectomy a year and one-half previous

Her complaint at the time of her entrance to the hospital was pain in the left lower quadrant, general weakness, and pain circling towards the back, and then coming down along the left side The patient looked pale and emaciated

A provisional diagnosis was made of left salpingitis involving the broad ligament, and a working diagnosis of salpingitis left and gonorrhoeal infection. The final diagnosis after four days of treatment was salpingitis left and gonorrhoeal infection of left Fallopian tube. The patient was discharged from the hospital six days after her admission.

The defendant physician, after receiving this history of the patient, advised her to return to the physician who had treated her at the hospital No treatment was rendered to her at this time

A few days later, the patient again returned to the defendant physician's office, at which time he made an examination, and again referred her to the physician who had previously attended her The plaintiff, however, persisted in wanting the defendant physician to treat her, and requested that he obtain from the hospital the diagnosis that had been made of her condition while she was there At the time she called on the defendant physician, she stated that she was separated from her husband, and had been employed at the hospital to which she was admitted as a patient in the gynaecological ward She also stated that she did not intend to return to her husband, and that she herself had never done any wrong, and her trouble must have come from her husband Later, her husband called on the defendant physician at his office, declaring his innocence of any condition or any source of infection which might have been conveyed to his wife

Sometime a little later, the patient again returned to the defendant physician's office, accompanied by her father who requested that the defendant physician take care of the plaintiff. At this time, the physician again requested the patient to return to the physician who had originally attended her at the hospital, but the father of the plaintiff insisted that they wanted the defendant physician to treat her. After consenting to treat the plaintiff, she did not return again to the defendant physician, and nothing further was heard from her, no treatment or medical advice being rendered to the plaintiff by the defendant physician

After leaving the defendant physician, the plaintiff again reentered the hospital where she had been previously treated. The diagnosis made at this time was septic abortion. At the time of her admission, her temperature was 101. The patient refused to permit a Wasserman or a smear to be taken. Her recovery was uneventful, and she was discharged from the hospital five days after her entry. According to the hospital record, the patient stated that she had tried to induce abortion by sticking an alum stick into the uterus.

The action not being pressed by the plaintiff for trial, a motion was granted dismissing the complaint.



LONDON LETTER



NATIONAL HEALTH INSURANCE

A discussion in the House of Commons on a Bill amending the National Health Insurance Act of 1911 has brought out many interesting views as to the effect of the Act on the health of the Nation During the sixteen years of the operation of the Act, one has seen in England the same tendencies that have been evidenced in other countries in which Compulsory Sickness Insurance is operative In all countries, including England, there has been a tendency to include occupations which were previously excluded, and today practically the whole class of wage-earners is provided for The original idea was to supply a sum of money during incapacity, but it soon became necessary to add medical benefit and cash bene-Gradually a wide scheme has arisen covering ante- and post-natal treatment, maternity, dental and ophthalmic benefit and many ancillary activities England still lags behind in the provision of specialist treatment, and the dependents of the insured are still excluded, while as the scope of treatment obtainable under the Act is limited to that which is in the competence of a general practitioner, all advanced investigations and operative treatment are excluded, and this important part of the work depends on the willingness to co-operate of the Voluntary Hospitals—which up to now have received no financial return advanced work is well done is a tribute to the Voluntary Hospital system

From a financial standpoint, the Panel doctor has benefitted, for instance, where formerly every doctor had a number of patients who were on his "free list," he now receives a fixed sum for their treatment, and even in the country, where travelling expenses cut into his receipts, he is adequately paid

Does the patient receive an equal share of the benefit? There seems to be a difference between city and country practice. In the city, the great numbers of patients attended by Panel doctors tend to make examination superficial, and lead to delay in diagnosing the early stage of disease. It was argued in the early days of the system that the patient, having no financial liabilities, would call in the doctor at the earliest possible moment, this has not proved to be the case, and, hospital statistics would show that, for instance, in cases of acute surgical emergency, such as appendicitis, there is a longer interval now between the onset and the patient being sent to hospital than there used to be. As might be ex-

pected, there is more treatment than careful investigation and diagnosis A Panel doctor is allowed to have 2,000, and in epidemics he cannot cope with the work His prescriptions are made up by a Panel chemist, and in order to prevent "over prescribing" the schedule of drugs available is closely scrutinized, this tends to automatic prescribing of familiar compounds. In the cities, the Panel doctor has the Voluntary Hospital close at hand, and the tendency is to exploit the hospital not only for serious cases, but for minor disabilities, especially those requiring a small surgical operation Hospital accommodation is not so accessible in the country, so that the Panel doctor undertakes his own minor sur gery, which is really much to his advantage scientifically

Has the Panel system advanced the science of medicine? It is difficult to answer this question at this early stage. An enormous amount of statistical information is being collected, and if this is analyzed, facts of importance may come to light. The system is hampered by the need for specialist treatment and investigation, but this will come later.

Has the Panel system improved the health of the Nation? Again one finds difficulty in giving definite answer That the Nation's health is bet ter than it was before the introduction of the Panel system there is no doubt, but other factors have helped to bring this about Nowadays the standard of living has advanced, and the working classes are better paid, better fed, better clothed, and better housed than they have ever been Education has done much to reduce drunkenness (now rarely seen in London), and venereal disease has become much less prevalent enic conditions of the large towns have improved. so that typhoid fever, for instance, is now a rare disease, typhus is almost unknown, and tuberculosis is better under control The improvement in the Nation's health is thus due to many factors, and the part played in it by Compulsory Sickness Insurance is hard to define

A medical man (a Member of Parliament) said that the system of medical behavior as between doctor and patient has been altered. In the old days, the doctor generally was friend, helpmate and advisor and his patients trusted and obeyed him. He is now the servant of the insured population. The tone of the discussion showed that there is dissatisfaction with the present position, both on the professional and the lay sides.

H W CARSON, FRCS, MRCS, LRCP



NEWS NOTES



THE TRI-STATE CONFERENCE

The Ninth Tri-State Conference of the officers of the Medical Societies of Pennsylvania, New Jersey, and New York, was held on Saturday, June 2nd, in the home of the Philadelphia County Medical Society, 2046 Spruce Street Philadelphia, Pennsylvania It was opened at 10 A M with the President of the Pennsylvania State Medical Society, Dr A C Morgan, Those present from New York in the Chair State were Dr Harry Trick, President of the Medical Society of the State of New York, Dr James Sullivan, Assistant Commissioner for Higher and Professional Education of the New York State Department of Education, Dr J S Lawrence, Executive Officer of the State Medical Society, and Dr Frank Overton, Executive Editor of the New York State Journal OF MEDICINE

The subject for discussion was "Demonstrating Medical Law" The opening address was by Dr I D Metzger, President of the Pennsylvania State Board of Medical Education and Licensure Dr Metzger said that the examining and licensing of candidates for the practice of medicine was jealously guarded by the several states. The National Board of Medical Examiners tried to establish a national system of licensure, but failed to receive support because the states insisted on their own rights to regulate the practice of medicine.

The Pennsylvania Board of Examiners considers three points in licensing candidates for medical practice

- 1 Preliminary Education
- 2 Professional Education
- 3 Post Graduate Experience

The Preliminary Education that is given in literary and scientific colleges meets the requirements of the Board

The Professional Education of a candidate is that given in the medical school, and is determined by an inspection of the school and by the scholastic record of the candidate

The Post Graduate Experience required is a year's interneship by the candidate. It is with this last requirement that the Pennsylvania Board has set an unusually high standard, and in enforcing this part of the licensure, it has doubled the work of the Board in the two years of its existence

The Pennsylvania standard for interneship takes into consideration two points

- 1 The Hospital Service
- 2 The Record of the Candidate in his interneship

The Hospital is judged by three points

- 1 Equipment
- 2 The Patients
- 3 The Attending Staff of Physicians and Surgeons

Regarding Equipment, the Pennsylvania requirement is that the hospital shall have a clinical laboratory and an X-ray outfit, and that every interne shall demonstrate his ability to do good work in both laboratories

The further requirements are that the interne on laboratory service shall actually follow the cases in the wards and shall correlate his laboratory findings with those of the ward doctors

While an interne is required to work in the laboratories for two months out of his year of service, the Board of Examiners advise against his employment as a mere laboratory servant, but it requires the hospital to employ full-time laboratory technicians

After the interne has demonstrated his ability to do the technical work of making examinations and tests, he is expected to spend the major part of his time in correlating the laboratory findings with the ward records of the cases

In regard to the patients, the Pennsylvania Board requires that the interne service shall be rotational, and shall include medicine and obstetrics

The service in medical wards has proved one of the most difficult to control and secure, for many hospitals, especially the smaller ones, run to surgery and take few medical cases If a hospital is deficient in medical diseases, the interne must make it up by a service elsewhere

The organization of the Staff of a hospital is also considered by the Pennsylvania Board of Examiners Some hospitals have an over supply of chiefs of service, so that the Board of Examiners finds great difficulty in assigning the proper value to the opinion of a chief of a service. The certification of a small hospital having two or three chiefs of medical service, for example, would not be acceptable

The Board of Examiners also considers the candidate himself—his ability to work, his professional skill, and his character These qualifications are difficult to measure, especially when the hospital staffs are not well organized and the managers of the hospitals do not

understand their responsibilities in teaching the interne and supervising their records

Dr James Sullivan of New York opened the discussion He spoke of the tendency of hospitals to seek the approval of their teaching standards in order to obtain servants to run the hospital An example is that of the 139 training schools for nurses in New York State, only 60 would supply a sufficient number of nurses. Some hospitals maintained training schools, not so much for the purpose of training nurses as to secure servants to run the hospital

One danger in supervising and testing candidates is that of an over-rigidity of standards. The law of New York State lessens the severity of enforcement by permitting the regents to accept evidence of training that does not entirely conform to the rules of New York State. The Regents are permitted a certain leeway of judgment in enforcing a law

The enforcement of the law after a candidate has been licensed to practice has received a great gain by the provision of the annual registration of all physicians of New York State This registration not only offers a roll call of licensed practitioners of medicine, but it also provides the money for the enforcement of the Doctors have objected to the principle of paying a tax of \$200 a year for enforcing a law that is for the benefit not of themselves but of the people. But the Governor and the Legislators class doctors with architects, accountants, bank examiners, and other professional men who are licensed by the State They said, "The general principle of licensure is fixed and established in New York State, and those who are licensed must provide the funds for enforcement of the law of licensure cannot make an exception of doctors, much as we would like to do so"

Doctor Sullivan explained the enforcement of the Medical Practice Act of 1926 by the Regents and the Grievance Committee, and said that the enforcing officers were working quietly and efficiently, and that there had been an evodus of quacks and cultists from New York into New Jersey and Pennsylvania—in this he is confirmed by the representatives from these states

Dr Charles B Kelley, Secretary of the Board of Medical Examiners of New Jersey, said that New Jersey also requires a year of interneship as a pre-requisite of taking the examinations for the practice of medicine. It judges the hospital by four points

- 1 A questionnaire to be filled out by the hospital
- 2 An inspection of the hospital by a representative of the Board of Examiners
- 3 The report of the American Medical Association

4 The report of the American College of Surgeons

The Board of New Jersey accepts the ratnigs of Boards of other states, but the present Boards of Pennsylvania and New Jersey have inherited disputes from former Boards that had insisted on the letter rather than the spirit of the law, and these differences are now in the process of amicable adjustment

Dr Harry Trick of New York said that an interne needed to know the art as well as the science of medicine. The American College of Surgeons emphasized the manner in which the hospital practiced the art of the medical care of the patients, while Boards of Examiners emphasized the scientific aspect of the practice of medicine and the laboratory tests. Some small hospitals are giving excellent clinical care to their patients, and yet they are not acceptable to the examining boards of some states because they may lack laboratory facilities.

When internes have been highly trained in laboratory methods, and have become dependent on their help, they fear to make bedside diagnosis. Large cities are over-supplied with laboratory graduates, while rural hospitals need more laboratory facilities. A combination of clinical experience and laboratory facilities is necessary in order that a physician may practice medicine efficiently. What they need today is keen clinical observation rather than an increased laboratory experience.

Dr J S Lawrence of New York continued the line of thought suggested by Doctor Trick, and spoke of the contrast between a service in a large hospital and that in a small hospital in the developing of the confidence which the interne has in himself and in promoting the willingness to practice in rural communities where laboratory facilities are not so readily available as in large cities. He also spoke of the desire of young men to remain in large cities under the wings of specialists in order to be in money centers where large financial returns were in prospect.

Dr Henry O Reik, executive secretary of the Medical Society of New Jersey, said that the efforts of the New Jersey Medical Society to secure the passage of the Annual Registration Law had failed, largely because the legislation was opposed by the largest county medical society in New Jersey on mistaken grounds He predicted, however, that the opposition of this society would be either overcome or ignored, and that the legislation would probably be passed during this coming winter

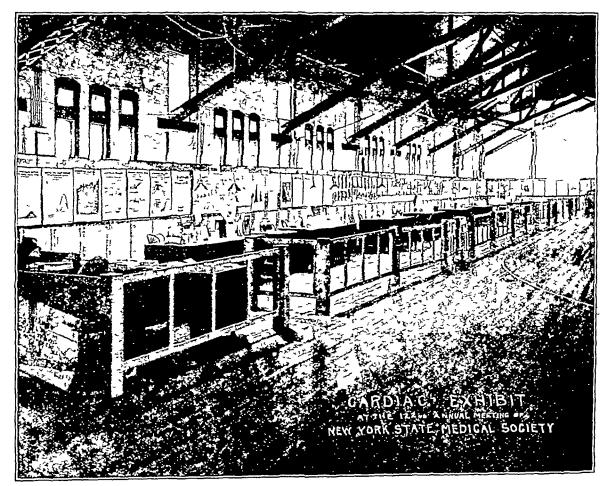
The Conference closed with a luncheon at which those in attendance were guests of the Pennsylvania State Medical Society

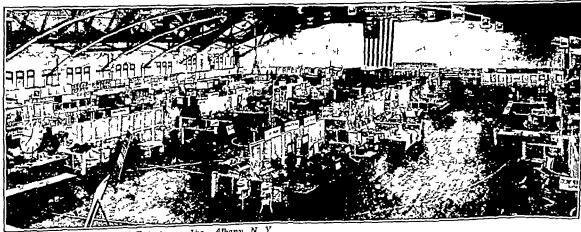
THE EXHIBITS AT THE ANNUAL MEETING

wo photographs which accompany this rele show the perfection of the arrangements for the exhibits at the annual meeting of the Medical Society of the State of New York from May 21-24

The Albany Armory was well adapted for

the exhibits, and both the scientific demonstration and the commercial exhibits were beautifully prepared But neither one was attended by the physicians to the extent that it deserved As a matter of fact, the commercial exhibits were attended even better than the





Courtesy of Barnett Maynard Enterprises, Inc. Albany, N Y
THE COMMERCIAL EXHIBIT

scientific exhibit conducted by the doctors them-

The commercial exhibitors said that they liked to attend the meetings of the Medical Society of Pennsylvania because the officers of that Society made great efforts to arouse the interests of the doctors. An announcement of the exhibit is made several times at each session of each Section and in addition special mention is made of the exhibits in which the members of a Section are interested—surgical

instruments in the Surgical Section, electrocardiograms in the Medical Section, and infantile foods in the Pediatric Section. A further feature of the Pennsylvania Society is that each Section adjourns one of its sessions earlier and its members attend the exhibits in a body and visit the booths whose wares especially apply to the members of the Section

The commercial exhibits are well worthy of serious attention and promotion by the Medi-

cal Society of the State of New York

POST GRADUATE MEDICAL STUDY IN EUROPE

NEWS NOTES

By GRACE CARSTENSEN

Executive Secretary of the Bureau of Clinical Information of the New York Academy of Medicine

It is with a much easier conscience that a physician can look forward to a long vacation, say two or three months, if he can persuade himself that most of that time is going to be spent in study. All of the capitals of Europe hold out inducements to the avid seeker of knowledge, in the way of interesting clinics and courses.

London — Suppose a traveller is landing in England In July, August and September he can find courses in medicine, surgery, and the specialties, as well as in laboratory work in any one or more of a dozen London hospitals The Fellowship of Medicine at its offices at 1 Wimpole street, in the building of the Royal Society of Medicine, is the clearing house for medical instruction in London It has affiliated to it some fifty hospitals containing six thousand beds. Of course this makes the clinical material almost These hospitals permit post graduates to attend their daily practice-ward rounds, out patient departments, operations, etc. Detailed information supplied by them is arranged in diary form by the Fellowship of Medicine, and a ticket for this "general course" is issued for any period from a week to a year at fees varying from two guineas to twenty guineas In addition to the "general course" there are special courses to the number of about sixty a year These are usually so-called "refresher courses" consisting of a fortnight's intensive work. The Secretary at the Fellowship of Medicine (Miss Mary Roy) is more than cordial and helpful to American vis-

Edinburgh —In Edinburgh there are also summer courses in various specialties —These courses are from three weeks to two months, and the fees vary according to the length of the course and to the amount of laboratory work included —The courses are in connection with the University and the School of Medicine of the Royal Colleges of Edinburgh with the offices in the "University New Building" —Places are reserved only when fees for the courses mentioned accompany the applica-

tions Students should address the secretary at the above address as promptly as possible

Of course the obstetrician would feel that his time had been wasted did he not give himself the opportunity of some work at the Rotunda in Dublin.

Glasgow.—Glasgow provides through the summer months several courses in general medicine and in surgical work, and a certain number of clinical courses. The Secretary, Dr. James Carslaw, 9 Woodside Terrace, C. 3, Glasgow, Scotland, will answer any inquiries concerning their special work. Their summer courses continue through October.

Liverpool—The most interesting work in Liverpool is of course their work in tropical The Liverpool School of Tropical Medicine, of which the Vice-Chancellor is H J W Hetherington of the University of Liverpool, is probably one of the most ably arranged that may be found Founded in 1898 by Sir Alfred Lewis Jones, its early days were full of struggle, but the Ship Builders' Association soon realized its value and necessity, and through their financial cooperation the school was finally well established It now has laboratories in various parts of the British realm and their work is of tremendous value both to scientific and to commercial Britain The University confers two diplomas, a diploma in tropical medicine and a diploma in tropical hygiene The courses for these degrees are all of about three months' duration

Paris —The Faculty of Medicine in Paris which is part of the University, has its headquarters at the Bureau des Relations Medicales, Salle Beclard, Faculté de Médecine, 12 rue de l'Academie, de Medecine All of the hospitals in Paris are under the supervision of the Faculty of Medicine, and there is no duplication of the courses The association for the Development of Medical Relations, to which belong such men as Dr Gros, Dr Heitz Boyer, Dr de Martel, Dr Armand Delille, Dr Helie, and Dr Le Mee, is organized especially with the object of encouraging foreign

Lie to Paris for post graduate work it to didactic teaching each chief of the mas it within his power to appoint as a regu-. member of his Staff one foreigner Applicants for such assistantships must send to the Dean of the Faculty of Medicine in Paris their request accompanied by copies of their credentials and by a letter of recommendation from the Dean of their own medical school Credentials are examined by a committee and submitted to the Council of the Faculty of Medicine In case of acceptance the foreign physician becomes assistant in the clinic for not less than three months nor more than a year At the conclusion of his service he receives a certificate countersigned by the Rector, and registered with the Ministry of Public Instruction

Berlin —The International Post Graduate Medical Courses in Berlin conducted by the Union of Professors and by the organizations centred in Kaiserin Friedrich-Institute are varied and valuable The courses are in various specialties pathological anatomy and other laboratory courses, internal medicine, physical therapy including roentgenology, neurology and psychiatry, pediatrics including orthopedics, gynecology and obstetrics, ophthalmology, oto-rhino-laryngology, skin, venereal, and urinary diseases, and forensic and social medicine The courses usually cover about two months, and the fees demanded vary according to the work but the usual charge is about 200 RM per month The physician travelling in Germany will do well to communicate with German organizations having their branches in this country, and who are happy to arrange for individuals or groups visiting at the various spas and other cures throughout Germany

Vienna—Vienna still retains a tradition in the minds of the medical profession, and in spite of the economic bouleversement following the world war the medical profession of Vienna still bravely holds out inducements for the foreign doctor to come there for special study. It is obvious that a nation which in the pre-war days numbered 45,000,000, and now numbers only 8,000,000, can not give the foreign visitor as much in any particular as in the days of departed grandeur. The

Wiener Medizinische Fakultät, Ring des 19, November, Universitat, prepares a program every year for post graduate work Professor Dr Leopold Arzt, the Dean of the Faculty, will give all definite information The courses cover various periods from two weeks to several months, the fees of course varying accordingly visitors in Vienna will do well to apply to the Kurs Buro of the Vienna Medical Faculty for the card of membership which entitles them to decided reductions in the way of living expenses and also does away with all customs formalities in crossing the Austrian border The American student in Vienna will also find it worth while to affiliate himself with the American Medical Association of Vienna which is situated at Alserstrasse 9

Budapest —Work in Budapest is of interest also, particularly to the urologist, while Rome, Milan, and Bologna offer valuable and interesting courses all under the supervision of the Royal Universities of those cities

International Conferences — The travelling physician will find it also well worth his while to arrange his tour in such a way as to take in the various national and international conferences, for instance the British Medical Association is to meet in Cardiff, Wales, from July 24th to 28th The International Radiological Conference will meet in Stockholm on July 23rd to 27th The International Congress of Oto-rhino-laryngologists will meet in Copenhagen on July 29th to August 1st, and the International Medical Congress for Industrial Accidents and Diseases meets in Budapest, September 3rd to 6th.

Groups of physicians may always arrange through the various travelling bureaus for special arrangements on steamships and in hotels, while there are associations of physicians organized solely for the purpose of affording their members the advantages of group accommodations

Information regarding specified clinics and courses of study in the several European centers may be had from the Bureau of Clinical Information of the New York Academy of Medicine, 2 East 103rd Street, New York City Telephone Atwater 4700

ENGLISH SPEAKING PHYSICIANS IN EUROPE

Americans traveling on the Continent are sometimes unable to secure from the management of the hotel where they are stopping the name and address of an American or English physician. All knowledge of such a physician is usually denied, but they can always supply the name of a doctor of their own nationality, who is alleged to speak English perfectly. When this doctor appears, it is only rarely that he can speak sufficient English

to make himself understood The Continental Anglo-American Medical Society commenced the publication in 1889 of a list of the American and English doctors practicing in Europe, and this list ought to be in the hands of every American going abroad A copy can be secured by any one, free of charge, by addressing a request to the Secretary, Dr Sherwood-Dunn, 54, Boulevard Victor Hugo, Nice, France



MEDICAL WARES



SNAKE BITE SERUM

The problem of dealing with the bites of venomous snakes is of increasing importance in the United States Statistics regarding the number of snake bites are meager, but in localities where some one has been interested in the subject and has become known as an authority, the number reported is surprisingly large For example, a map of the United States with a pin for every-known bite shows a dense group of pins in the vicinity of San Antonio, Texas, where Col M L Crimmins of the U S Army, has conducted extensive investigations and is known as an authority on snakes over a radius of two or three hundred miles from San Antonio Snake bites around the city are no more prevalent than elsewhere, but they are reported because the patients seek the aid of Colonel Crimmins

New York State has a surprisingly large number of snake bites every year, and the number will probably increase with the number of campers in mountainous regions, and hikers in swamps and lowlands Raymond L Ditmars, Curator of Reptiles in the New York Zoological Park, says that he "Doubts if there are any portions of the United States more abundantly supplied with venomous snakes than some areas of Massachusetts, Connecticut, New York, New Jersey, and Pennsylvania," and then he refers to their abundance in the Bronx and Palisades Parks The problem of snake bites is therefore one which concerns physicians of New York City and State

Snake bites have become of great importance on plantations in tropical countries. The United Fruit Company, for example, has been compelled to deal with the problem on its banana fields of Honduras, where the snake bite fatalities among its laborers have been high. The increase is due to several factors. Wherever men congregate, rats and mice also come, and next come the snakes which feed on the rodents. Then, too, the banana fields are covered with the banana leaves and stalks which afford excellent cover for the snakes.

Dr Afranio do Amaral, of Brazil, has been a leader in the study of reptiles and in devising practical measures for their control. He is a physician, a skilled laboratory worker in serology, and an authority on herpetology. He is director of the serological laboratory in San Paulo, Brazil, and is also a lecturer on tropical medicine in the Havard Medical School. He was the leader in organizing the Antivenin Institute of America, whose immediate object

is the promotion of the production of antivening serum for use in snake bites, but whose broader object is to promote the knowledge of venomous animals generally The Institute is intensely practical, and is a part of the Biological Laboratories of the H K. Mulford Company at Glenolden, near Philadelphia, Pennsylvania The Institute is directed by Dr Amaral, and has the support of the Harvard Medical School, the Zoological Societies of New York and other cities, and the United Fruit Company It publishes a quarterly bulletin of about thirty-two pages, containing medical and scientific articles of great interest to physicians and biologists, the first number of which appeared in March, 1927 Any physician wishing to learn the fundamental facts regarding venomous snakes and the treatment of their bites will find the information in the five numbers of the Bulletin that have already been issued

The serum against snake bites is called "Antivenin," and is produced in horses by a process similar to that of producing diphtheria antitoxin. But the venom, in addition to its specific properties, produces pathological changes in the liver and kidneys, and so the immunized horses have a life of only a few months, and are subject to sudden death in any stage of the immunization. The production of the antivenin is therefore difficult and costly

The collection of the venom to be used in the immunizations is also difficult, for people generally kill venomous snakes on sight. The Institute maintains collecting stations in the United States and Honduras and keeps a few snakes at Glenolden for experimental purposes

The venom consists of the secretion of the salivary glands of the snake The collector grasps the snake just behind its head and thrusts its fangs through a thin drumhead stretched over a beaker, and milks the venom from the gland The venom is dried in a vacuum and yields about 30 per cent of its weight as yellow crystals Each snake will produce from one-tenth to two cubic centimeters of venom, and will recuperate the supply within three or four weeks If the snake handler is bitten, he injects antivenin at once, and feels no inconvenience from the bite. Those who handle the snakes confess to a certain charm and thrill in doing something dangerous which other people do not dare to attempt The immunization of a horse is begun by the injection of a minute dose of the dried venom, and the dose is gradually

in the producture of diphtheria anti-

ativenin is marketed in syringes, each conaining a dose of ten cubic centimeters. The serum is stable, and will keep for five years without deterioration. Each dose will neutralize at least thirty milligrams of dried venom, or about one-tenth of a cubic centimeter of fresh venom. This will be sufficient for an ordinary bite, for when a snake bites, it makes only a quick strike or snap, and injects only a small portion of its venom

The antivenin is given by injections, either subcutaneously, or intramuscularly, or intravenously according to the acuteness of the symptoms following the bite. Dr. Amaral recommends that two cc be given in the area of the bite, and the remainder in any convenient situation, such as the abdomen or between the scapulae. The serum acts quickly If it is given several hours after the bite, it will show its effects within half an hour, as indicated by diminished pain and swelling at the bitten spot. If the effects of a single dose are not marked, another is to be given in an hour.

Two kinds of antivenin are produced by the Antivenin Institute

- 1 That against the North American snakes, —the rattlers and moccasins, including the copperhead which is an upland moccasin
- 2 That against the snakes of Central and South America, especially the fer-delance

The serum for the North American group has no effect on the venom of the fer-de-lance, and neither of the two affect the cobra venom The venom of each group is specific for that group

The researches of Dr Amaral have shown that the current methods of treating snake bites have been ineffective and unnecessarily cruel and crippling. He and his co-workers have issued the following directions which are printed in the Bulletin (Bulletin No. 3, Octo-

ber, 1927, page 74)

"Apply a ligature or tourniquet above the bite. This should be applied tightly at first, but must be partially released for a few seconds at five to ten minute intervals so as to maintain the necessary circulation in the limb. There is no particular advantage in making an incision nor in applying permanganate of potassium solution or crystals, or any of the other chemical agents commonly recommended for this purpose

"In fact, it is advisable to avoid any further mutilation or injury of the affected tissues, especially because, should the wound not be kept properly dressed until complete recovery, tetanus or other secondary infection might set in and complicate the patient's condition. In regard to potassium permanganate, it has been shown that, in order to have any effect on the venom, this substance must be used in concentrations that are injurious to the tissues. It has no effect in weak solution and is in itself toxic if used in strong solutions.

"Above all, avoid the use of alcohol or other stimulant of that kind. These by strengthening the circulation, may tend to help the distribution of venom throughout the body Strychnine or caffeine, however, may be used if symptoms of weakness and giddiness develop."

Dr Amaral gives additional directions for the use of the tourniquet in Bulletin No 2, July 1927, page 33, where he writes

"The tourniquet should be applied firmly

enough to prevent the flow of blood in the veins, but not tightly enough to prevent the flow through the artery. In other words, tie it tightly enough to cause the limb to become blue, but not white or blanched. The tournquet should be released for a few seconds, at intervals of ten minutes, in order to prevent gangrene of the tissue below the level of the construction.

"Remember that some of the serious results from snake bite are due more to severe, longcontinued constriction by the tourniquet than to the toxic property of the venom itself"

Man has some degree of immunity to snake bite, and often only a small amount of venom is ejected by the snake Recovery therefore usually occurs after a bite in the United States. The Hopi Indians that take part in snake dances are sometimes bitten, and in those cases the wounds are treated with a tourniquet and incisions, and in addition the Indians use, both internally and locally, an infusion made from the leaves of a plant whose identity they keep secret Experiments with the prepared infusion seem to show it is not effective for bitten guinea pigs

The response to the educational campaign of the Antivenin Institute has been surprisingly great, and a widespread interest in the subject has been manifested. The antivenin has been well distributed and has been widely used for the treatment of actual bites. There is also a constantly increasing demand for it from campers and hunters so that they may have it on hand as a form of insurance against the serious effects of possible snake bites.

Physicians of New York State will do well to advise the managers of summer camps to keep packages of antivenin for emergency use

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THE DAILY PRESS



Movie of a Man Who Thinks He's Going Blind

By BRIGGS



WHEN DOES A MAN THINK OF HIS HEALTH?

From the New York Herald Tribune May 17, 1928

DISEASE AND HISTORY

An organized study of the effect of diseases on national history is suggested in the following editorial from the *New York Herald-Tribune* of May 17

"With the fading of war's glamor into the dull realities of mud and machinery there slowly passes also war's paramount allure for the historian. Instead of the fifteen decisive battles whose stories used to occupy so sure a place among the half-dozen books on the lower shelf of the great American what-not, modern science will describe, perhaps, fifteen decisive epidemics

The first step is the decision of the American Historical Association to begin at once, in the person of Dr R H. Shryock, of Duke University, that comprehensive study of the effects of health and disease on American history which the Albert Beveridge Memorial Fund makes possible. It is a welcome decision, for of all the factors that conceivably affect the ebb and flow of national influence there is not one, perhaps, more potent than the ebb and flow of national health."

Physicians will watch for reports of the findings of the committee

VISITING NURSES

York Herald-Tribune of June 4 has acwing editorial comment on the visiting se at her best

"The finest trait of the Visiting Nurses of the Henry Street Settlement is their unstudied friend-liness. They have always made good because from the start their work has been free from the mood of patronage or condescension. In her thoughtful preface to the annual report of the settlement Miss Lilian D. Wald notes that July 1 next "will mark the thirty-fifth anniversary since Mary Brewster, my friend, and I first climbed the tenement stairs and found doors opened to us and patients behind the doors glad because we came." The last four words really tell the story of one of the best loved social agencies of New York

"Glad because we came." It is quite possible for visitors to lavish scientific skill on a household in the way of charity and still be anything but welcome. The Henry Street nurses make friends wherever they go by being friendly without a trace of affection. Their success lies in that faculty

"So also in the social activities of the settlement the 'uplift' note which can be made obnoxious if harped upon is never obtruded. The settlement leaders are convinced by experience that people have most interests in common. There surely should be a community interest and support on a generous scale for an organization whose heart beat is so strong."

Physicians welcome the visiting and public health nurse whose attitude is in accordance with the ideal expressed in the editorial.

INSANITY PLEA IN COURT

A defensive plea of insanity in criminal trials is usually a disgrace which is receiving the attention of psychiatrists and jurists. The abuse of the plea consists largely in bought testimony. The New York Herald-Tribune of June 4 comments editorially on new laws adopted by two states providing for the determination of the sanity of a prisoner before his trial, thereby avoiding the submission of the question of insanity to the judgment of a jury. The editorial reads

"In Massachusetts, under a law passed in 1921, persons accused of a capital offense and those indicted for a felony more than once are mentally examined before trial by experts of the State Department of Mental Diseases The department then files a report of its examination with the clerk of the court in which the trial is held. This report is accessible to the court, to the district attorney and to the attorney for the person accused and is admissible as evidence. The results have been highly gratifying Since the law was adopted there has been an average of less than one case a year in which alienists have been employed by the 'It has effectually stopped the defense in trials discredited practice of mental experts taking employment on either side of a capital case for large fees and has saved the state costly trials in a number of cases'

"The Colorado statute differs in detail, but is based on 'the same fundamental idea of removing the determination of the samity of the person accused from the jury and placing it in the hands

of disinterested qualified experts' The committee, after more than a year's investigation of the subject, believes that either the Colorado or the Massachusetts law marks a decided advance over present procedure elswhere and may be used as a model by other states with great advantage to society. The extremely high character of its personnel, to say nothing of the crying need for reform as demonstrated by the Remus verdict, entitles its recommendations to the prompt and earnest consideration of every state legislator"

The editorial was inspired by the report of a special committee printed in the news columns of the June 4th *Herald-Tribune*, which reads

"In a special report by the subcommittee on medical aspects of crime, made public yesterday by the National Crime Commission, 120 Broadway, it was recommended that the legal procedure in criminal trials be altered so that juries would not pass on the mental responsibility of accused persons

"Newton D Baker, chairman of the National Crime Commission, said the bewildering effect of contradictory expert testimony and the unaccountable effect of the sympathies of the jurors on verdicts recently rendered in cases in which insanity was set up as a defense was responsible for the attention given the matter by the subcommittee at this time"

Physicians of New York will welcome a law like that of Massachusetts and Colorado

®

BOOKS RECEIVED



Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review as dictated by their merits, or in the interests of our readers.

- Brain and Mind or the Nervous System of Man By R. J A. Berry, M D Octavo of 608 pages, illustrated New York, The Macmillan Company, 1928 Cloth, \$800
- Practice of Medicine. A Manual for Students and Practitioners By Hughes Dayton, M D Fifth revised Edition 12mo of 340 pages Philadelphia, Lea and Febiger, 1928 Cloth, \$2.25
- A Manual of Otology By Gorham Bacon, AB, MD, and Truman Laurence Saunders, A.B., MD Eighth Edition, revised Octavo of 576 pages, illustrated Philadelphia, Lea and Febiger, 1928 Cloth, \$4.50
- Modern Methods In the Diagnosis and Treatment of Renal Disease. By Hugh McLean, MD Third Edition, revised Octavo of 135 pages, illustrated Philadelphia and New York, Lea and Febiger, 1927 Cloth, \$2.75 (Modern Medical Monographs)
- A Treatise On Diseases of the Hair and Scalp By S Dana Hubbard, MD Octavo of 500 pages, illustrated Philadelphia, Lea and Febiger, 1928 Cloth, \$5.50
- Les Associations Microbiennes Leurs Applications Thérapeutiques By Georges Papacostas and Jean Gaté, 12mo of 438 pages Paris, Gaston Doin et Cie, 1928 Paper, 20 francs
- Traité D'électrocardiographie Clinique. By Paul Veil, and Juan Codina-Altès Octavo of 447 pages, illustrated. Paris, Gaston Doin et Cie, 1928 Paper, 95 francs
- GREFFE OVARIENNE ET ACTION ENDOCRINE DE L'OVAIRE. By VITTORIO PETTINARI Octavo of 487 pages, illustrated. Paris, Gaston Doin et Cie, 1928 Paper 70 francs
- PHYSICAL DIAGNOSIS By W D Rose, M D Fifth Edition. Octavo of 819 pages with 310 illustrations St. Louis, The C. V Mosby Company, 1927 Cloth, \$10 00
- STRABISMUS Its Etiology and Treatment. By Oscar Wilkinson, A M M D Octavo of 240 pages, illustrated. St. Louis, The C V Mosby Company, 1927 Cloth, \$10 00
- GYNECOLOGY FOR NURSES By HARRY STURGEON CROSSEN, M D Octavo of 281 pages, illustrated. St. Louis, The C. V Mosby Company, 1927 Cloth, \$2.75
- LOBAR PNEUMONIA. A Roentgenological Study [A Correlation of Roentgen-Ray Findings with Clinical and Pathological Manifestations] By L R. SANTE, M D Octavo of 137 pages, illustrated New York, Paul B Hoeber, Inc., 1928 Cloth, \$300
- CLINICAL ASPECTS OF THE ELECTROCARDIOGRAM A Manual for Physicians and Students By Harold E. B Pardee, M.D Second Edition, revised. Octavo of 242 pages, with 60 illustrations New York, Paul B Hoeber, Inc., 1928 Cloth, \$5.50
- ASTHMA. Its Diagnosis and Treatment. By WILLIAM S THOMAS, M.D. Octavo of 279 pages, with 20 illustrations. New York, Paul B Hoeber, Inc., 1928.

- ALUMINUM COMPOUNDS IN FOOD Including a Digest of the Report of the Referee Board of Scientific Experts on the Influence of Almunum Compounds on the Nutrition and Health of Man By ERNEST ELLSWORTH SMITH, Ph D, M D Octavo of 378 pages New York, Paul B Hoeber, Inc., 1928 Cloth, \$700
- CARDIAC ARRHYTHMIAS Clinical Teatures and Mechanism of the Irregular Heart By Irving R. Roth, M.D. Large Octavo of 210 pages, with 80 illustrations New York, Paul B. Hoeber, Inc., 1928. Cloth, \$7.50
- THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR. Prepared under the Direction of Major General M W Ireland Volume VII, Training By Col. WILLIAM N BISPHAM, M.C. Quarto of 1211 pages, illustrated. Washington, Government Printing Office, 1927
- THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR. Prepared under the Direction of Major General M W Ireland. Volume XIII Part 1, Physical Reconstruction and Vocational Education By MAJ A. G CRANE, S.C. Part 2, The Army Nurse Corps By Julia C. Stimson Quarto of 998 pages, illustrated Washington, Government Printing Office, 1927
- FILTERABLE VIRUSES By HAROLD L. Amoss, and others Edited by Thomas M Rivers Octavo of 428 pages, illustrated Baltimore, The Williams and Wilkins Company, 1928 Cloth, \$7.50
- Tuberculosis Intoxications Concealed and Masked Tuberculosis A Clinical Study By Joseph Hollós, M D Octavo of 132 pages Edinburgh, E. & S Livingstone, 1928
- Certified -Milk Conferences Held In 1927 Annual Conference American Association of Medical Milk Commissions, Inc., and Certified Milk Producers' Association of America, Inc., Washington, D. C., May 16-17, 1927, etc. Octavo of 322 pages
- COMMENT CONSULATOR? By Léon Scheketer. Second Edition Octavo of 170 pages Paris, Gaston Doin et Cie, 1928 Paper, 15 francs
- Nouveau Traite de Medecine. By G. H. Roger, Fernand Widal and P. J. Teissier. Fasc. XVIII Pathologie du Système nerveux Semiologie générale Octavo of 812 pages, illustrated Paris, Masson et Cie, 1928. Cloth, 85 francs
- THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR. Prepared under the direction of Major General M W Ireland Volume IX, Communicable and Other Diseases By Lieut Col. Joseph F Siler, M.C. Quarto of 628 pages, illustrated. Washington, Government Printing Office, 1928
- Mental Disorders A Handbook for Students and Practitioners By Hubert J Norman, M.B., Ch.B. 12mo of 463 pages, illustrated. New York, William Wood and Company, 1928 Cloth, \$500
- THE COMMON DISEASES OF THE SKIN A Handbook for Students and Medical Practitioners By R. Cranston Low, M D 12mo of 223 pages, with 68 illustrations New York, William Wood and Company, 1927 Cloth, \$6.00

OUR NEIGHBORS



THE OHIO ANNUAL MEETING

It is always interesting to note the opinions of the editors of State Journals regarding the annual meetings of the State Medical Socie-The first article of the June issue of the Ohio State Medical Journal says

"This meeting not only marked the 82nd annual gathering of physicians to the scientific assembly of the State Association but the twenty-fifth anniversary of the present form of organization—the establishment of councilor districts and the creation of a council as the governing body during the interim between

annual meetings

"A substantial average in attendance was maintained at this year's meetings, the registration exceeding eleven hundred, somewhat larger than any previous meeting of the Association in Cincinnati The attendance undoubtedly would have been even greater if it had not been for conflict in dates with several special scientific societies which were meeting at The rather the same time in Washington prevalent epidemic of mild influenza and other respiratory diseases also militated against a

still greater attendance

"The scholarly and masterful annual address of the retiring president, Dr L L Bigelow, of Columbus, published in full in this issue of The Journal, was a suitable final official act of this term as the leader of the medical organization in Ohio Under his leadership and during his term as president, he gave unstintingly, faithfully and ably of his time and talents to the service of the profession and Dr Bigelow's presimedical organization dency is now recorded and will be remembered as a year prominent for the clarification of issues, pronouncement of policies, solution of problems, and accomplishment of ob-1ectives

"The Annual Meeting in like measure brought to fruition the auspicious factors of harmony, co-operation and leadership, evidenced in the inauguration of Dr Charles W Stone, of Cleveland, as president for the ensuing year All signs point to a most successful year under President Stone, whose long and splendid service in various important positions in medical organization, fit him eminently for leadership His practical and inspiring inaugural address is published in this issue of The Journal

"The proceedings of the House of Delegates, elsewhere in this issue, graphically portray the effectiveness of harmony and constructive ac-

Faithful service by many committeemen, delegates and members contribute to that official record of organization achievement

"Cincinnati colleagues cordially extended hospitality to the visiting members and added much to the success of the meeting The local committees on arrangements were tireless and effective, and their thoroughness was apparent in the many well-arranged details so necessary to the satisfactory conduct of a convention of such extent and importance

"Withal the 82nd annual meeting was a pleasant and profitable occasion long to be remembered with pride by all those who contributed to its success by their participation

and attendance

"During the annual meeting in Cincinnati, the Cincinnati Enquirer, in its leading editorial on Wednesday morning, May 2, under the heading of 'The Healers' had the following complimentary comment to the State Association and its annual meeting

"The Ohio State Medical Association is the guest of the city this week The association would be very welcome for a much longer period than three days-men of science accomplish much in a brief space of time, and the

doctors are no exception to the rule

"'The world has erected many memorials and monuments honoring its nominated great, but it is to be doubted that any among them were more greatly deserving of this distinction, and the deep gratitude of the race, than the men who, representatively, have followed and served in the path pioneered by Galen and the early seekers into the mysteries of physical

"The doctor, notwithstanding the trend toward specialization, maintains a closer relation to his patient than is possible with any People hold a faith in physician or surgeon that is akin to the kind which is said to be able to move mountains And the real medical man lives up to the ideals and demands of that faith to the limit of his abilities and

resources

"'The medical association distinguishes whatever city may be selected for convention purposes, and it should not be too much to say that the city of Cincinnati, from the medical viewpoint, offers opportunities and distinctions not possible to be extended by many other communities, for Cincinnati is a veritable home of the medical science and of super-developed hospitalization Here are great schools (Continued on page 761-adv xiii)

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Maltine Ferrated		Maltine with Cod Liver Oil	
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tional units may be
added so that one lump
will radiate the adjac
ent sides of two tables





(Continued from bage 758)

and technical libraries and specialists of world-wide fame, here have been developed principles of sanitation and surgery which have made the city a real Mecca to tireless questers after truth who fare to its schools and hospitals from every quarter of the globe. And the men of the Ohio association are not the least among those who come to visit the Aesculapian alters of the city's notable temples of science."

Regarding attendance, Ohio far and away excels New York The figures given on page 474 of the June issue of the Ohio Journal are

as follows

"A substantial average in registration was maintained at the Cincinnati annual meeting. The registration for this year was 1112 and for 1922, the last annual meeting held in Cincinnati, it was 1100. By years, the registration figures since 1920 follow 1920 at Toledo, 1062, 1921 at Columbus, 1303, 1922 at Cincinnati, 1100, 1923 at Dayton, 1414, 1924 at Cleveland, 1603, 1925 at Columbus, 1689, 1926 at Toledo, 1125, 1927 at Columbus, 1705, 1928 at Cincinnati, 1102

DR. JOHN HUNTER

The May issue of the Journal of the Michigan State Medical Society contains the following editorial on the character and work of Dr John Hunter—

This year, the fourteenth of February to be exact, marks the 200th anniversary of the birth of John Hunter Anniversaries of the birth or death of the great and near-great afford an opportunity to recall their work, which is always an advantage, for as someone has aptly said, "Destiny reserves for all repose enough" It is to be hoped that those of our readers who go to London will visit the Hunterian Museum of anatomy, one of the finest of its kind in the world Hunter supplied the nucleus of this most orderly exhibit in his collection of 13,000 specimens duly described and catalogued His capacity for work was sincerely appalling His dissections included not only human subjects, but animals as well so that the collection affords a splendid opportunity for the study of comparative anatomy He dissected and described over 500 species of animals His sleep requirements were apparently satisfied by only four or five hours, the remainder of the time was given over to his favorite work, to which he devoted almost his entire income He would have died in poverty had not the British government purchased his museum for 15,-000 pounds

(Continued on page 762-adv xiv)

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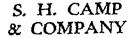
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(Continued from page 761-adv xiii)

John Hunter was in a real sense a self made anatomist and surgeon. He owed little to any formal education he had ever received, and in this respect he resembled that famous Scotch physician, Sir James MacKenzie, who was anything but precocious during his earlier years. The Hunters were Scotch on both sides of the house. His love for anatomy began at the age of twenty when he went to London to help his older brother, William, a refined and cultured gentleman, with his dissections. John's studies included particularly investigation of the lymphatic system, the veins and the placental circulation, also the nasal and olfactory nerves.

As teacher John Hunter had some unfortunate shortcomings, a diffident manner, and a bad delivery and an uncontrollable temper He was subject to angina pectoris during his latter years and he was wont to say that he was completely at the mercy of anyone who chose to make him angry He was connected with St George's Hospital as medical teacher but could not get along amicably with his A conflict with one of them brought on an anginal attack which resulted in He was a his death on October 16, 1793 scornful Ishmaelite among his professional as-He took house pupils who were bound to him for five years at 500 guineas One of his pupils was Jenner for whom Hunter formed a strong attachment

With the advent of John Hunter, says Garrison, surgery ceased to be regarded as a mere technical mode of treatment and began to take its place as a branch of scientific medicine firmly grounded upon physiology and pathol-He was the founder of experimental and surgical pathology He made important studies on the repair of tendons using as an example a ruptured tendo achilles sustained by himself in Among his studies on surgical an accident pathology we have shock, phlebitis, pyemia, inflammation and surgical diseases of the vascular system Greater enthusiasm hath no man than this, having accidentally inoculated himself with syphilis, he delayed treatment that he might study the course of the disease on He described the hard chancre, and hımself differentiated the Hunterian chancre from the chancroid ulcer, but strange to say confused syphilis and gonorrhea His defective education served to protect him from the aberrations of many of his predecessors whom he His lack of historical perhad never read spective however, caused him to come to many wrong conclusions Yet he has been classed with Pare and Lister in the trio of the greatest surgeons of the time"

DUES IN STATE SOCIETIES

The May issue of the Journal of the Maine Medical Association contains the following list of dues in the several State Medical Societies

Duce

Total Rec'd

Secrety

Society	Dues	Total Rec'd
District of Columbia	\$20 00	\$11,000 00
Arizona	15 00	3,000 00
Minnesota	15 00	30,000 00
California	10 00	43,000 00
Florida	10 00	10,000 00
New York	10 00	111,000 00
Michigan	10 00	30,000 00
New Jersey	10 00	23,000 00
Rhode Island	10 00	4,000 00
Texas	10 00	36,000 00
Vermont .	10 00	3,700 00
West Virginia	10 00	11,000 00
Wisconsin	10 00	20,000 00
Illinois	8 00	58,000 00
Missouri	8 00	26,000 00
Nebraska	8 00	3,000 00
Massachusetts	8 00	35,000 00
Indiana	<i>7</i> 00	19,000 00
Nevada	7 00	600 00
Idaho	6 00	1,000 00
Colorado	5 00	6,000 00
Delaware	5 00	800 00
Georgia	5 00	8,000 00
Kansas	5 00	8,000 00
Kentucky	5 00	10,000 00
Montana	5 00	2,000 00
New Mexico	5 00	1,000 00
North Dakota	5 00	2,000 00
Oh ₁₀	5 00	26,000 00
Pennsylvania	5 00	38,000 00
South Dakota	5 00	2,000 00
Utah	5 00	2,000 00
Virginia	5 00	9,000 00
Washington	5 00	6,000 00
Connecticut	4 00	5,000 00
Louisiana	4 00	5,000 00
Maine	4 00	3,000 00
New Hampshire Oklahoma	4 00	2,000 00
Tennessee	4 00	7,000 00
Alabama	400	6,000 00
Arkansas	3 00 3 00	5,000 00
Mississippi	300	4,000 00
North Carolina	300	3,000 00 5,000 00
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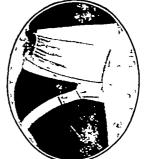
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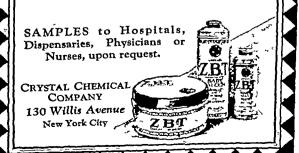
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THE CANCER PROBLEM

Medical Societies are conducting campaigns for educating the public regarding cancer. They are also educating physicians regarding the proper course to take when cancer is suspected. The June issue of Colorado Medicine contains a brief article on teaching suggestions in the cancer problem from which the following extracts are taken.

"The long-standing tumor in the breast that has without apparent provocation changed in character, with adherent or ulcerated skin, with retracted nipple, with distinctly enlarged or palpable axillary glands and moderate cachexia, is undoubtedly malignant. This is the fully developed lesion (not early) all too frequently presented by the patient to the surgeon He recognizes the dubious prognosis even with a most radical removal. The physician, true to his teaching, has watched and waited until an exact diagnosis could be made This watchful waiting principle should be changed to one of aggression, attacking and removing the lesion before a positive picture of even early malig-We should nancy has a chance to develop operate not to remove cancer but to prevent its possibility

"The medical student of today should be forcefully impressed with the fact that every tumor, cyst or nodule in the breast is poten-Every such lesion is pritially malignant marily surgical though not necessarily immediately operative. Such lesions are abnormal in character, are prone to irritation, and irritation frequently repeated is commonly accompanied by or leads to changes that sooner or later become malignant within the lesion itself or in the immediately surrounding tissues It is not advisable to wait for such changes Waiting can only increase before operating the hazard to the patient and the magnitude of the operation

"Early cancer cannot by any method which we now possess be diagnosed with even a slight degree of certainty The teaching should be to remove all such lesions before they present characteristics of certain malignancy. The maximum results will be attained when we no longer see fully developed cancers

"If we continue to teach the diagnostic features of positive malignancy our students will wait until these signs are present before acting. Watching for the transition from a benign or doubtful lesion to that of a positive malignant one is wrong. We compromise the chances of curing the patient by this very certainty. It were far better to be less considerate of our diagnostic acumen and more considerate of the patient's welfare.

RABIES PROPHYLAXIS

Dr M J Rosenan has an article on the treatment of dog bites and the prevention of rabies in the May 31st issue of the New England Journal of Medicine He says that strong nitric acid used to cauterize a bite is almost sure to prevent rabies

Regarding the injection of preventive doses of

attenuated virus Dr Rosenau says

"It is sometimes difficult to decide whether the prophylactic treatment should be given ment causes sufficient personal inconvenience, not to speak of the danger (however slight) of paralysis, to avoid advising it if unnecessary In many cases it is impossible to discover whether the dog that inflicted the bite is mad or not. The rule in cases of doubtful exposure is to advise the treat-

Persons who apply for treatment of dog bites fall into one of the seven following categories with reference to the Pasteur prophylactic or one of its modifications, such as the Semple method

1 The dog is mad In this case, begin treatment at once

2 The dog shows suggestive symptoms Give the treatment at once In communities having skilled laboratory facilities wait for diagnosis, provided this is done promptly

3 The dog is not mad Observe it carefully for ten days and if no symptoms develop there is no danger of rabies in the person bitten treatment is therefore unnecessary. The dog may nevertheless develop rabies after ten days, and if it has been bitten by another dog it should be kept in quarantine for six months

4 The dog is not identified. This is a common occurrence, especially with children The rule in such cases is to advise the prophylactic treatment, except in regions known to be free of rabies

5 Exposure to saliva Persons not infrequently apply for advice giving the following history They have not been bitten, but they have been licked on the hands and face by a dog that subsequently was discovered to have the disease Persons are sometimes similarly exposed by washing the mouth of a rabid horse. In these cases the important question is whether there were fissures or abrasions in the skin at the time There may be little wounds in the skin not evident to the It is possible to infect animals by rubbing the virus on the shaved skin The rule is therefore to advise the protection which the treatment affords in persons thus exposed

(Continued on page 766-adv xviii)

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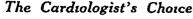
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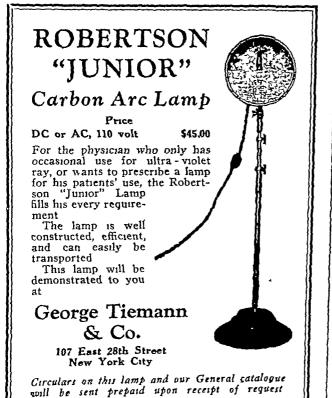
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(Continued from page 765-adv xvn)

6 In psychoneurotic patients with a distressing phobia of rabies, it may afford comfort to give mild course of treatment as much for its psychotherapeutic effect as for specific immunity

7 Fomites The question is often asked whether the disease may not be contracted from contact with virus in saliva upon floors, on play things and other objects. The situation arise with a rabid dog in the house, where children may be exposed in this indirect manner. While theo retically possible, the danger is small, in fact, I have never heard of a case contracted in any such way.

The virus is not infective by the mouth

THE WRONG SERUM

It is not often that the New England Journal of Medicine, the worthy successor of the Boston Medical and Surgical Journal, indulges in irony, but it was justified in doing so in regard to the flight of an aviator to Montreal in order to carry antipneumonia serum to Floyd Bennett The May issue says editorially

"The mind that conceived a tabloid press judged with accuracy the type of mental pabulum most suited to the average intelligence. The public wants its meat well seasoned and its pudding smothered in sauce, perhaps to be abreast of the times one should say applesauce. The temperate account of an epochal advance in medical science leaves it cold, but it thrills to the broadcasting by radio of an appeal for a blood donor, and erects monuments to the dog that helped bring antitoxin to Nome

"Particularly objectionable to our mind is the cheap and vulgar desire for publicity which inspired the recent flight to Quebec with a pneumoma serum of exceedingly questionable value in the case for which it was intended We read with sorrow of Floyd Bennett's illness We knew him to be a skilled and intrepid aviator, deserving of sympathy in his sudden affliction, and of necessity doomed to a considerable degree of objectionable We knew that he was ill with pneumonia and that his fate was on the knees of the gods We heard with passing interest of the departure of a specialist from New York It was comparatively late in the course of the pneumonia that he must have arrived in Quebec, and both Quebec and Montreal and every city in Canada has physicians who are capable of directing the care of pneumonia patients, even to the use of the

"We began to sit up and take notice, however, when, on about the fourth or fifth day of the disease a frantic call was sent to New York for pneumonia serum. The machinery of the Guggenheim

(Continued on page 767-adv xir)

(Continued from page 766-adv xviii)

Foundation had been set in motion, and it engaged accurately, if noisily, with that of the Rockefeller Institute. The stage was set. Motorcycle police cleared the streets of New York for the precious fluid which was being rushed to the flying field where an aviator of international fame nervously paced the ground with motor tuned up and propellor turning, ready for the take off. The public was getting what it loved—serum and applesauce. The dramatic climax of the situation occurred in Quebec a few hours later. Nothing could have been more perfect from an artistic standpoint. It was the wrong serum

"Despite the great advances in aviation, it is not yet entirely a safe means of transportation. Every aviator takes his life in his hands when he flies. Lindbergh, entirely ignorant, we believe, of the gigantic hoax in which he was being made a dupe, was exploited, at the risk of his personal safety, for the purposes of publicity. The stage setting, however, was too perfect, even now the boomerang is returning, the more conservative newspapers are realizing that they and the public have

had one put over on them"

UNDULANT FEVER

Undulant or Malta fever is becoming prevalent throughout the United States

The June issue of the Nebraska State Medical Journal says editorially

"Cases of malta fever or undulant fever have been reported during the past winter from Iowa and at least one case is reported from Nebraska (See its Journal, May, 1928, p. 173) It is also called Mediterranean fever, having been first described from that region, Gibraltar fever, Neapolitan fever, Bruce's septicemia, goat fever, rock fever, etc. It is a fever of bacterial origin due to the Micrococcus melitensis, first isolated by Bruce in 1893

The fever is characterized by its long undulatory course, early arthritic symptoms,

sweats and increasing anemia

The goat is the natural host of the organism, but it is also found in ewes, cows, asses, horses and monkeys. The infected animals appear to suffer no inconvenience whatever from the presence of the germ. The disease is conveyed to man by goats and especially by their milk, for it is prevalent in exactly those regions where goat's milk is a common article of diet.

Its transmission to man is through the alimentary canal and is a true septicemia

The period of incubation is from ten to fourteen days. The onset is characterized by chills, malaise, cephalalgia, anorexia, muscular pains, insomnia and depression.

The fever which ranges from 103 to 105 degrees persists for about two weeks, then declines to normal by lysis in about two weeks, only to rise again after a few days. This proc
(Continued on page 768—adv xx)

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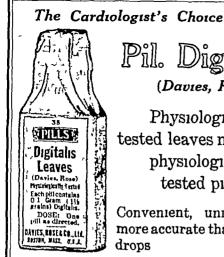
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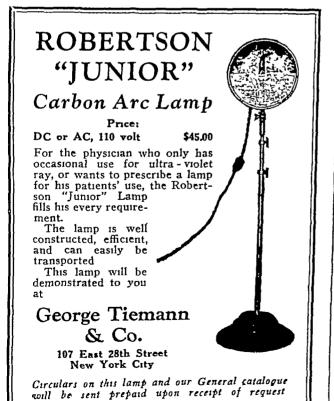
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(Continued on page 767-adv xir)

MALPRACTICE SUITS

The May issue of the Atlantic Medical Journal contains an editorial in which the editor quotes from a series of confessions of an ambulance chaser printed in the Philadelphia Evening Bulletin in which he states

"The family physician is exceedingly difficult to handle in the upbuilding of a case, for he invariably insists upon sticking to cold facts as he sees them, whether he helps or harms the case It is very awkward, I assure you, when the bought-andpaid-for opinions of a specialist are ready to soar to the higher altitudes of pure speculation, to have the family physician complacently testify that the patient has entirely recovered from the effects of the injury The trouble isn't so much that these family physicians subscribe to the ethics of their professions, as it is that they will persist in living up to them I don't know that anything can be done about it, but the 'big boys' in the racket look with some concern on their attıtude

"The second classification, the specialist, requires less comment He will swear either way to a given situation, depending upon who retains his services, and guarantee a satisfactory job, provided he feels sure of his check

"The last group, the whathave-you crowd, are our own people, the shock troops of the medical profession, the up-andat-'em boys who don't mind in the least the smell of the racket Perhaps I should confess to a feeling of sentimental comradeship toward these allies, and perhaps I would, were it not for the fact that it is a purely business relation in which nobody trusts

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comes the melancholy task of paying off A part of the recovery, never more than half, and sometimes less, goes to the star of the cast, the victim He may feel a little disappointment, but at least he now can discard his crutches and bandages and go back to the daily grind firm then takes a modest cut of perhaps 40 per cent for its mental anguish, the remainder being distributed among the small army of helpers who labored so faithfully to work the gravy boat into a snug harbor'

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The London letter printed in the May issue of the Journal of the American Medical Association contains the following account of the effects of ultraviolet light on the animals of the Zoo

"The attempts of the directors of the London Zoological Gardens to supply a substitute for the meager dole of sunlight of the London winters have now been practiced long enough to justify conclusions Wherever ordinary window glass has been replaced by vitaglass the health of the animals, whether large carnivores, monkeys or reptiles, has improved On the other hand, the use of incandescent globes of fused quartz, from which much was expected, is found to require extreme care and to belong to therapeutics rather than to hygiene The slightest over-exposure of reptiles appears to be injurious A young elephant treated for rickets showed severe injury to the skin from exposure which would have been regarded as harmless for human But in the cloudy days and long nights of an English winter and in dull weather at other times when the ultra-violet rays are filtered out of sunlight, an extraneous source is necessary This is suppled sufficiently by ordinary electric lights if they are really powerful"



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"The affairs of the Kentucky State Medica Association are your business. Unless you dues have been paid to your county secretar this is the last issue of the Journal which wi reach you until they are paid. It is difficult to understand why it is necessary to say this each year to doctors who are members of all sort of fraternal organizations, who carry insurfance policies, who pay taxes and who know that the law requires corporations to conduct themselves so they are able to make definite reports of income along business lines.

"Thoroughly conversant with the management of other State Medical associations we know that ours is conducted on an effective No other association gets the same amount of service for as little cost. The publication of the Journal alone costs more than each member pays Of course, our advertisers make up the difference Last year our Medico-Legal affairs cost half of the income from the membership We trust this was an unusual year but we feel sure that the members who received the benefits from the excellent work of the Medico-Legal Committee are not disposed to be critical of this splen-Suits have been brought against did work some of the very best men in the State Practically every one of them has been entirely without justification, but the defense of a malpractice suit, however unjust to an individual, rarely costs him less than \$1,000, while the Association, through the splendid management of Mr Forcht, has managed these cases for an average of a fourth of this amount. It is a curious commentary on our court system that the cases which have been decided adversely have been among the least meritorious, as a matter of fact

"The profession needs to maintain its organization on a highly effective basis now as never before—It needs the really thoughtful consideration of all of its members in helping to solve the tremendous problems that con-

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THE AFTERMATH OF HEAD INJURIES*

By JOHN L ECKEL, MD, BUFFALO, NY

HE subject of this discussion is one very frequently met with by all physicians and surgeons coming in contact with conditions alleged to result from trauma to the head

With the constant endeavor for more efficiency and greater speed, not only in the industries but in civil life as well, and with the ever increasing means for greater speed in transit, it is not strange that we should frequently meet with trauma of all types perience and statistics seem to indicate that about fifteen percent of injuries in which compensation is applied for are to some portion of the nervous system, and that a fair proportion of these claim some head injury possible causal relationship between the trauma and the development of organic and so-called functional nervous disease is a difficult one, but one of great importance and one in which most physicians are frequently called upon to express an opinion The importance of this can best be grasped when we but look through our court calendars and see the tremendous number of cases of alleged nervous injury resulting in litigation The amount of money paid annually in compensation and in litigation in these cases is enormous, and the sad part is that the number of litigants is constantly increasing Apparently no case is too trivial for a certain class of legal men to accept as a form of speculation and to proceed to capitalize the infirmities of the individual is very impressive at times to quietly observe the ingenuity with which some of these smaller cases are developed into huge ones

Another very important factor in the ever increasing number of these cases is the great variety of opinion and not infrequently the conflict of opinion in medical evidence. This is in part due to the fact that medicine is not yet wholly an exact science, and as a result differences of opinion and of interpretation may ensue. However, there should be no difference

of opinion where observed facts are in question. The absence of definite authoritative medical pronouncements in the matter of trauma is regretted and is another reason for apparent conflict of opinion. We medical men have not as vet a definite and fixed doctrine or compendium that will always assist a medical witness in this type of case. Not until a commission of accepted experts give such a compendium for guidance, can we wholly escape some variation in opinions when the facts in the case are not clear cut.

In the consideration of these late cases following head injury we get a variety of histories as to the nature of the original injury In some there was a fracture at the base of the skull In others a fracture of some portion of the vault, either linear or depressed, or there may have been a severe concussion or contusion of the brain, with or without unconsciousness The patient may have observed but little at the time, but suffered headaches, fatigue, dizziness, etc., later Some may have shown various types of palsies or interference with the special senses. Among those who survive the acute period following head injuries, either as a result of good surgical care. or that plus a good constitution, we find after several weeks or months that a certain proportion of these cases have not made a complete recovery. Some still show evidence of organic defect, others various types of mental or convulsive states, and others in which there appears to be only a functional nervous disturbance We shall take up these various end results and endeavor to determine if there is a causal relationship between the trauma in question and the complaints of the patient.

TRAUMA IN ITS RELATION TO ORGANIC NERVOUS DISEASE

Epilepsy—One of the commonest fears expressed following head injury is that the individual may some day develop convulsions. Many physicians believe that most cases of epilepsy result from some previous injury. If this were true very few of us would have escaped that dread condition.

^{*}Read before a Joint Meeting of the New York State Society of Industrial Medicine and the Sections on Industrial Medicine and Public Health Hygiene and Sanitation of The Medical Society of the State of New York, Niagara Falls, N Y, May 10 11 12 1927

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page xvi -Adv

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maintain this position. However, there are those who maintain that trauma aggravates the luctic condition or causes it to "light up." In New York State there is rarely any difficulty in getting compensation under any of the above conditions if it can be shown at all that the disease has been influenced or aggravated in any respect as a result of a trauma.

Many have written and spoken on this question and there are many points both for and against the influence of trauma. Granted a case of central nervous system syphilis in a quiescent state, does a trauma cause the spirochete to become activated and produce a morbid lesion, accompanied by symptoms? This is difficult to answer accurately because we know and can recall many personal cases where paretic symptoms developed suddenly without trauma as a factor. On the contrary, there are some fairly convincing cases in the literature wherein a trauma seems to have caused the sudden "lighting up" or aggravation of the symptoms

I believe, however, that when a relationship apparently exists it should be limited as to time and that any symptoms of aggravation beginning later than a few days following the injury, should not be attributed to the injury

The same statements as have been made for paresis apply likewise to tabes and cerebral syphilis

Multiple Sclerosis — This entity has come into my experience a number of times in compensation cases and I wish to deal with it but briefly The absolute cause of this disease is not known However, all evidence apparently is to the effect that it is an infection, hence there is little likelihood that there is any causal relationship between it and trauma. Again the war experience helps us out. Out of a very large series of injuries in the British army, only six cases of multiple sclerosis were found. Nearly every one of these had a definite injury to the nervous system and it was not certain that symptoms had not existed before the injury That there is a possibility of a trauma "lighting up" a latent process cannot be absolutely denied. In most cases if an accurate history can be obtained it will be found that some of the symptoms preexisted the injury

Delayed Traumatic Apoplexy—Oppenheim and the German school were first to emphasize this rather rare condition. It has even been used to explain attacks of apoplexy coming on many weeks after some type of head injury. After careful study of this condition by many workers, it is agreed that true delayed traumatic apoplexy shows some symptoms shortly after the injury, which increase to the appearance of the actual stroke, and that the apoplectic attack must appear in a very few days, no longer than ten days after

the injury Therefore, in all such alleged cases one should be careful again to obtain an accurate history of the symptoms, and in their absence discard the diagnosis of delayed apoplery

Parkinsonian Syndrome —Since the advent of encephalitis some years ago, this syndrome is not infrequently a problem to wrestle with as resulting from trauma. It has occurred several times in my experience and in each case after very careful search from a variety of sources it was established that the individuals had had encephalitis before the injury and that some of the symptoms were present before the injury occurred.

Hail (3) reports two cases, one of which had the element of compensation in it, while the other had not. In each instance a wound had occurred which was followed by infection and shortly afterwards early symptoms of the Parkinsonian syndrome set in which increased There was doubt of a prior infection in one case and in the other it seemed fairly clear, so that Hall believes it is possible in some cases to get a Parkinsonian syndrome from a trauma

When one considers the diffuse pathology of this condition, it is rather difficult to agree with him that it may cause the condition

Other Traumatic Nervous Diseases—In such conditions as syringomyelia, progressive muscular atrophy, ascending neuritis, etc., they rarely occur where the question of trauma enters, but it may be said that it would be difficult to establish how an injury could produce them. We look upon these conditions today as probable examples of progressive neural degeneration or an abiotrophy, and as the great proportion of these occur independently of any injury, it would seem that some chemical or biochemical factors, rather than a traumatic one, should be sought in explanation

Traumatic Meningitis—This condition may follow a fracture of the skull and when so it may occur several days, or even weeks, and occasionally months after the injury—It is not common

Occupational Diseases —While these conditions do not definitely belong to the traumatic group, still, cases of lead, arsenic and monoxide gas poisoning are common and should be mentioned. There is usually no dispute as to cause and effect.

Arterio Sclerosis — Following a blow on the head many of these individuals rapidly show symptoms of deterioration and become demented. The blow in these cases is not the cause but can only be interpreted as aggravating a pre-existent condition. This type of case is always open to honest debate.

Electric Currents —Usually, if they are severe they result in death. The result in electric currents depends on the voltage and resistance in ohms, the amount of contact, duration of contact

Until the great war, criteria on this subject Now there are available was not convincing reliable statistics of several countries in reference to convulsive states and head injuries furner carefully went over eighteen thousand cases of gun shot and other types of wounds of the head occurring in the great war, and found that after a period of between five to eight years had elapsed some eight hundred, or approximately five percent, had developed convulsive seizures Figures compiled after the Franco-Prussian war, which occurred nearly sixty years ago, gave approximately the same percentage Other observers from other countries have reported between five and six per cent of epileptic cases following head injuries sustained in the war. It will thus be seen that about five out of every one hundred cases of severe head injury ever develop a convulsive The injuries were of all kinds, including fracture, lacerations of brain tissue, palsies, etc, both in those developing convulsive seizures and those that did not

The question immediately arises, why have not the other ninety-five percent developed convulsions? S A K. Wilson, (1) Turner and others state that there is something more than local tissue alteration requisite for the production of traumatic epilepsy, and they feel that the determining factor is an hereditary constitutional predisposition to nervous instability and epilepsy In support of this claim Gordon (2) obtained a history of neuropathic predispositions in seventy-five percent of his cases of traumatic epilepsy which had resulted from war injuries to the head. It would appear that an hereditary tendency in preexistent neuropathic constitutions is necessary before a brain injury will bring about the convulsive state There seems to be abundant evidence that the predisposition is more important than the injury itself, and it is doubtful if epilepsy ever occurs following head injury except where this predisposition exists

Brain Timor—Before one considers a causal connection in this condition it must be definitely established that there were no symptoms of this condition before the injury, that there has been no other factor such as lues, tuberculosis, etc, that the head must have been actually injured, and that the symptoms of brain tumor must have begun shortly after the head injury and continued to increase in severity, and later be confirmed by operation or necropsy. If one will analyze alleged tumor cases with these conditions in mind, he will have difficulty in proving that tumor results from injury, with the possible exception of osteoma or sarcoma of the bone at the site of the injury

Following the great war we have no conclusive cases as yet established in the literature of any country There are a few in the literature which would seem to show a connection, but they do not fully comply with all the above conditions How easily one might be misled is shown by the following personal experience

H SA salesman, aged 36 Whilst driving his car, met with a collision wherein he bruised the left fronto-temporal region of his head He was not confused after the injury The next day he drove his car to his home, some fifty miles away, and later complained of slight headache, which he located in the vicinity of the bruise He was not busy, so remained at home during the next three and one-half weeks, during which he complained somewhat of headache, was somewhat listless and dull, but in general was cheerful On the twenty-seventh day following the injury he suddenly became confused and within a few hours went into semi-stupor and to bed This condition continued, without temperature, for about a week

I saw him in consultation at the end of this time and the stupor was fairly deep but he could be aroused for a few moments only and then would sink back again. At this time his pulse was 64 per minute. The eyegrounds were normal All cramal nerves were normal There were no palsies He was removed to the hospital and an X-ray was taken of the head, which showed no fracture, but the plates demonstrated a darkened shadow in the left frontoparietal area near the site of the location of the original bruise This shadow, plus his slow pulse and his stuporous state, plus the increase of spinal fluid pressure, made us decide to do a decompression, left side Upon opening the dura the brain did not pulsate but shortly after it suddenly bulged and the cortex split and a darkened mass made its appearance, which looked like an old hem-This was removed as best we could and sent to the laboratory for examination It was reported as tumor material, but the type could not be made out The patient did not improve following the operation but died within four days

An autopsy was secured of the head only, which revealed over a dozen similar tumor masses scattered through the cortex of the brain, and one or more of them was found in every lobe, both sides A careful microscopic analysis showed them to be melonoma. These tumors varied in size from 1 to 3 cm in diameter. Instead of the injury being the cause of the tumor in this case, one could well argue that the number of tumors was contributary in the production of the collision.

General Paresis, Tabes and Cerebral Syphilis—When one reads the older text books he observes it frequently stated that trauma causes paresis and tabes—Since the discovery of the spirochete I do not see how one can longer

as one of "Head Wound Syndrome" The symptoms of the condition are headache and dizziness, then irritability, apathy, emotional instability, fatigueability, poor memory and noises in the ears Later these cases may develop tremors or a vasomotor flushing and palpitation, grotesque types of gait, numbness of various parts, paresthesias, stammering, etc Some may develop palsies of limbs or hemian-A few develop loss of function of one or more of the special senses Others show gross psychotic symptoms There appears in most of these cases to be an inverse relationship between the severity of the symptoms and Severe brain injury cases rarely the injury develop any functional nervous symptoms Their minds are content with what they have

Physically we find no definite organic signs The tendon in the central nervous system jerks may be very active, there may be flushing of the face and hands, there may be slight tremor of the fingers and some acceleration of the pulse, some have horrible dreams and There are those who believe we nightmares should not recognize such a condition or entity as traumatic neurosis, but regard the whole set of symptoms as hysteria However, when we take careful histories in these cases we find that in all or nearly all there has been existing a neurotic make-up, and thus there is some relation between the trauma and symptoms, but if we observe our court calendars and follow the cases both before and after their consummation, particularly those in which there has been financial gain from the injury, we will soon be convinced that finance colors the whole picture in spite of any previous existent nervous tendencies

Wilson¹ reviews the histories of three large railroad accidents in England wherein approximately fifty percent of the passengers sued for "shock" and neurasthenia without any physical injury. This would tend to prove the influence of the hope of compensation in these cases.

In the industries the question is a bit different from the injuries wherein litigation is started, for many of these individuals make use, either consciously or unconsciously, of the accident to get away from the difficulty of work and responsibility and other troubles and settle back like the idle rich and live on the income compensation affords He may find fault with the small amount of compensation paid, but the unconscious gain and satisfaction he attains by being free from drudgery will more than outweigh his loss when estimated in dollars and cents In other words, most men do not like their work and the injury offers an avenue of escape from toil in which they rarely have an objective beyond personal freedom

In nearly all cases of injury, intense fear accompanies it, but soon this emotion ceases to be associated directly with the accident, but

becomes attached to other psychic processes which may be in some relation to the original excitant of the fear and in which the patient may not wholly recognize in its relation Nevertheless this emotional influence, plus other fears and suggestions, plus litigation and the wish for actual gain from the injury, the not infrequent bad advice from physicians and lawyers, seem to be the chief factors in the early development of the so-called functional traumatic neuroses, and also serve with factors already mentioned to keep them up

Bonhoeffer⁶ states that fright is always associated with these lesser head injuries and with it there is a certain degree of vasomotor disturbance, which is short in duration unless there is the wish to draw advantage from its presence. He says it is a mistake to call traumatic hysteria a disease, it is only a psychologic reaction which occurs with wishes for gain from a circumstance, and disappears when the wish is gained or is given up. As illustration he claims that in the German prison camps during the war there were no cases of shell-shock or neurosis, because these men knew they were away from danger, hence there was no fear and no reason for further wish

In general it may be said that the lighter these head injuries are, the greater the likelihood of developing symptoms of nervousness, -and some of the worst cases result from fear alone, without any real head injury having occurred Another interesting point bearing on the peculiar type of psychologic reactions most of these cases present, is that we rarely meet with any of these complaints from men or women who hold a good position in life, who have a real duty to perform, and who desire to do their bit well. They pull themselves together after the injury, go over the situation, are thankful they escaped death, and go back to work, casting the fear aside as rapidly as circumstances permit. They have no time for litigation

AIDS IN DIAGNOSIS

In attempting to solve these knotty problems as to just what type of case one is dealing with, it is imperative that one should be in possession of all the facts pertaining to the original injury, its extent, and the presence of any organic signs in the nervous system, howeverfew or small they may have been, again, the results of X-ray examination and any laboratory or other findings of value These points are of particular importance because most people entering into any form of litigation of compensation are suggestible, and frequently the trauma offers an escape from difficulties many are prone to exaggerate and falsify their memories, especially if such information might be of advantage to their claim. Many of these cases have also been badly advised early, both

and its extent, and how much interference there was in the contact, whether the skin was dry or Direct currents are usually less dangerous than alternating ones Electrical currents may produce a variety of changes in the brain At times hemorrhages follow in various portions of the brain and changes occur in the ganglion cells When death occurs it is thought to be due to the sudden cessation of respiration or the heart beat, and in the absence of death we may get later signs of irritation, such as transient palsies, temperature or There is unusually an amnesia confusion present, particularly if the patient was unconscious for some time Occasionally optic atrophy follows The late symptoms of this condition are a definite deterioration, memory defects. irritability, fatigueability, depression, and they may show trophic and vasomotor disturbances Telephone operators and telegraphers frequently complain that they receive sudden shocks whilst in the line of duty, resulting in all sorts of complaints regarding the head or the special senses These are, in nearly all instances, hysterical in nature

Mental Diseases—It is a common statement that a marked relationship exists between trauma and mental disease However, since the war, wherein there were so many head injury cases and where all participating countries have kept such excellent record of the injured, the results would seem to indicate that there must be a change in our former belief Hadley (4) reviews the literature and then follows with a description of numerous cases occurring in his experience at the St. Elizabeth and Walter Reed Hospitals, and makes this definite statement "That trauma as a cause of any definite mental disease entity must be received with reservation" In all cases there is a strong prior psychotic or neurotic taint existent all cases where trauma is supposed to be the precipitating factor, he suggests the following terms be used

- 1 Post Traumatic Constitution
- 2 Post Traumatic Defect Condition
- 3 Post Traumatic Concussion Syndrome

He states there is no clinical entity which may be properly called a traumatic psychosis, but an alteration in personality occurs which may be described as a post traumatic constitution S A K. Wilson likewise believes, after a long war experience, that a single brain injury cannot precipitate a definite type or definite entity of mental disease. In other words, these men do not believe and cannot find evidence that these definite conditions like dementia praecox, manic depressive insanity, etc, ever occur as such following trauma

Concussion syndrome cases may show febrile reactions with delusions and may or may not have had a period of unconsciousness or clouding of the field of perception They usual-

ly are restless

The post traumatic constitution cases present irritability, headache, fatigue and display depression

The traumatic defect states all present some defect of the brain, dependent upon lacerations or some other lesion, and they present various symptoms of aphasia or secondary mental degeneration

In considering broadly a causal relationship between any of the organic nervous diseases and trauma, the time element is especially important. Definite organic signs of injury to the nervous system set in immediately or within a few hours, and it must never go beyond a week or ten days, except in the case of convulsions and mental symptoms which may appear much later

In the matter of so-called exaggeration of symptoms of an already existing disease it must not be forgotten that the disease may have been the cause of the accident instead of vice versa. At any rate, the time element is especially important, and my feeling is that if there is no exaggeration of pre-existing symptoms or no symptoms begun until after the third day from the injury, then it is unsafe to argue for a causal relationship between the trauma and the symptoms

Trauma of the Head in Its Relation to Functional Nervous Diseases

When we enter this phase of the discussion we tread immediately on difficult ground filled with conflicting problems These conditions are usually classed as traumatic neurasthenia, traumatic neuroses, traumatic hysterias, etc The usual history in this large group is that there has been some type of head injury, usually not severe, and it may or may not have been accompanied by a short period of unconscious-The average case does very well for a few days unless there was great fear associated with the accident, when a train of symptoms Usually the sympmay begin immediately toms appear after a few days or weeks, rarely The individual may appear to be making a complete recovery, and then for no apparent reason begin his long train of subjective complaints Nearly all this group develop these symptoms following industrial, automobile and railroad accidents, the so-called shell-shock of war, and explosions in civil life In nearly all this type of case there occurs some form of litigation or compensation, which makes one feel, though hesitatingly, that many of them desire to make financial gain out of their personal A few develop symptoms without troubles this factor, but that group is very small in comparison It is rather striking that most of these cases have nearly the same set of complaints, regardless of age, of nationality or degree of injury, although most of them occur with greater frequency in certain races

The similarity of the symptoms and complaints led Dana to designate andition about a large proportion of late symptoms in The settlement this group could be avoided should not only be early but should be as complete as possible In Denmark after a certain space of time elapses after injury, a board of physicians appointed by the State determines the extent of the injury, following which compensation is awarded and the case is closed The result is that over 90% of injured workmen return to work within two months How different here!

When you make a lump sum settlement in compensation cases the individual may invest his money or use it as he pleases Sooner or later his money gives out or he loses it. Then his symptoms slowly return, and again he frequently makes claim for more compensation Hence settlement does not end all compensa-If early settlement is impossible, all efforts at relieving the symptoms should be attempted, but we shall find that in very few do we get any relief so long as there is any type of compensation or litigation existent There is something about the psychology of that situation that blocks all efforts How different when cases are finally settled, especially in Supreme Court when the affair is definitely I have seen paralysis, anesthesia, blindness, deafness, etc, disappear in a very few weeks after a handsome financial result

However, not all recover in any system, so that we may say that traumatic neurosis has in general a somewhat guarded prognosis the evident hysterical types the prognosis is very good providing satisfactory settlement is

Formerly this treatment was called "Gold treatment made with bank notes"

In addition to attempted settlements, we, in

the meantime must employ rational treatment, such as suggestion, electricity, massages, heat, The patient must be encouraged to work Eventually it will be found that some of these will not be able to carry on the duties of their old positions, particularly when the duties thereof require their going above the ground When above the level they frequently complain of dizziness, and in such cases it is well not to urge them to go high When on the ground they do their work as well as ever Again, some have not the same endurance and energy as they had previously However, they have no other complaints and if not urged or forced too strenuously, they are well and get on satisfactorily in their work It will thus be seen that if care and attention are given to each case individually, that nearly every one can be returned, not only to work but to relatively complete health

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DISCUSSION MAX M PEET, MD, ANN ARBOR, MICH

l agree so thoroughly with Doctor Eckel that it is mainly a question of substantiating all of his remarks As a neural surgeon I see almost daily epileptic patients who are perfectly sure their epilepsy is due to some previous trauma. It seems to be an opinion which is very wide-spread among the medical profession, as well as among the laity It is the exceptional case, where generalized or so-called idiopathic epilepsy has a traumatic basis

On the other hand, Jacksonian epilepsy is rather frequently due to trauma or to brain tumor, and in these we do recommend operation

My usual reply to the various doctors who refer generalized epileptic patients who have had a questionable fall, is that we find no indication whatever that the patient's symptoms are due to trauma, that I think in many cases the reason the patient fell from the automobile, or from the wagon, or from the street car, was caused by his having an epileptic attack which had not previously been recognized

I do not quite agree on the production of brain tumor, endothelioma or meningeoma does definitely start from trauma in some cases Cushing summed it up something like this he had operated altogether too many cases, finding the tumor immediately beneath the area of known trauma to have it a coincidence I have had the same experience and I am interested to see how many of our boys that were injured in the world war eventually develop brain tumors The cases that we have had following trauma in a known location, i e, were exactly under the skull fracture, have all been greatly delayed, some have gone 12 or 15 years before the tumor made itself manifest.

by physicians and lawyers, so the situation is not always easy to clarify

It should be borne in mind that in this paper we are dealing only with such cases as give histories of some previous head injury, whether of a few weeks or years standing, and in which there still persist the nervous system involvement The injury may have been very severe or very mild In a certain proportion of the cases there will be evidence of definite brain or nerve injury manifested by some focal sign, demonstrable in the cranial nerves or meninges, the long tracts, or by a diffuse cerebral process In this group, where there is definite evidence of organic nervous system involvement, we may even have present the same group of complaints, usually associated with the so-called functional type

In some this syndrome may be pronounced and in others very mild, so the picture is often somewhat clouded which makes proper evaluation somewhat difficult. However, the essential point in cases with definite organic signs is to determine if it is one that can be relieved or helped by surgical or other means. This must be determined by careful neurological, and X-ray examination with other analyses as adjuvants

In the larger group comprising head injuries which were not fatal and which did not cause definite crushing or hemorrhage of the brain, and which in nearly every case presents part or all of the usual head wound syndrome of Dana then our problem is the greater, because there is as yet no sure or absolutely satisfactory explanation of the symptoms, and there is yet no absolutely sure information as to the prognosis Therein lies our difficulty

As already stated, the vast majority of these cases are under some form of compensation or litigation, and the psychology underlying that field goes far to give an explanation. Still it does not answer in all cases and one must be ever watchful for unobserved evidence of an organic lesion persisting. Considerable work and speculation exist in the literature in explanation of these cases. As yet no known hypothesis explains all

Sharpe' feels they should be examined from the standpoint of neurological findings, eyeground changes and spinal fluid pressure readings. When there are slight eyeground changes and some increase in spinal fluid pressure, he advises a subtemporal decompression, and when this is done he claims to have found changes in the meninges sufficient to explain the symptoms. He states there is thickening of the pia-arachnoid from the old, "wet brain" or a former meningeal hemorrhage, and in this way the spinal fluid is not being absorbed properly, hence the increased pressure producing headaches, dizziness, poor concentration, etc. The decompression affords drainage and

relief from the pressure, and then improvement in the patient follows

More recently O Cchwabs employs encephalography of the head after lumbar puncture and air injections, and finds in cases where physical brain injuries exist, the following

1st—Failure of the air to enter the lateral

ventricles,

2nd—Dilatation of both ventricles or displacement and dilatation of the ventricle on the injured side,

3rd—Abnormally large collection of air on the convexity of the brain, with ventricles filled

or unfilled

He also uses injections of phenolsulphonphthalien by the method of Dandy—Blackfan into the ventricles and observes how soon the dye appears in the spinal fluid, or the dye may be injected into the spinal fluid and the fluid later secured from the ventricles. In some cases the air passes and the dye does not. This he calls "particle ventricle closure"

His conclusions are that even slight head injuries, if produced by a blunt object, occasionally show signs of ventricular blocking, even in the absence of any organic neurological signs, and in the presence of the usual head wound syndrome. While it would be unwise or even impossible, if not dangerous, to apply one or both of these methods to most cases, still in persistent cases which are not clear as to diagnosis, one or both should be used

Thus we observe that the problem or differential diagnosis is truly a knotty one and as yet we cannot be certain in every case. Care ful examination neurologically, plus entering into any possible motives in non evident organic cases, will keep us in the right path in nearly every case.

PROGNOSIS AND TREATMENT

This can be dealt with from the standpoint of a case with organic injury, and then with lack of such signs. We cannot hope to modify to any great extent cases presenting organic signs, unless produced by some condition which we can relieve by surgical, or in some instances, by medicinal procedures. However, it must be borne in mind that in many of these serious head injuries, especially with boney defect, wherein there are nervous symptoms of a general nature, such as headache, dizziness, etc, that bone graft, smoothing the rough bone areas, or making any cosmetic improvement often tends to give marked relief from these distressing symptoms

When it comes to the group without organic signs, several means may be considered. The first consideration should be an early and careful examination of the case by a good physician, or if deemed best, a consultant as well, and the true nature of the condition explained to the patient and an effort made for a very early settlement. If this could be brought

thorough cardio-vascular estimation, can only then be given valuable interpretation

Precordial Pain—Varying, from indefinite twinges that occur at either frequent intervals, or, that may assume the agonizing cramp of angina has been so constant a finding that it must be mentioned first

As to its causation, so far as is known, there are no nerves of sensation in the heart muscle

Sherrington, McKenzie, Head and others, have demonstrated that a viscus though not possessed of nerves of sensibility may, when irritated, excite corresponding visceral segments of the spinal cord—and, that from such areas, centrifugal impulses are sent to the surface areas—which in the skin, give rise to abnormal reflexes or sensations usually felt, either as pain, or are elicitable as tenderness, tingling—coldness—or other trophic translation

Such areas, in the vast majority of patients with coronaritis, are in their order of frequency—

- 1 Chest
- 2 Precordium
- 3 Epigastrium
- 4 Shoulders
- 5 Arms
- 6 Interscapulum*

At times, for example, epigastric pain or gastric distress, is so severe as to bring the patient to his physician for some alleged dyspepsia or indigestion. And it is almost anomatic that over indulgence in food not only aggravates this gastric distress, but the precordial pain as well

Occasionally, pain or tenderness is not complained of—and the only suspicious point in the history is a narrative of some attacks of

dyspnoea—or of palpitation

Perhaps, merely a sense of substernal oppression constitutes the major complaint. Yet it is increasingly more constant with an evertion, whose limits are being more and more minimized.

A sense of malaise or of asthema is often complained of—and periods of rest-days are happily productive of a temporary cessation of such a distress. However, sooner or later, it returns again, encroaching more and more on the comfort and activity of the patient

Occasionally, the patient gives a fairly good account of what on examination proves to be extra-systoles or some other arrhythmic disturb-

ance

Auricular fibrillation may be found, and, I have seen patients change these rhythms in a capricious manner from extra systoles to auricular fibrillation—then to a normal rhythm

for some weeks or months, returning to the one or other arrhythmia from time to time

These rhythmic vagaries indicate some change in the myocardial structure, and must be interpreted as evidence of some incipient

myocardial damage

Necropsy findings bear out the possibility of the occurrence, without great disturbance to the patient, of definite sclerotic closures of the minor coronaries from time to time—and of myocardial scarring—with pericardial adhesion, etc. In these cases, where death subsequently occurred from coronary thrombosis or embolism, the picture seems so logical as it is followed step by step from one site of closure—in a minor vessel first—then finally to a vessel or vessels of the first order

Insomma—mability to sleep on the left side—casy cahaustibility—perhaps too, some of the ear marks of the cardio nephritic—or apoplectic type—or, on the other hand, the flabby, indolent obese, middle aged adult, all these, are to be taken as danger signals in the treatment and guidance of the patient

To be sure, our old time dread caution in, and strict supervision of, valvular heart disease patients, condemning them to the most rigid inactivity, has, to great extent been found groundless. But it is my hope and purpose to recall and emphasize such anxieties and precautions in the cases of coronary cardiopaths.

I believe that in many cases, with proper care — strict regime — judicious medication — these patients can be kept in moderate comfort and a fair degree of activity and furthermore, that the advancing process of coronary damage can be decidedly delayed!

Heart rest—which means recumbent body posture at some time during the active day, is the leading feature of benefit in the regime to be instituted

Next in importance, is a complete dietetic revision and, not so much as regards a strict apportionment of proteins, carbohydrates or fats, but rather a diminution of the amount of food taken at one meal

Exertion in any manner whatsoever is to be absolutely avoided! To tranquilize the energy of the heart—to minimize the foot poundage work of its daily labor—means a greater possibility of its vessels rehabilitating themselves Rest and healing are companions that work best together

Therefore, I condemn most vehemently, the practive of men of middle-age to indulge in the more strenuous games or athletics. Our problem with them is not to over-exert their vascular tree, but merely to gently stimulate it

Animal experimentation has been attempted by ligation or obliteration, either partial or complete, of one or both right or left coronary ressels since the last century, but the data of

^{*(}I have one patient whose reflex pain locus is in the chin at the symphsis)

CORONARY DISEASE

By A E RENNER, MD, NEW YORK, N Y

ORONARY Disease is a problem upon which cardiologists of today are focusing their major interests, yet, unfortunately, much that is studied, and still more what is presumed, cannot at the present, be accepted as final

The entire subject is so obscured by our limited methods of studying normal function, as well as cardiac pathology, that much remains conjectural and doubtful

Direct Diagnosis of all the phases of Coronary disease is not as yet absolutely possible despite the many occasions when coincident opinion is borne out at autopsy

The symptomatology of coronary pathology be it gross or minor, can be as diverse and disproportionate as any protean disease.

The circulation within the heart performs a most complex and diverse function Mechanically of course the major duty is

(a) Blood supply

(b) Blood drainage (interchange)

Perhaps because of its spheroid, or rather, ovoid shape the myocardial bulk in respect to its circulation is comparable to the "Circle of Willis"

The Coronary vessels, branches and trunks as well—must in a reciprocal and absolutely unobstructive lumen change, fill and empty themselves in a harmoniously timed, exact interval

While the myocardium is relaxed, coronary dilatation and filling must occur At the next instant, when systole occupies the cardiac cycle—these vessels must be ready to offer no delay or obstruction to the forceful contraction of the myocardial fibres

Furthermore, the mechanism also consists of a local bio-chemical change. There must occur unhindered, glycogenic restoration—katabolites or metabolites must be withdrawn from the myocardial protoplasm and, the pulmonary veins must suffuse the entire heart with their oxygenated blood. However, astounding and miraculous, as the power and endurance of the heart musculature may be it is always and ever at work, controlling its own circulation as well as that of the body

At one moment, it is stimulated to the utmost—at another it is relaxed to the degree of a mere tonicity (Refractory period)

It is my opinion, that chiefly in the heart, and secondarily, in the brain circulation, lie the inherent mechanical factors for the greatest amount of arterial strain. And that, in consequence of this strain, interpreted in terms of gradually, even though slowly, progressive arterial wear and tear—that sooner or later,

one or the other of these two arterial cycles, must succumb to an accident

Such causes of death for example as pneumonia — tuberculosis — toxemia — septicemia — bacterial infections, malignancy, etc.— I would classify as accidents that are introduced or imposed upon the human organism from without And I believe, were man to escape such exogenous invasions (infections) and be spared to his allotted three score and ten years —his usual cause of death would be dependent on some vessel pathology either in the heart or brain

In other words—if I may take the liberty of paraphrasing Dr James' definition of Life from "Life is the predicament preceding Death"—to—"Life is the process that produces arterio sclerosis," such would be my dictum

The coronary arteries sclerose, to the point of serious damage at times in surprisingly young adults—and at times, patients in their seventh decade and beyond, show not even the slightest sign of any serious coronaritis

On the other hand—a definite coronary thrombosis may occur. If in a large vessel, it is a fatal issue that ends life quickly or within a short time with concomitant symptoms of pulmonary oedema—uremia—cardiac rupture, etc., as the result of the myomalaceous change in the dependent (circulatorily) myocaridum (?) (Ziegler)

Gross and others cite interesting cases of major coronary vessel occlusion occurring without any symptomatology, and the individual remaining alive and active for years after such an episode (Gross Louis Blood Supply of the Heart—p 138, fig 31)

Coronary disease—slowly progressive and with few signs—such as is found in middle aged cardio-sclerotics—perhaps best typifies the group, with which it is the purpose of this paper to deal

And I have chosen this particular phase of coronary disease masmuch as I find that it constitutes the most tragic and yet the least suspected of all cardiopathies

Case histories are too numerous and evidence too common, so that I do not think it necessary to call attention to the frequent deaths that so suddenly and shockingly occur daily, in just such types as it is my plan to

Unfortunately, the symptoms in this group of cardiacs, are difficult to obtain and, only the closest scrutiny to historical data may elicit some complaint. These, when aligned, with a most careful physical examination, that must include orthodiagraphy—electro cardiography, as well as all the other routine of a

ingly important in establishing a diagnosis of ulcer even though symptoms are extremely suggestive, to bear in mind the reflex motor and sensory disturbances that the stomach will register. The reader has called attention to the frequency with which duodenal ulcer symptoms may appear in patients not having ulcer. The time of onset of symptoms, the character, radiation, frequency, genito-urinary disturbances, heart-burn, periodicity, etc., are of such importance that one does not hesitate in stating that the history is a most important factor in helping to arrive at a proper conclusion

The physical examination usually presents few findings that are of any assistance in the diagnosis. Its greatest importance lies in its negative aspect. Thorough physical examination is made to exclude such conditions as herma, tumor, lues, etc., which may be the actual or contributing factor responsible for the symptoms. The presence of an ulcer with atypical symptoms does not always mean an atypical patient. Not infrequently the presence of an ulcer in the stomach or in the duodenum may be associated with an inflammation of the appendix or gall bladder which may complicate the picture and produce atypical symptoms.

In the interpretation of the history and physical examination one should always bear in mind the constitution of the individual and the conditional factors which may play a prominent rôle in the symptomatology Infection, mechanical factors, the neurogenic system, and the vascular system, all play an important part, if not in the pathogenesis of ulcer, surely in the continuance of symptoms It becomes increasingly evident that the examiner in interpreting the findings after a history and physical examination should bear in mind that since the pathogenesis is so little understood the character and severity of the symptoms will vary greatly What one patient may describe as a severe pain another individual may call discomfort, and the evaluation of the results of treatment will depend in a great many cases upon the individual sensitiveness and reaction to daily life.

The X-ray is the most important aid in helping to establish the diagnosis of ulcer. A new flexible gastroscope which is being prepared by Dr. Collens and the reader, may prove to be of practical value in the examination of the stomach for the purposes of diagnosis as well as treatment. Not infrequently after all means of diagnosis have been exhausted and the clinical impression of ulcer still persists but cannot be confirmed by the Roentgen examination, the gastroscope may, beyond a shadow of doubt, establish a correct diagnosis

Gastric Ulcer—The X-ray diagnosis of gastric ulcer is divided into the direct and indirect signs. The niche is the one single direct sign of greatest importance in establishing the diagnosis. Held

and Gray speak of two forms of niche, one equivalent to pulsion diverticulum on the basis of simple ulcer which may justify medical treatment and another pulsion and traction diverticulum which necessitates surgical intervention Diverticulum of the stomach may occasionally stimulate a niche Of the indirect signs may be mentioned spastic indentation of the greater curvature, large air bag, increased peristalsis in the pars media, and serrations along the greater curvature. Schnitzler describes an erosion at the pyloric sphincter which may at times lead to hypertrophy and produce a mass simulating a tumor Microscopic examination alone may be the only means of arriving at a correct diagnosis. A large callous ulcer of the pylorus can at times be differentiated from a carcinoma because of the associated spasm and symptomatic relief after medical treatment in ulcer patients It is important to point out although the niche is seen along the lesser curvaure the ulcer really is present on the posterior wall a few millimeters beyond the lesser curvature If there is no involvement of the muscularus mucosa a niche may not be seen and the diagnosis of ulcer be missed

Duodenal Ulcer—Ulcer of the duodenum occurs most frequently in the first portion—Because of its anatomical position an ulcer here is more readily accessible to X-ray diagnosis than is that of the stomach—Fluoroscopic examination, the reader feels, is of greater importance in establishing the diagnosis of ulcer whether it be of the stomach or duodenum than is film study—During the fluoroscopic examination the barium meal as it enters and fills the stomach may reveal a lesion on the posterior wall or greater curvature which may be obscured when the stomach is filled and films are taken

The diagnosis of ulcer of the duodenum has been greatly advanced by L J Cole to whom belongs a great deal of credit for having drawn attention to serial radiography as the most important method in the diagnosis. As in uscer of the stomach, here too the X-ray manifestations may be divided into A—direct and B—indirect signs Under the direct signs are described the niche, Cole defect, diverticulum, or bulbous pouch formation Haudek, and more recently Akerlund, have shown the importance of the niche in the diagnosis of duodenal ulcer Deformities of the duodenum, giving the bulb the appearance of a branch of coral, the form of a clover leaf, etc, are all spoken of as Cole defects Among the indirect signs, Held and Gray classify them in order of importance as follows 1-Hyper Peristalsis-usually sets in early, is very active, and the contraction so deep that the stomach appears divided into several compartments The duration of each peristaltic contraction is much longer than the northese workers, notably Bezold—Erichsen—Rochefontaine—Rousseau, and others, leave much to be desired when comparisons with the human countertype are made

Samuelsen and Grunager report most interesting findings resulting from left coronary ligation in dogs. Yet, this excellent work cannot serve as a sufficient criterion in our studies on man.

Recently Pardee, using the electrocardiograph as a worthy adjunct to the precision of further study along these experimental lines in the human heart, and Oppenheimer and Schwartz as well—report a rather significant finding in some patients suffering with coronary damage. They have successively found a widening of the T wave just after the R complex, which seems to indicate a coincident myocardial disturbance in the form of an ischemia, with its resultant change in electric potential

Nevertheless, necropsy findings repeatedly show diffuse polyarterial sclerosis in the cardiac vasculature — reaching limits of even intimal destruction in medium sized coronary vessels, yet, no signs of myocardial damage have been found. Indeed it has retained its normal stability, and clearness (?) under the

strictest microscopic scrutiny

So again, our studies avail us nothing to the present day, beyond the fact that by exclusion there remains one constant, viz Coronary disease per se, just as cerebral sclerosis, is possible in its various stages, and, minor vessel damage (to the point even of thrombosis) may be unproductive of either symptoms or findings or any evidence, and, that without any warning, sudden death may ensue!

In consequence, it has been my custom to rigidly enforce all the necessary and stringent cardiopathic supervision, revision, and regime

of the daily life of this type of patient

Rest—diet—gradual reconditioning of the body weight to normal standards, then, as an improvement can be noted by the abatement of some of the symptoms, some form of graded evercise is advised. If possible, a tour of the German or Austrian baths or those of Southern France is recommended.

For medication—the type of patient is the guiding factor Pain must first be subdued and if possible, entirely vanquished Where no pain is complained of, it seems to me inadvisable to prescribe sedatives or antispasmotics

Whereas anginoid seizures are best controlled by Morphia alone—(which in these patients acts as a cardiac tonic)—for milder attacks of pain—luminal, phanoderm, sedobrol broth, etc, or any of the barbituricester group seem to be most effectual Occasionally, I have very successfully used mustard plaster stupes covering the entire chest and extending down the left arm in these attacks accompanied by extreme pain

Diathermy, autocondensation, hydrotherapy and balneotherapy, as also, massage, Swedish resistance movements, etc., mercury vaporlight, etc., are all adjuncts conducive to relaxation and rest, and merely that alone!

Potassium Iodide in any form deserves the same choice here as for arterio-sclerosis else-

where

Frequently, hypertension complicates the various manifestations of coronary disease

Often have I observed coronary spasm of great severity, accompanied by pulmonary odoema attack such individuals

Nitroglycerin morphin, dionin, cupping, phlebotomy, and sometimes ether inhalation, serve as rapid aids in these desperate straits

Repeatedly the question of tobacco as an inciting factor in the aggravation of coronaritis has been raised. In my opinion moderate smoking has no influence in the causation of these attacks nor in their frequency.

Coffee is a coronary dilator, and relaxes as well as stimulates the myocardial circulation

Digitalis, in long and continued small dosage gauged on a minum Hatcher cat unit scale to my mind, acts as a decided cardiac tonic agent

The question of surgical intervention, such as Section of the nervous sympatheticus or block anaesthesia, for those cases which suffer severe agony—(anginoid seizure), I have decided against, because of the high percentage of fatality that so soon occurs after operation

THE DIAGNOSIS AND TREATMENT OF GASTRO-DUODENAL ULCER* By IRVING GRAY, MD, FACP., BROOKLYN, N Y

THE methods of examination for the purpose of establishing the diagnosis of ulcer of the stomach and duodenum have become universally standardized. The considerations in the diagnosis are history and physical examination, X-ray examination, and laboratory studies.

*Read at the November, 1927, meeting of the Rockaway Medical Society, Far Rockaway, N Y The history is one of the most important aids in the evaluation of the diagnosis. Moynihan has described a cycle of symptoms associated with gastric ulcer—pain, comfort, food, pain, and a cycle associated with duodenal ulcer—pain, food, comfort, pain. The stomach is a very sympathetic organ and reflexly is affected by an intra abdominal disease. It therefore becomes exceed-

tention to the fallibility of the X-ray as a means of prognosticating results of medical treatment If improvement follows the period of bed rest which may last two to three weeks the individual returns to his work with strict instructions to continue the medical regime One of the most important considerations in the management of ulcer is the reaction of the individual to his daily duties. If the patient is comfortable and can continue his work, medical therapy is continued, but in the event that pain persists and the local gastric condition prevents the usual occupation, surgery is indicated. After a great deal of controversy it is generally accepted today that about 5 per cent of patients with gastric ulcer develop carcinoma on the basis of such an ulcer those patients who require prolonged medical treatment and who are compelled to have bedrest, it seems wiser to refer this type to the surgeon rather than run the risk of carcinomatous degeneration Furthermore the dangers of adhesions to the neighboring viscera in patients who have frequent complaints and who show upon X-ray examination an increasing deformity of the stomach call for early surgery before serious complications render surgical technique not only too difficult but too dangerous

Ulcer in the region of the cardia usually requires a more prolonged and intensive course of medical therapy than ulcer occurring elsewhere. Surgical difficulties with an operation at this site compel the physician to treat these patients for a prolonged period of time. If the patient does not respond to treatment after a reasonable length of time it seems wiser to take the risk of excising the ulcer rather than wait for complications which at times may even be beyond surgical help

Duodenal Ulcer-The individuals with duodenal ulcer present an entirely different problem than those with gastric ulcer Although both types of cases may present stigmata of disturbances in the vegetative nervous system yet it seems reasonably safe to advise against operation in patients who have simple duodenal ulcer whereas the continuance of symptoms in this type of patient who has gastric ulcer generally means surgical intervention Furthermore an individual with an ulcer of the duodenum will in the great majority of instances improve on medical therapy even while he is allowed to continue his work It is only after ambulatory treatment has failed that the patient is put to bed and a strict regime instituted It has been our experience that about 70 per cent of patients with uncomplicated duodenal ulcer will show definite and distinct improvement upon ambulatory treatment Tobacco smoking in

all forms should be strictly prohibited. Since it has been pointed out by Mayo and others that the economic factors are important considerations in the question of treatment we insist that the patient go back to work and continue his treatment as best he can before an operation is advised. Although surgery is done in a large number of individuals with duodenal ulcer who have recurrent and persistent symptoms, and who find that they are unable to carry on their duties, still we must remember that we have no criterion which will guide us in telling which patient after the operation will be well, and able to continue his These patients should be told that surgery is only one step in the treatment and care should be exercised even when they are free of symptoms after their operation

The X-ray examination, while it is an important aid in the diagnosis of ulcer, does not reveal changes which are in any way in proportion with the symptoms Stenosis of a duodenal ulcer can be recognized by the Roentgen examination, but care should be taken to exclude spasm of the pylorus which may be an associated and important factor The Roentgen Ray may show evidence of duodenal ulcer during the stage when the patient is free of all symptoms which resemble closely and perhaps all of the signs seen during the active stage. In some patients who have symptoms for years the X-rays may reveal little or no change in the deformity or contour of the duodenum and the same signs both in proportion and intensity may be seen This type of patient which forms for vears a good proportion of the duodenal ulcer patients may have temporary healing during the quiescent stage which may last months or years and then for some unknown reason develop an ulcer at the same site (locus resis-The Roentgen findings are tentia minorus) not always in proportion to the clinical symptoms

A progressing stenosing ulcer of the duodenum may also be classed in that group of cases which should be operated upon without putting the patient to a loss of time and money by prolonged medical treatment. The great problem which confronts both the internist and the surgeon is what patient should and should not be operated upon

At the Lahey clinic in Boston complete cooperation between the gastro-enterologist and the surgeon has brought about a plan of treatment which in their hands is well standardized and successful. The medical aspect follows the plan established by Sippy. After from three to four weeks rest in bed the patient is discharged and kept on a modified diet. Persistence of symptoms and evidences of an active ulcer are taken as the criteria for surgery

mal, and the intervals between contractions are much shorter, 2-Hyper-tonicity, 3-Dextro position of pylorus and duodenum, 4-Pyloric insufficiency, 5-Rapid emptying of the stomach during the early part of digestion and a small six hour residue in the stomach (paradoxical residue-Haudek), 6-Hyper Motility of the small intestines and also hyper motility of proximal colon, 7—Hyper secretion is shown as a layer of fluid less dense than the rest of the contrast (Schlesinger), 8-Gastro Spasm-Duodenal ulcer is usually-associated with some spastic manifestations of the stomach The spasm may be in the form of an hour-glass contraction It may be superficial or deep, and may occur anywhere along the greater curvature, 9—Teeth-like contractions. Schutz called attention to the occurrence of teeth-like contractions on the greater curvature in duodenal ulcer, and 10-"Cascade stomach" or "Cup and spill stomach", as termed by Barclay is due to regional spasm and is occasionally encountered in duodenal

All these indirect X-ray signs may be present in a number of other intra-abdominal diseases, and may on the other hand be absent in duodenal ulcer. One cannot discount entirely the value of these indirect symptoms but must evaluate them in conjunction with the other data gained upon examination.

If a clinical history and other findings suggest ulcer and the X-ray examination is negative, extra gastric causes for the symptoms should be investigated. Gall Bladder disease, chronic appendicitis, renal calculus, coronary artery disease, hernia and lues (either visceral or cerebro-spinal), may present gastric symptoms analogous to that of ulcer with no evident history of the real cause of the symptoms X-ray examination of the kidneys and ureter should be made before the barium meal is given so that a calculus if present be not obscured by the contrast meal

In attempting to evaluate the importance of laboratory studies in the diagnosis of ulcer of the stomach and duodenum one must be guarded Examination of the gastric contents in known and proven ulcer cases may reveal hyper, hypo, or anacidity The great majority of patients with ulcer show definitely an increase in the amount and in the concentration of hydrochloric acid Rehfuss has given us various gastric curves which appear to be fairly constant in ulcer-bearing patients persistent presence of a hypo or anacidity does not exclude ulcer. In the event that an individual with a suspicious ulcer history presents negative findings on X-ray examination and a low gastric acidity, one feels as a rule that the cause of the patient's complaints is Fractional gastric probably extra-gastric

analysis is done only in those patients who have a sub-acidity or an anacidity in the presence of definite evidence of disease

The examination of the stool for blood is carried on routinely. In the presence of a suspicious history of ulcer a persistent positive benzidine or guiac reaction will be of inestimable importance provided the individual is on a diet free of all hemoglobin substances for a continued period of time, and provided all other causes of bleeding are excluded

A blood Wassermann should be done on every patient in order to exclude lues as the causative or contributing factor in the symptomatology. An ulcer may exist in an individual who has lues, and furthermore lues of the nervous system producing bizarre gastric symptoms may exist with a negative blood Wassermann.

In the consideration of the value of the X-ray and laboratory as an aid in the diagnosis of ulcer, it is important to consider the individual type in association with the complaint

Considerations in the Treatment of Ulcer Patients

One of the most vital considerations in the treatment of ulcer patients is the location of the ulcer An ulcer in the region of the cardia, body, pylorus or duodenum will not only vary in symptomatology but also in response to treatment. Ulcer occurring either in the stomach or duodenum may be superficial, produce few symptoms, and may heal quite read-In a certain number of cases excellent results may be attended with medical treatment while in other cases surgery may yield good results The decision as to which patients should be submitted for either medical or surgical treatment is not always easily arrived at Perforation, hemorrhage, and stenosis call for surgical intervention. There remain, however, a very large proportion of ulcer patients who have none of the acute surgical calamities and who present a very serious problem

Gastric Ulcer—Ulcer of the stomach proper usually calls for complete rest in bed while the patient is under medical treatment Sippy treatment or a modified Lenhartz diet with alkaline medication, local applications of heat, and mental as well as physical rest is usually instituted In a certain number of cases trans-duodenal feeding is attendant with excellent results and improvement can be demonstrated roentgenologically as well as clinically There is some danger of drawing conclusions upon Roentgen examination, for a niche which previously existed may disappear and yet an ulcer remain unchanged in size Hollander has called atis usually gastro-enterostomy. The complications of gastro-enterostomy, such as nausea, fullness, pain, renewed ulcer symptoms, diarrhea, gastro jejunal ulcer, gastro-colic, fistula, etc, are undoubtedly familiar to all of you. In the past few years A A Berg, following in the footsteps of the European surgeons, Finsterer and Haberer, has become a staunch advocate of sub-total gastrectomy for duodenal Complications as have been menulcer tioned occurring after gastro-enterostomy, Berg shows, are avoided by this type of operation, and as a rule the patients enjoy better health largely due to the fact that the stomach has an-acid Recently Klein has shown that some of these patients who have had a sub-total gastrectomy may develop ulcer again and that not in all cases is the stomach an-acid again we find that surgery may alter the physiology but not the constitution of the patient Perhaps sub-total gastrectomy may yet prove to be the operation of choice Time alone can prove this

The advocates for gastro-enterostomy as opposed to sub-total gastrectomy are still quite numerous The support for gastro-enterostomy does not come from inexperienced surgeons in whose hands sub-total gastrectomy might be attended by a large mortality, but from many good surgeons Excellent results generally follow gastro-enterostomy for stenotic duodenal ulcer The debatable surgical question arises as to the choice of procedure in those types of cases where the lumen of the duodenum is still patent. Horsley and Finney claim good results with their pyloroplastey operation The Mayos report over 90 per cent cures with gastro-enterostomy Lewison and Ginsberg of Mt Sinai report that observation of surgically treated cases in which gastro-enterostomy was done for duodenal ulcer over a period of four to nine years showed that only 47 per cent of the cases were completely cured Nineteen per cent had fair results, while 34 per cent suffered from jejunal or marginal ulcer

Such conflicting opinions coming from reliable sources instead of clarifying the situation add to the confusion In a given case that requires surgery the answer must rest with the competent surgeon in whose hands we place The age of the individual, the the patient absence or presence of stenosis, the ability of the surgeon, all act as indications for the types of operation Following surgery the patients should return to the gastro-enterologist and despite what some surgeons maintain in allowing their patients to eat anything and everything it is most advisable to continue care in the diet and in the mode of living Tobacco is harmful in this type of individual and should be withdrawn unconditionally

SUMMARY

Ulcer of the gastro duodenal tract still remains according to Roessle a second disease.

1 e Second to some primary condition, the exact nature of which is unknown Whether the constitutional or conditional factors are responsible for the underlying cause still remains a debatable question

In the presence of an ulcer medical care is and will remain the first line of treatment Pathological statistics (Wilkie) have shown that healed ulcer may be an accidental finding in a post mortem examination. We must conclude therefore with Westphal and Katch that the syndrome of ulcer, especially duodenal ulcer is a vegetative neurotic complex.

The aids in the diagnosis and the aids in the treatment of ulcer of the stomach and duodenum are well standardized The patient, however, and not the disease, is the first consideration Treatment must be directed toward the individual primarily, and cannot always be standardized The periodicity in ulcer, the remission of symptoms in the Spring and in the Fall, are associated with emotional Are these due to disturbances of the vegetative nervous system? Is ulcer one of the penalties of civilization? The individual with an ulcer of the stomach and duodenum must continue in this active struggle of life He alone furnishes the criteria as to whether or not we are to proceed with medical or surgical therapy

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In the reader's opinion uncomplicated duodenal ulcer as evidenced by laboratory study always remains a medical problem. Surgery can never change the constitution of an individual although it may alter a normal physi-

ology

The frequency with which a patient develops symptoms cannot be used as a criterion for surgery. We are all aware of the fact that disturbed function is not always associated with organic disease, and further that organic disease of any viscus does not always produce a clinical symptom complex of like nature in different individuals. The adequate measures for medical treatment extend beyond rest in bed, local applications of heat and the administration of medication. As long as the etiological primary factor still remains unsolved one cannot hope for surgery to act as a curative agent.

Recently in a splendid presentation, Dr Frank Smithies gave some interesting statistics which might be summarized as follows "Assuming that in the United States at present there are sixty million individuals at or past the adolescent age, 2,200,000 of them at present harbor or at some time will be affected with peptic ulcer If all of these are treated by surgery there will be an operative mortality of at least 7 per cent, 1 e, 154,000 will die of the operation Of those with only one operation there will remain a digestive morbidity in 30 per cent, or 579,000 persons Following supposedly successful surgery 46,000 will come to at least one secondary operation

Were peptic ulcer treated wholly by surgery one could expect an annual operative mortality of 9,420, excluding deaths from hemorrhage Were all ulcers treated by non-surgical procedures, the annual mortality would be 7,200 Therefore, as a cause of disability and death, or as a field in preventive medicine peptic ulcer presents a problem commensurate with that of tuberculosis, cardiovascular disease, cancer, or

diabetes"

Bastedo rightfully informs his patients that he advises surgery, when the dangers and disadvantages of non-surgical treatment are

greater than those of surgery

Perhaps one should include under the head of medical management the removal of foci of infection. Due to the work of Rosenau of the Mayo Clinic it has been proved experimentally that there is a definite relationship between focal infection and the production of gastroduodenal ulcer. A great deal of controversy has arisen around the questions of focal infection and its relation to ulcer. Without entering into a discussion of the subject, from a practical standpoint it is not only expedient but wise to have diseased tonsils or diseased teeth removed, infected sinuses prostatic in-

fections, etc, treated in individuals who have ulcer of the stomach That focal infection undoubtedly plays a role was recently brought vividly to our attention in a patient who had a gastric ulcer Removal of two infected teetli markedly aggravated the clinical symptom of the gastric ulcer From a diagnostic standpoint the aggravation of the symptoms led me to surmise that there undoubtedly was some relationship between the infected teeth and the The irritation as the result of the extraction was in some way responsible for a local absorption of a toxin which aggravated the local gastric condition Subsequently the patient's symptoms subsided and he has remained clinically well since Such cases are indeed rare, but that they do occur is sufficient proof in sustaining the physician in advising removal of diseased foci Like most others in the profession I feel that the indiscriminate operation upon tonsils and teeth is to be condemned

As has been mentioned above, operation is favored at the outset in those cases with obstruction, with frequent hemorrhages, and in those having perforating or penetrating ulcers Medical treatment in such individuals cannot be justified If the patient refuses to cooperate or if after good medical treatment and conscientious adherence to all precepts laid down, we are without results and pain persists, then surgery is recommended. One should always advise the patient that the operative procedure is just one step in the treatment. It may be that the patient may get entirely well but on the other hand, and not infrequently, the patient is but slightly improved. In a certain proportion of cases surgery does not relieve the symptoms but may actually create a worse state than had existed prior to the operation

Following the operation for gastric ulcer, whatever the procedure may be, we must accept the result with optimism. The fact that medical treatment has failed and the fact that surgery may fail is an additional proof of our ignorance concerning the pathogenesis of this disease.

The fact that operation for uncomplicated duodenal ulcer may create a state of affairs much worse than existed heretofore leads me to advise this type of patient to undergo frequent medical treatment with perhaps rest in bed for one week every few months, rather than take the risk of becoming a chronic in-The surgeons not valid following operation infrequently tell us that they operate upon patients who have been repeatedly "cured" of a duodenal ulcer by so many qualified gastro-en-But what of the surgical failures terologists in whom no amount of treatment can even produce the so-called "medical cure?"

The surgical treatment for duodenal ulcer

THE GRIEVANCE COMMITTEE

The enforcement of the New York State Medical Practice Act of 1926 is in the hands of the State Department of Education and the State Attorney General Neither of the physicians of the State, nor the Medical Societies are charged with enforcing the law, although many persons think that they are, owing to the provision for an official Grievance Committee composed of ten physicians

The subject of the powers and duties of the Grievance Commitee has also been given wide publicity in recent newspapers owing to court investigations of ambulance chasing, especially testimony that a ring of physicians is engaged in giving false testimony regarding injuries claimed under the Workmens' Compensation law suggestion is made in several newspapers that charges of illegal practice by physicians should be brought to the attention of the Grievance Committee, the assumption evidently being that the committee initiates investigations and conducts hearings on its own accord.

While the Grievance Committee is composed of physicians, it does not represent the Medical Society of the State of New York, or any of its component societies It is an integral part of the State Department of Education, and is under the control of that Department

The Medical Practice Act is a part of the Education Law of New York State and comprises sections 1250 to 1266 inclusive of Article 48 of that law The part relating to the Grievance Committee is section 1265 which is entitled "Procedure in Disciplinary Proceedings" law first provides for the appointment of the Committee and then defines its jurisdiction as follows

"The members of said committee shall have jurisdiction to hear all charges against duly licensed physicians of this state for violation of the provisions of section twelve hundred and sixty-four hereof, except subdivision one."

That part of Section 1264 to which the quotation refers reads as follows

- "(a) That the physician is guilty of fraud or deceit in the practice of medicine or in his admission to the practice of medicine
- (b) That a physician has been convicted in a court of competent jurisdiction, either within or without this state, of a crime or misdemeanor,
- (c) That a physician is an habitual drunkard, or addicted to the use of morphine, cocaine or other drugs having similar effect, or has become insane, or
- (d) That a physician is guilty of untrue, fraudulent, misleading or deceptive advertising, or advertising that he can cure or treat disease by a secret method, procedure, treatment or medicine, or that he can treat, operate and prescribe

for any human condition by a method, means or procedure which he refuses to divulge upon demand to the committee on grievances, or

(e) That a physician did undertake or engage in any manner or by any ways or means whatsoever to procure or to perform any criminal abortion or to violate section eleven hundred and forty-two of the penal law"

The law further provides for the voluntary submission of disputes for arbitration as follows

"Any controversy between two or more physicians, or between a physician or physicians and another person, which said parties to such controversy agree to submit to arbitration, may be submitted in writing to said Committee on Griev-

The law does not specify the manner by which cases are referred to it, but subdivision 10 reads

"Said committee shall have power to make such rules and regulations for the conduct of its business as it shall deem necessary, provided such rules and regulations do not conflict with any of the provisions of this article"

Acting under this provision of the law, the Committee has adopted the procedure of acting on those cases which have come to it through the Department of Education The peculiar field of activity of the committee comprises medical ethics and medical practice,—questions which are of a professional nature. The Regents of the Department of Education look to physicians on the committee to advise them whether or not the charges against a physician constitute an infraction of the standards of the medical profession

The law makes a provision that a subcommittee of the Committee on Grievances may hear complaints and take evidence The committee has therefore divided itself into four groups,—a Western, a Mid-state, an East-central, and a Southern,—for the more convenient hearing of cases (See this Journal, September 15, 1926, page 802) The subcommittees report to the entire committee, and it in turn reports to the Regents

The Committee on Grievance has no power to punish a physician whom it adjudges guilty, but such power lies with the Regents However, the law reads

"If the practitioner is found not guilty, said committee shall order a dismissal of the charges, and the exoneration of the accused"

The law, subdivision 11, further reads

"The said committee shall have power where a proceeding has been dismissed, either on the ments or otherwise, to relieve the accused from any possible odium that may attach by reason of the making of charges against him, by such public exoneration as it shall see fit to make if requested by_the accused so to do"

It will thus be seen that the Committee on



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For list of officers of County Medical Societies, see May 15 issue Advertising, page xxviii

CYCLE OF ADMINISTRATION

The Medical Society of the State of New York has just completed a yearly cycle of administration and made preparations for a new series of activities.

The outstanding event of the past year was the development of agreements with representatives of voluntary health organizations regarding the peculiar fields of physicians and lay workers

The major problem during the coming year will be the development of a balanced program for the work of the several departments of the State Society The most significant step has been the appointment of a committee on the annual meeting, for the yearly convocation is the concrete expression of the achievements and aspirations of the official medical societies



MEDICAL PROGRESS



Evils of Too Much Milk -The majority of mothers think that milk is the best of all foods for children and the majority of physicians advise this without limitation. To support his contention that this is a mistake Eugene Rosamond cites a number of cases in which the giving of too much milk was the cause of the complaint for which medical advice was The outstanding symptoms in these cases were constipation, fretfulness, wakefulness at night, slight anemia, pot belly, and foul breath, though not all the symptoms were present in every case In addition to other articles of diet suited to their ages, these children were taking large amounts of milk-from a quart to When the excess amount of five pints daily milk was removed from the diet the children rapidly returned to normal When a baby who is drinking too much milk fails to thrive, it is not because of idiosyncrasy to milk, or because of mability to digest milk, but because he is too full of a food insufficient in caloric value, and hence has no appetite for other foods needs concentrated food and also food which leaves more solid waste so as to relieve the constipation -Southern Medical Journal. May. 1928, xxı, 5

Dieting the Corpulent -After pointing out the disadvantages of carrying a burden of dead weight, W F Christie reminds us that, since fat comes from food, the plump person need only diet to stop it—the sooner the better Those suffering from what will become wasting disease, the mentally weak, the melancholic, and the markedly neurasthenic are unsuitable subjects for a reducing cure are diets which reduce rapidly and others which reduce slowly The devotee of speed in losing weight neither looks so well nor feels so fit as the man who takes it off more slowly rapid reduction method starts with a dose of calomel at night, followed by a Seidlitz powder in the morning, no solid food is allowed for three days, but water is taken ad lib few days on a diet which gets rid of the acidosis, a second fast is instituted, which is again stopped on the appearance of acetone bodies It will be found that the body acquires the power, in an increasing degree, of oxidizing the products of breaking-down fat, with the result that each fast can be lengthened After the three days fast the patient may be put on a semi-starvation diet, such as the "milk and potato cure," which has an approximate caloric value of 750, and is continued for twen-

ty-one days, when other foods may be recommended gradually With a slow reducing diet one or two pounds per week may be lost diet must be adapted to the individual requirement is met to some extent by the use of a "skeleton diet," to which may be added as occasion demands one or more items from a graded list of foodstuffs The skeleton diet has a caloric value of about 1,200, with a high protein and a low carbohydrate and fat content The total quantity of these articles permitted is 4 ounces of bread, 1 ounce of butter and 4 ounces of milk per day After the loss of 18 pounds the patient is advised to return to a maintenance diet for a month —Practitioner. May, 1928, ccx, 5

Backache - John William Shuman emphasizes the fact that, unless a correct diagnosis is made of the cause, the treatment of backache will not be successful In order to determine the etiology the following conditions should be considered (1) Disease per se-chronic vertebral arthritis, lumbar myositis. Pott's disease or tuberculosis, scoliosis and other deformities, sacroiliac arthritis and subluxation. and malignancy, (2) conditions resulting from injury-fractures, sprains and strains, dislocations, and contusions, (3) faulty posture—flat feet, short legs from fractures, poliomyelitis or osteomyelitis, protuberant abdomen, ankylosed knee or hip, (4) acute infectious diseases, such as influenza, smallpox, and typhoid fever Chest conditions which cause backache are (1) Lung infections, acute and chronic, including pleurisy, and neoplasms, (2) heart disease —failing heart, angina pectoris from coronary sclerosis and aneurysm Backache is one of the earliest symptoms of myocardial insufficiency, the pain is usually in the left scapular region and is most marked after exertion Abdominal conditions which produce backache include gallstone colic and gallbladder disease, hepatitis, abscesses, cysts, and malignancy of the liver, ulcer of the stomach and malignancy of that viscus, appendicitis, colitis, diverticulosis, visceroptosis, and hernia, pancreatitis, adhesions, kidney diseases and pelvic diseases -uterine, ovarian and rectal An x-ray study and careful interpretation are essential when gallbladder or spinal disease is suspected as the cause of backache Focal infection may be a cause of backache from myositis The railway spine must not be overlooked -Medical Journal and Record, May 16, 1928, exxvii, 10

Grievances, as constituted by law, functions for the protection of the physician. The committee exonerates a physician when it considers the charges not proved, and it refers the case to the Regents when it considers the evidence sufficient to sustain the charges. There remain a group of

border line cases in which the physician has not practiced medicine according to the highest standards of ethics or science and yet has not violated any specific law. In these cases the committee may recommend that a reprimand be given by the Regents

DR HIDEYO NOGUCHI, MD, PhD, ScD

Dr Hideyo Noguchi, a native of Japan and one of the few scientists whose name and fame are known to every practitioner of medicine, died at Accra, West Africa, on May 21, 1928, aged 51 years, from the results of an attack of yellow fever,—the disease for whose study he had made a special trip to Africa Those who came in contact with him will retain vivid recollections of his modesty and kindliness, and his willingness to impart his great knowledge to students both in classes, in medical societies, and in private conversation

Dr Noguchi graduated in medicine from the Tokio Medical College in 1897, and worked in the Institute for Infectious Diseases in Tokio for two years He then came to the United States and was connected with the pathological

staff of the University of Pennsylvania and the Carnegie Institution until 1904, when he became one of the original members of the staff of the Rockefeller Institute in New York

The intensely practical character of Dr Noguchi's researches was a great factor in eliciting approbation and honor from practitioners of medicine. His discoveries in snake venoms, syphilis, smallpox, yellow fever, and trachoma are applied daily by physicians, while the methods of research which he developed are invaluable to all laboratory technicians. He worked and taught quietly, with no thought of glory or reward, but with the single purpose of solving some of the mysteries of common diseases. His life is an inspiration to every conscientious physician.

LOOKING BACKWARD

This Journal Twenty Years Ago

The investigations and prosecutions of illegal practitioners by the Attorney General and the Department of Education under the Medical Practice Act of 1926 are gratifying in the light of the prosecutions conducted by the Medical Societies as described in this Journal of July, 1903

"Last week a complaint was formulated against the same defendant, Francesco Tuscano, who is running a medical institute at 325 East Twelfth Street It was stated that this institute was under the supervision and protection of a physician in Brooklyn

"When the case was tried before Magistrate Breen, the doctor came forward promptly and testified that he was present in New York and examined the detective, and denied having ever seen Mr Conway, and that Mr Conway had never been in his office. He being, as far as the magistrate knew, a reputable physician, his word was taken as against the detective's and the defendant was discharged and the complaint dismissed

"The counsel of the Association, however, has drawn the affidavits of Mr Conway and

of Mr Villone, the detective, and has forwarded these affidavits to the Regents, and they have been presented by the Regents to the State Board of Medical Examiners for their action. The defendant was immediately rearrested on the 1901 complaint and waived examination, and will be tried on a near date. The Brooklyn doctor, according to the directory, is not a member of any medical organization.

"The interesting case of Carmela Rubino, of Villa avenue, Bedford Park, was sent to the office of the counsel from the District Attorney's office, upon evidence entirely outside of the State Medical Association. This woman is a fortune-teller and has been swindling the Italians of that district, who are extremely superstitious. In this particular instance she advised the withdrawal of all medicines given by doctors, and substitute a powder in their place, the patient had tuberculosis and soon died, the husband is the complainant.

"Pauline Price, of 262 Second Street, is another of the fortune-telling variety, and she was held for trial by Judge Breen, in the Fourth District Court She was fined \$15"

Seasickness and Its Treatment-It is the conviction of R. Allan Bennett that the chief cause of seasickness is anticipation, not a disturbance of the harmony that normally exists between the cerebellum, the labyrinth, the eye muscles, and their coordination in the centers The traveler who starts his journey with the intention of being seasick is seldom disappointed However, much can be done in the way of prophylaxis The traveler should practise autosuggestion for a week before sailing During this period he should take only two daily-breakfast and dinner-with bread, cheese, and an apple at midday The third day before sailing he should fast, but drink water freely That night and the following he should take a 5-grain blue pill and the next morning a Seidlitz powder or a dose of During an attack of seasickness one remedy is usually as good as another if taken with confidence. Those who are seasick should be driven from their cabins into the fresh air Hot bottles to the feet and a shade over the eyes add comfort, and there is virtue in mustard leaves over the stomach If the blood pressure falls below 105, a hypodermic injection of adrenaline, repeated if necessary, is helpful, the same is true of strychnine and cam-In cases in which exhaustion is becoming dangerous, placing the patient in a warm salt-water bath (90° to 95° F) for half an hour or longer brings prompt and remarkable relief This is not due to the general sedative effect, but to the mechanical changing of the patient's The body is supported very environment. lightly on the buttocks, the shoulders, and the back of the head, with the toes just touching the end of the bath to prevent the legs from floating —British Medical Journal, May 5, 1928, 11, 3513

The Genesis of Gastric Ulcer —E M Eberts discusses the more recent views on the anatomy, physiology, and pathology of the stomach concerned in the etiology of gastric ulcer, from which he makes the following de-There are two types of erosion fundal erosions and erosions of the "gastric street" (the drainage canal lying beneath the lesser curvature) The former develop particularly as the result of venous stasis and the spasmodic efforts of vomiting, the latter generally as the result of arterial obstruction, due to muscular spasm, or more rarely as the result of emboli or arteriosclerotic change Fundal erosions, because of their small size, the redundancy and laxity of the mucous membrane, and the lesser concentration of the gastric juice in the zone bordering upon the greater curvature, tend to heal promptly, whereas "street" erosions, because of their large size, their tendency to gape, their location in a zone of

peristaltic unrest, and their longer exposure to a concentrated gastric juice, are less likely to heal, and it is in this type of erosion that the chronic gastric ulcer of the lesser curvature has its origin Gastic ulcers which show no improvement after six weeks bed rest under medication and a suitable diet should be ex-Surgical treatment aims to meet two conditions—the removal of the lesion and the prevention of recurrence To this end the pylorus and the greater part of the lesser curvature must be removed in order to eliminate or to curtail adequately hydrochloric acid secre-This procedure is not as formidable as it sometimes appears to be, for in dilated stomachs extensive resection may be performed without actual encroachment upon the corpus -Canadian Medical Association Journal, May, 1928, xviii, 5

The Carotid Sinus Reflex -Z Tomanek refers to recent accounts of this phenomenon and proffers some experience of his own in this province which was obtained in the clinic of Professor Rencki in Lvov Pressure was exerted on the carotid sinus in 40 subjects both normal and pathological, and at the same time the blood pressure in the brachial artery was taken with a Riva-Rocci apparatus previously obtained by Hering were partly confirmed In 19 patients there was a fall of blood pressure, in 11 an elevation, and in 7 no reaction of any kind. In the 3 remaining cases the result was indecisive. The maximum lowering obtained was 125 per cent save in the case of a patient with cholecystitis in whom the pressure was lowered 16 per cent In 3 cases lowering was obtained only by pressure over the left side of the neck. The greatest elevation of pressure was but 87 per cent and is therefore of little significance. The results obtained by Hering showed much greater reductions and no elevations Danielopolu, however, has occasionally obtained elevations thereby corroborating the author indecisive cases there was a sort of amphoteric response, pressures showing both elevation and depression, and Danielopolu has also called attention to this sort of behavior, which shows a natural tendency to vary in both directions -Klimsche Wochenschrift, May 6, 1928

How Does Liver Therapy Benefit Pernicious Anemia?—H Schulten of Professor Schottmüller's internist clinic at Hamburg asks this question and attempts to answer it by the results of research undertaken with the aid of the Rockefeller Foundation. He concludes that the improvement which follows the liver treatment coincides with an increase in the regenerative power of the blood, but denies that the benefit accrues from this factor.

Kummell's Disease — J Cardis, G F Walker. and R H Oliver, writing in the British Journal of Surgery, April, 1928, xv, 60, report 14 cases of the disease first described by Kümmell in 1894, and which has hitherto not been recogmized in the ordinary text books. The disease may be defined as the delayed crumpling and collapse of the body of a vertebra following injury In the typical case, after an injury to the spine, the patient may be incapacitated for a short time owing to bruising, with diffuse or localized pain, and in the more severe cases girdle and limb pains There may also be locomotor trouble ranging from slight leg weakness to total paraplegia with sphincter paralysis After a short interval these symptoms regress and the patient may be able to resume his ordinary occupation Then, after weeks or even years, there is a return of the pain and sometimes of the symptoms referable to cord interference Examination may reveal a spinal deformity, usually, though not invariably, angular in type Kummell's disease should always be thought of in cases of slight injury in which there is undue persistence or recurrence of symptoms The medicolegal aspects of the latent period should not be ignored by those who come in contact with the Workmen's Compensation Act Radiography is all important, though a negative finding is inconclusive in the early stages The disease must differentiated from sımple contusions, strains neuroses, traumatic myelitis, syphilitic spondylitis, rheumatoid arthritis, and Pott's disease The differentiation from Pott's disease is difficult, but in Kummell's disease the patient is in other respects healthy, there is no abscess formation, and the roentgenogram shows a wedge-shaped vertebra, with possibly a fracture, but with clear edges and intact discs the treatment the object is to secure ankylosis of the spine and welding by callus It is therefore essential to secure rest for the spine and to relieve pressure on the crushed vertebra by extension or by some form of corset or plaster tacket worn continuously for long periods

Dangers of Curettage of the Uterus—H Runge of the Gynecological Clinic of Kiel University says that this operation is now regarded as safe and without noteworthy morbidity, but adds that the statement is true only if the indication is properly fixed and the requisite preparatory treatment carried out. It is indicated in incomplete abortion and post-abortion endometritis, while in numerous other conditions it has special indications, so that cases A third use is in must be carefully selected biopsies for diagnosis, and here too there are certain conditions to be fulfilled The author believes that only in metrorrhagias is a diagnostic curettage of quite certain assistance

Before a curettage is undertaken we should exclude the likelihood of adnexal disease, for inflammation of the appendages is a certain contraindication This can be accomplished by study of the temperature, leucocyte count, and sedimentation blood test, in association with bimanual palpation to exclude tumors and infiltrates in the lesser pelvis. The uterus should move with the portio, the parametria should be soft to palpation and if the bimanual examination is difficult these tests may decide the question, but examination under narcosis should be undertaken if any doubt remains Inflammatory changes, especially if due to gonorrhea, when present in the lower birth tract also contraindicate and the urethral secretion should always be examined for gono-The author shows by cases the unwisdom of curettage where the cervix has been dilated for if there are any infectious organisms in the cervix the process will ascend, this is very likely to occur in cases where the cervix has been dilated to curette out a polypus—Deutsche medizinische Wochenschrift, April 20, 1928

Perforation of the Uterus -R. Mandelbaum reports an unusual case of this accident as follows He was summoned by a very experienced colleague who feared that in the interruption of a pregnancy he had perforated the uterus with a curette The indication for the therapeutic abortion was tuberculosis and it had been duly authorized by a committee who also counselled sterilization The doctor however would not attempt the latter and merely dilated the cervix and applied the curette, gestation being apparently at the beginning of the third month The suspicion of perforation was based purely on the feel of the curette The accident occurred immediately upon introduction and the intervention was at once broken off woman was given hypophysis extract and placed in bed As a result of the consultation, after a delay of 12 hours, the symptoms consisting only of slight pain and elevation of temperature, the abdomen was opened in the midline below the navel and blood clots were found, but no free blood and no sign of beginning peritonitis The fundus uteri was intact but when the organ was hooked and lifted up the perforation was found opposite the internal os, closed almost hermetically by a clot the size of a cherry Instead of an ordinary fundal perforation the practitioner had made a false passage in entering the dilated cervix The operation of supravaginal amputation of the uterus was carried out with the usual measures to prevent infection The temperature, already elevated, came down to normal on the fourth day -Münchener medisimsche Wochenschrift, April 27, 1928



LEGAL



By LLOYD PAUL STRYKER, ESQ Counsel Medical Society of the State of New York

REPREHENSIBLE PRACTICES

With the descriptive words, "Dirty Business," Mr Justice Holmes of the United States Supreme Court recently characterized the criminal conduct of certain Federal prohibition agents in the State of Washington These agents deliberately violated a criminal statute of that State, which declares that a person intercepting a message over a telephone line is guilty of a misdemeanor Running over a period of many months, these prohibition agents tapped the telephone wires of Roy Olmstead and others, and made stenographic reports of their eavesdropping, as a result of which he and his associates were indicted and convicted of a conspiracy to violate the National Prohibition Act An appeal was taken to the United States Supreme Court, where the sole question presented was whether the use of the evidence of these private telephone conversations between the defendants and others which had been intercepted by means of wire tapping amounted to a violation of the Fourth and Fifth Amendments of the United States Constitution

The Fourth Amendment provides that "The right of the people to be secure in their persons, houses, papers, and effects against unreasonable searches and seizures shall not be violated, and no warrants shall issue but upon probable cause, supported by oath or affirmation and particularly describing the place to be searched and the persons or things to be seized" The Fifth Amendment provides "No person * * * shall be compelled, in any criminal case, to be a witness against

The espionage in this case was effected by inserting small wires along the ordinary telephone wires from the residences of four of the defendants and those leading from the chief office The wire tapping was not made through a physical trespass upon the property of the defendants, the wires were tapped in the basement of the large office building where they had one of their The wire tapping from the house lines was made in the streets near the houses vote of five to four, the Supreme Court decided that this evidence was admissible, and that the Fourth and Fifth Amendments to the Constitution the prevailing opinion, dissenting opinions were filed by Mr Justice Holmes, Mr Justice Branders, Mr Justice Butler and Mr Justice Stone

This case, no doubt, will be pointed to by future judges, lawyers, publicists and historians as one

of the most important constitutional decisions ever made by our greatest Court When perhaps a quarter or a half a century from now, our personal rights and liberties have been wittled down by constitutional amendment, constitutional interpretation or by statute to a point now undreamed of, further historians may point to this case as marking the beginning of the decline in

American personal liberty

In the prevailing opinion, the Chief Justice gives to the Fourth and Fifth Amendments of the Constitution a literal and a strict interpretation He says, for instance, that there is no analogy between the rifling by a government agent of a sealed letter and the tapping of a telephone wire "The letter is a paper," said the Chief Justice, "an effect, and in the custody of a government that forbids carriage except under its protection The United States takes no such care of telegraph or telephone messages as of mailed sealed let-The Amendment does not forbid what was done here There was no searching There was no seizure The evidence was secured by the use of the sense of hearing and that only was no entry of the houses or offices of the de-The language of the Amendment cannot be extended and expanded to include telephone wires reaching to the whole world from the defendant's house or office The intervening wires are not part of his house or office any more than are the highways along which they are stretched"

Under the laws of the State of Washington, any one who intercepts "a message over any telegraph or telephone line * * *" is guilty of a misde-The evidence, therefore, obtained in this case was secured through the misdemeanors of national prohibition agents. It is not even certain that these prohibition officers could be prosecuted for their crimes under that section, masmuch as they are Federal officers The Chief Justice avoids answering that question by the "Whether the State of Washington statement may prosecute and punish Federal officers violating this law and those whose messages were intercepted may sue them civilly is not before us"

At common law papers and others subjects of evidence were admitted in evidence against the party from whom they were obtained, irrespective of the fact that they were secured un-"The court," said Mr Greenleaf, "will not take notice how they were obtained, whether lawfully or unlawfully, nor will it form an issue,

For when the hemoglobin is steadily on the increase the regenerative power, which he says is only transitorily improved, regresses to its former value The initial increase, however, seems associated with a permanent vanishing of abnormal hemolysis, so far as indirect evidence goes, the tests for urobilin and urobilinogen in the urine becoming negative Patients begin to look healthy, often rosy, as hematin disappears and bilirubin becomes normal author therefore is unable to agree with those who hold that the chief factor in improvement is the stimulus to regeneration, but maintains that it is the arrest of hemolysis The brief stimulation of regeneration is a by-product

In another article by Tore Lind of Stockholm on the anisocytosis of pernicious anemia, the author states that the liver therapy clearly is responsible for a reduction in the count of the macrocytes although these cells do not disappear entirely even after prolonged treatment. The initial fall is the most striking part of the phenomenon and the author sees in this a criterion of the success of the treatment—Munchener medisinische Wochenschrift, April 13. 1928

Splenectomy in Pernicious Anemia - Ludwig Bohm considers this subject in part as to its bearing on the new liver diet treatment which gives promise that surgical measures in these anemias will recede greatly in importance and frequency At the same time splenectomy should still be a valuable resource in selected cases for it has been shown to be able to prolong life for many years Whether it will ever be superseded entirely is of course a moot The present liver diet may open up other possibilities and in time we may be able to determine the exact causes of these anemias and so be able to institute true preventive and curative measures The author saw but seven cases of pernicious anemia during the period 1921-1927, all apparently before the time of the Minot-Murphy diet But one of these was submitted to splenectomy and this patient survived over six years after intervention under ambulatory and at times hospital treatment Before splenectomy he had been treated by blood transfusion and arsenic He succumbed recently to a recurrence of the original symptoms, so that the operation was clearly only a palliative measure - Deutsche medizinische Wochenschrift, May 4, 1928

Prophylaxis of Rickets—After discussing the etiology of rickets, Helen M M Mackay gives as general measures of prophylaxis the following (1) The procuring by all possible means of adequate outdoor life daily for infants throughout the year, and not only in fine weather, and the exposure of the child to what sunlight is available (2) The encouragement

of breast feeding (3) The inclusion in the ordinary diet of infants and children not on the breast of an adequate amount for their age of those-foods containing vitamin D, namely, milk, eggs, and meat Specific measures consist in supplying a substance rich in vitamin D by mouth in the form of cod-liver oil, or cod-liver oil and malt for older children, or in exposing the child to an artificial source of ultraviolet light, and so bringing about the formation of vitamin D in the body To supply the vitamin by mouth is simpler and more economical The author has been unable to demonstrate any significant difference in rate of growth, hemoglobin content of the blood, or liability to intercurrent illness between a group of infants getting light therapy as well as codliver oil and another group treated with cod-It therefore seems that the liver oil alone administration of cod-liver oil should be the routine method of prophylaxis Certain concentrated forms of vitamin D-both extracts of cod-liver oil and ergosterol activated by irradiation—are now on the market While it is probable that in the future some such preparation will have a wide field of usefulness, codliver oil of a good brand is far preferable at the present time Specific prophylactic treatment should be given to all artificially fed infants, should be given to all artificially fed infants— Lancet, May 5, 1928, ccxiv, 5462

Resources of Modern Drug Therapeutics -Prof H Handovsky of Gottingen believes that we are advancing notably from empirical beginnings to the scientific application of drugs, along three distinct lines, viz, the clinic, the experimental laboratory, and the natural development of organic chemistry Collaboration in these fields is necessary but in the last analysis it is the clinician who dominates, for it is he who inspires the research man and the chemist to certain efforts What the author terms the "chronic" experiment is of the greatest significance, as shown in the discoveries relating to vitamins, cancer, diabetes and insulin, the liver extracts in anemia, etc. The "acute" experiment is much less productive of results work of the laboratory chemist in producing synthetic drugs for special purposes, as to lessen toxicity, and to give a more intense or sustained action or exert a specific activity, is well known, as is also the isolation of active principles in a pure state Quite different in character is the research in physical chemistry in which the aim is isolation of mechanical from so-called vital elements We may study actual cells in this respect, especially with regard to arresting their power of proliferation or of destroying them without injury to the tissues at large In this connection we may cite tissue culture in intro Deutsche medizinische Wochenschrift, April 13, 1928

investigation, to give testimony which might tend to show that he himself had committed a crime The privilege is limited to criminal matters, but it is as broad as the mischief against which it seeks to guard"

Again referring to the spirit and purpose of the founders, Mr Justice Brandeis declares makers of our Constitution undertook to secure conditions favorable to the pursuit of happiness They recognized the significance of man's spiritual nature of his feelings and of his intel-They knew that only a part of the pain, lect pleasure and satisfactions of life are to be found in material things They sought to protect Americans in their beliefs, their thoughts, their emotions and their sensations They conferred, as against the Government, the right to be let alone—the most comprehensive of rights and the right most valued by civilized men. To protect that right, every unjustifiable intrusion by the Government upon the privacy of the individual, whatever the means employed, must be deemed a violation of the Fourth Amendment. And the use, as evidence in a criminal proceeding, of facts ascertained by such intrusion must be deemed a violation of the Fifth"

In the case at hand, the evidence which the government obtained was secured by the crimes of its officers committed on its behalf "The evidence obtained by crime," Judge Brandeis declared, "was obtained at the Government's expense, by its officers, while acting on its behalf, the officers who committed these crimes are the same officers who were charged with the enforcement of the Prohibition Act, the crimes of these officers were committed for the purpose of securing evidence with which to obtain an indictment and to secure a conviction *** The terms of appointment of federal prohibition agents do not purport to confer upon them authority to violate any criminal law *** And if this Court should permit the Government, by means of its officers' crimes, to effect its purpose of punishing the defendants, there would seem to be present all the elements of a ratification If so, the Government itself would become a lawbreaker * * Decency, security and liberty alike demand that government officials shall be subjected to the same rules of conduct that are commands to the citizen government of laws, existence of the government will be imperilled if it fails to observe the law scrupulously Our Government is the potent, the omnipresent teacher For good or for ill, it teaches the whole people by its example. Crime is contagious If the Government becomes a lawbreaker, it breeds contempt for law, it invites every man to become a law unto himself, it invites anarchy To declare that in the administration of the criminal law the end justifies the means-to declare that the Government may commit crimes in order to secure the conviction of a private criminal—would bring terrible retribution

Against that permicious doctrine this Court should resolutely set its face"

By a vote of but one Justice, however, the Court refused to set its face against that doctrine

The opinion of Mr Justice Branders is far more than a mere cold, legal document. It is a philosophical exposition of the principles of liberty as guaranteed by the Constitution "To prove its case," he declared, "the Government was obliged to lay bare the crimes committed by its officers on its behalf" The Government was required not only to lay bare these crimes, but to rely upon them, and to use them in order to secure a conviction against the defendants The only theory upon which this was justifiable is the principle that "The end justifies the means" But that is a dangerous, and unsound and an immoral principle It is however, unfortunately a principle all too frequently relied upon in connection with the attempted enforcement of the National Prohibition Act It is a principle which zealots and reformers of all ages have invoked. It is a principle whose logical consequence is the destruction of all rights and all liberties in order to obtain some fancied good

"Applying to the Fourth and Fifth Amendments the established rule of construction," said Mr Justice Brandeis, "the defendants' objections to the evidence obtained by wire-tapping must, in my opinion, be sustained. It is, of course, immaterial where the physical connection with the telephone wires leading into the defendants' And it is also immaterial premises was made that the intrusion was in aid of law enforcement. Experience should teach us to be most on our guard to protect liberty when the Government's purposes are beneficient. Men born to freedom are naturally alert to repel invasion of their liberty by evil-minded rulers The greatest dangers to liberty lurk in insidious encroachment by men of zeal, well-meaning but without understanding"

He dissented further upon the ground that irrespective of the constitutional amendments, the Government should not use in the prosecution against any of its citizens evidence obtained through the crimes of its officers "But I think, as Mr Justice Brandeis says," declared Mr Justice Holmes in his dissenting opinion, "that apart from the Constitution the Government ought not to use evidence obtained and only obtainable by a criminal act. * * * I think it a less evil that some criminals should escape than that the Government should play an ignoble part. For those who agree with me no distinction can be taken between the Government as prosecutor and the Government as judge If the existing code does not permit district attorneys to have a hand in such dirty business it does not permit the judge to allow such inequities to succeed"

In the dissenting opinion of Mr Justice Butler there is a paragraph of especial interest to phy794 LEGAL

to determine that question" The Chief Justice declared that the common law should apply masmuch as the Fourth and Fifth Amendments to the Constitution were not applicable

Possibly as a suggestion to some future Congress, however, the learned Chief Justice remarked "Congress may of course protect the secrecy of telephone messages by making them, when intercepted, inadmissible in evidence in Federal criminal trials, by direct legislation, and thus depart from the common law of evidence"

Any layman or lawyer would hesitate to express his criticism of the Court's decision in language as complete, as pointed and as scathing as that employed in some of the opinions of the dissenting Justices. The language used by Mr Justice Brandeis will perhaps some day be quoted and referred to with as much enthusiasm and approval as is now employed concerning the great dissenting opinion of Justice Benjamin R. Curtis in the Dred Scott case.

At the time of the adoption of the Fourth and Fifth Amendments, he said "Force and violence were then the only means known to man by which a government could directly effect self-incrimina-It could compel the individual to testify a compulsion effected, if need be, by torture could secure possession of his papers and other articles incident to his private life—a seizure effected, if need be, by breaking and entry Protection against such invasion of 'the sanctities of a man's home and the privacies of life' was provided in the Fourth and Fifth Amendments by But 'time works changes, specific language. brings into existence new conditions and pur-Subtler and more far-reaching means of invading privacy have become available to the Government Discovery and invention have made it possible for the Government, by means far more effective than stretching upon the rack, to obtain disclosure in court of what is whispered in the closet"

Mr Justice Brandeis discusses the very nature and purpose of the Constitution, calling attention to the fact that since the days of Chief Justice Marshall, this Court "has repeatedly sustained the exercise of power by Congress, under various clauses of that instrument, over objects of which the Fathers could not have dreamed * * * Clauses guaranteeing to the individual protection against specific abuses of power, must have a similar capacity of adaptation to a chang-'Time works changes, brings into ing world existence new conditions and purposes fore a principle to be vital must be capable of wider application than the mischief which gave This is peculiarly true of constituit birth tion'"

It is, however, not only to the present that the Courts must look in their interpretation of our fundamental law, but to the future also "The progress of science," he says, "in furnishing the

Government with means of espionage is not likely to stop with wire-tapping. Ways may some day be developed by which the Government, without removing papers from secret drawers, can reproduce them in court, and by which it will be enabled to expose to a jury the most intimate occurrences of the home Advances in the psychic and related sciences may bring means of exploring unexpressed beliefs, thoughts and emotions" Quoting from the leading case of Boyd against United States, he declared that the principles affecting the very essence of constitutional liberty and security "apply to all invasions on the part of the Government and its employes of the sanctities of a man's home and the privacies of life It is not the breaking of his doors, and the rummaging of his drawers, that constitutes the essence of the offence, but it is the invasion of his indefeasible right of personal security, personal liberty and private property, where that right has never been forfeited by his conviction of some public offence, * * * Breaking into a house and opening boxes and drawers are circumstances of aggravation, but any forcible and compulsory extortion of a man's own testimony or of his private papers to be used as evidence of a crime or to forfeit his goods, is within the condemnation" of the Fourth and Fifth Amendments

What difference is there between breaking open a man's mail and breaking in upon his private conversation which he holds in his own home with a person elsewhere, but connected with him through the instrumentality of the telephone? "The mail" said Mr Justice Brandeis, "is a public service furnished by the Government The telephone is a public service furnished by its authority There is, in essence, no difference between the sealed letter and the private telephone message. * * * The evil incident to invasion of the privacy of the telephone is far greater than that involved in tampering with the mails Whenever a telephone line is tapped, the privacy of the persons at both ends of the line is invaded and all conversations between them upon any subject, and although proper, confidential and privileged, may be overheard Moreover, the tapping of one man's telephone line involves the tapping of the telephone of every other person whom he may call or who may call him As a means of espionage, writs of assistance and general warrants are but puny instruments of tyranny and oppression when compared with wire-tapping"

The Fourth and Fifth Amendments to the Constitution should not receive, declares this great dissenting opinion, a mere literal interpretation, and indeed an analysis of previous decisions shows that the Supreme Court repeatedly has refused to construe them in a narrow or a limited spirit, but has interpreted them instead in the light of the object for which they were designed That object was to "insure that a person should not be compelled, when acting as a witness in any

investigation, to give testimony which might tend to show that he himself had committed a crime The privilege is limited to criminal matters, but it is as broad as the mischief against which it seeks to guard"

Again referring to the spirit and purpose of the founders, Mr Justice Brandeis declares "The makers of our Constitution undertook to secure conditions favorable to the pursuit of happiness They recognized the significance of man's spiritual nature of his feelings and of his intel-They knew that only a part of the pain, pleasure and satisfactions of life are to be found in material things They sought to protect Americans in their beliefs, their thoughts, their emotions and their sensations They conferred, as against the Government, the right to be let alone—the most comprehensive of rights and the right most valued by civilized men To protect that right, every unjustifiable intrusion by the Government upon the privacy of the individual, whatever the means employed, must be deemed a violation of the Fourth Amendment And the use, as evidence in a criminal proceeding, of facts ascertained by such intrusion must be deemed a violation of the Fıfth"

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sicians He there points out that the sanctioning of wire tapping invades the sacred confidential privilege which the law for so long has thrown around communications between patients and their "Telephones," he says, "are used physicians generally for transmission of messages concerning official, social, business and personal affairs including communications that are private and privileged—those between physician and patient, lawyer and client, parent and child, husband and The contracts between telephone companies and users contemplate the private use of the facilities employed in the service. The communications belong to the parties between whom they pass During their transmission the exclusive use

of the wire belongs to the persons served by it Wire tapping involves interference with the wire while being used"

As good citizens, we must obey and respect the decision of the Supreme Court, irrespective of the fact that it was secured by a majority of but one vote, and entirely independent of whether or not we agree with the reasoning of the great dissenting opinions in this case. But as good citizens, it is likewise our duty to observe the course of constitutional decisions, to ponder and reflect upon the trend of the times, and to form our judgments accordingly. The dissenting opinions in this case are of incalculable value for this purpose

NEGLIGENT TREATMENT OF FRACTURE OF THE ILIUM RESULTING IN TUBERCULOSIS

An employee during the course of his employment had sustained an injury and was removed to the hospital for treatment He instituted an action against the hospital and the surgeon who had treated him, and in his complaint alleged that on the 13th of February, while in the course of his employment he was working on a circular saw, which was unprotected and which struck him on the right side of his body, when the board drop on the saw kicked back, causing a fracture of the right anterior superior spine. He claimed that as such employee he was entitled to the benefits of the Workmen's Compensation Law and was sent to the defendant hospital for treatment That the defendant physician was retained by his employer to render the necessary medical care and attention to the plaintiff. That both the hospital and the surgeon were negligent and careless in their treatment of the plaintiff That they discharged him as cured when as a matter of fact he was suffering from a fracture of the right anterior superior spine and that they had failed in their treatment of the plaintiff to properly diagnose his condition and to discover the presence of the fracture That by reason of the failure to properly treat him and to discover the fracture, plaintiff contracted tuberculosis which prevented him from attending to his regular employment, and by this action he seeks to recover damages for these injuries

The surgeon in the month of February was called to attend the plaintiff who had sustained an injury during the course of his employment. Upon examination the surgeon found he was suffering from a fracture of the right anterior spine of the ilium. He at once ordered him into a hospital. The patient was put to bed and a wet dressing applied over the contused area. Thereafter he was seen daily by the surgeon.

were taken and showed the presence of a fracture of the ilium that the fragments were in good position The surgeon continued to watch the patient until the swelling went down and the abra-After this he applied an adhesive plaster dressing bandage around the body at the pelvis and kept the patient in the hospital for about two weeks, seeing him daily After leaving the hospital the patient was sent to a sanitarium for convalescence At the time he left the hospital he was able to walk. He was next seen by the surgeon about a week later when he called at the surgeon's office, at which time he was walking, but complained of pains about his body. An examination was made of the blood and sputum, but no evidence found of any disease The fracture was found to be united and in good position Thereafter he returned to the surgeon's office several time and was sent to another hospital for examination of his lungs and also to a physician specializing in lung conditions. This physician reported to the defendant that he had X-rayed and examined the plainaff, but found no evidence of tuberculosis The plaintiff then ceased to call upon the defendant physician and no further treatment was rendered by the defendant During the course of his treatment he had received workmen's compensation under the Workmen's Compensation Law When last seen by the defendant physician the fracture had grown together, there was good union and normal function and the defendant could find no reason why the plaintiff could not return to work

This action finally came on for trial and the plaintiff failing to prove that he was suffering from tuberculosis or that the defendant physician or the hospital had negligently or carelessly treated him, the trial resulted in a dismissal of the complaint by the trial court



HOUSE OF DELEGATES



MINUTES OF ANNUAL MEETING

The Annual Meeting of the House of Delegates of the Medical Society of the State of New York was held at the Ten Eyck Hotel, Alban, on Monday afternoon, May 21, 1928 Speaker, Dr E Eliot Harris, Vice Speaker, Dr John A Card, Secretary, Dr Daniel S Dougherty

The Speaker announced that the secretary would call the roll by counties for the purpose of determining the presence of recognized delegates. A quorum being present, the Speaker declared the House organized for

business

1 Reference Committees

The Speaker The first order of business is the report of the Committee on Credentials, Dr Dougherty

The Secretary Mr Speaker and Gentlemen, the Com-

mittee on Credentials has the pleasure of reporting that there is no duty for it to perform, as there are no disputed delegations

The Speaker The Minutes of the previous meeting having been published If there is no objection they will stand approved as printed, hearing none, it is so ordered

The Secretary I move that the reports be referred to the various Reference Committees as printed

Motion seconded and carried by unanimous vote The Secretary I also move that masmuch as the report of the Committee on Revision of the Constitution and By-Laws is a very lengthy one that the Rules of Order regarding Reference Committees be suspended as far as that report is concerned and that it be made direct to the House

Seconded and carried

The Speaker Mr Secretary, please read the Reference Committees as appointed by the Speaker

Deference Committee on the Report

The Secretary Reference Committee on the Report of the President Horace M Hicks, Montgomery, Chairman, Leo Γ Schiff Clinton, Augustus J Hambrook, Rensselaer, C Ward Crampton, New York, Lebn A Hittel Vetter John A Hatch, Yates

Reference Committee on the Reports of the Secretary, Reference Committee on the Reports of the Secretary, the Council, and the Board of Censors Charles R. Borzilleri Erie, Chairman, J. Lewis Amster, Bronx, Charles H. Goodrich, Kings Floyd S. Winslow, Monroe, Federick H. Flaherty, Onondaga Reference Committee on the Reports of the Treasurer

and Trustees Howard G Myers, New York Chairman, Eugene E. Hinman, Albany, C Knight Deyo, Dutchess-Putnam, H D MacFarland, Oneida, Joseph B Hulett Orange.

Reference Committee on the Report of the Committee on Legislation William H Ross, Suffolk, Chairman, Carl Boettiger, Queens Frederic E Sondern, New York, J Milton Mabbott, New York, Joseph P Garen,

Cattaraugus

Reference Committee on the Report of the Committee on Scientific work and the Committee on Arrangements Walter D Ludlum Kings, Chairman, Harry Aranow, Bronx, Frank M Dyer Broome, L A Van Kleeck, Nassau, Charles R. Barber, Monroe.

Reference Committee on the Report of the Committee on Public Health and Medical Education George W Kosmak, New York, Chairman, Thomas F Dwyer, Crie, Lucius H Smith Wayne Luther C Payne, Sullivan Albert W Ferris, Schwier

Reference Committee on the Report of the Committee on Medical Economic Walter T Dannreuther, New York Chairman, William A. Jewett, Kings, Ernest E. Smith, Queens, Arthur J Bedell, Albany, Reeve B Howland, Cheming

Reference Committee on the Reports of the Committees on Heart Disease and Medical Research Elias H Bartley, Kings, Chairman, Charles C Trembley, Franklin, Harold A Patterson, Livingston, DeWitt Stetten, New York, H P Hourigan, Erie Reference Committee on the Reports of the Committee Public Palestone and Committee on the Reports of the Committee Public Palestone and Committee and Public Palestone and Committee and

mittee on Public Relations and Councilors Harrison Betts, Westchester, Chairman, Frederick C Reed, Schenectady, W Grant Cooper, St Lawrence, George B Stanwix, Westchester, Earl H King, Saratoga Reference Committee on the Report of the Com-

mittee on Revision of Constitution and By-Laws George W Cottis, Chautauqua, Chairman, Harrison Betts, Westchester, Luzerne Coville, Tompkins, Leon M Ky-

Westchester, Luzerne Coville, Tompkins, Leon M Kysor, Steuben, William B Hanbidge, St Lawrence.
Reference Committee on the Report of the Legal Counsel John Douglas, New York, Chairman, Thomas C Chalmers, Queens, Charles A Gordon, Kings, Robert E DeCeu, Erie, Norman S Cooper Greene.
Reference Committee on New Business A Terry M Townsend, New York, Chairman, Frederick, J Schnell, Niagara, Cornelius J Egan, Brony, Morris Maslon, Warren, George A Leitner, Rockland
Reference Committee on New Business B Otto H Leber, New York, Chairman, Arthur S Driscoll Richelman, A

Leber, New York, Chairman, Arthur S Driscoll, Richmond, John H Reid, Rensselaer, Frank L Eastman,

Ulster

Reference Committee on New Business C Thomas M Brennan, Kings Chairman, Aaron Sobel, Dutchess-Putnam, Edmund L Finley, Madison, Lyman C Lewis.

Allegany

Reference Committee on the Reports of the Committee on Nursing and Committee to Study the Curriculum for Nursing Education William A Jewett Kings, Chairman, Joseph R. Mayer, Monroe, Edmund F. Specht, Bronx, Seth N. Thomas, Cayuga, Joseph P. Henry, Monroe.

Reference Committee on the Report of the Committee on Immunization of Children Against Diphtheria Edward M Colie, New York, Chairman, Charles L. Nichols Columbia, Claude C Lytle, Ontario, Herbert B Smith, Steuben, Edgar Bieber, Chautauqua

Reference Committee on Credentials Daniel S Dougherty New York Chairman, Norman S Cooper Greene William S Krieger, Dutchess-Putnam, Sylvester C.

Clemans Fulton, Fred C. Sabin, Herkimer

2 Revision of Constitution and By-Laws

The Secretary I move that before the various Committees to whom the reports have been assigned convene, we hear the report of the Chairman of the Committee on the Revision of Constitution and By-Laws as there have been some very important changes made (lournal May 1, page 512) Seconded and carried

The Secretary I move that the Chairman of the Committee on the Revision of the Constitution and By-Laws read only the sections that have been changed.

Seconded and carried.

Dr Kopetski Mr Speaker and members of the House of Delegates The report of the Committee on the Revision of the Constitution and By-Laws is in two parts one part being the Revised Constitution and By-Laws as printed and the other a supplementary report which I will now read

SUPPLEMENTARY REPORT

Amendment to Article IV "The Council shall be

composed of the President, the Secretary, the President-Elect, the Treasurer, and the President and Secre-

tary of each of the District Branches"

The Committee rejected this Amendment for the following reasons 1st. Because the Council is the adinterim House of Delegates and the proposed Amendment eliminates the officers of the House of Delegates 2nd Because it adds to the Council persons who

might not even be Delegates

Amendment to Article V "The officers of the society shall be a President, a President-Elect, two Vice-Presidents, a Secretary, an Assistant Secretary, a Treasurer, an Assistant Treasurer, a Speaker, a Vice-Speaker, five Trustees, and two Councillors from each District Branch, who shall be the President and Secretary thereof They shall be elected by the District Branch in which they reside, for a term of two years officers, except the Councillors, shall be elected for one year or until their successors have been duly chosen They shall take office at the termination of the annual meeting"

The Committee disapproved this amendment for the reasons that the Amendment of Article IV was dis-

approved

Article XI Redistrict the District Branches as fol-

First District shall include the Counties of Bronx, Dutchess, New York, Putnam, Orange, Rockland, Sulli-van, Ulster, Westchester

Second District shall include the Counties of Kings,

Nassau, Queens, Richmond, Suffolk.
Third District shall include the Counties of Albany,
Columbia, Greene, Montgomery, Rensselaer, Schenectady, Schoharie

Fourth District shall include the Counties of Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren,

Washington,

Fifth District shall include the Counties of Herkimer. Jefferson Lewis, Madison, Onondaga, Oneida, Oswego, St. Lawrence.

Sixth District shall include the Counties of Broome, Chemung, Chenango, Cortland, Delaware, Otsego, Ti-

oga Tompkins

Seventh District shall include the Counties of Cayuga, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates

Eighth District shall include the Counties of Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara,

Orleans Wyoming

We make no recommendations as to the changes of formation of the District Branches, except we feel that it might be advisable to accede to the wishes of Steuben County and to transfer it from the 6th to the 7th District, and the Committee feels that this would be geographically proper

Regarding the By-Laws, "Section 20 Repeal and amend to read 'It shall meet once during the months of October, December, February and April of each year the time and place to be selected by the President, and it shall meet at other times upon the request in writing of five members of the Council upon the call of the

President "

The Committee feels that this suggested amendment would impose an unnecessary burden upon the time and services of the members of the Council We recommend that two stated meetings shall be held each year and as many more as may be necessary may be held but the fixing of so many regular meetings of the Council for the whole year, we find to be unnecessary and no existing needs have arisen in the past to warrant

"Section 26 Repeal and amend "The Executive Committee of the Council shall be constituted as follows The President, the Secretary, the Treasurer and four of the eight Presidents of the District Branches, those from 1, 3, 5, 7, serving for one year and those from Districts 2, 4, 6, 8, the next. The Executive Committee

shall, when elected, organize immediately and elect a Chairman, a Vice-Chairman and a Secretary The Executive Committee shall hold regular meetings at times and in places that shall be fixed by the Chairman and at other times subject to the call of the Chairman, and any two members of the Executive Committee may require the Chairman thereof to call a meeting for such time and place as shall be designated by them in writing, of which the members shall have at least three days' notice. Four members shall constitute a quorum shall prepare a budget to be acted upon by the Board of Trustees'"

The Committee disapproves this Amendment for the

following reasons

1st. That the Executive Committee is the contractive

Board of the Council

That in order to efficiently carry on the work of the Council there should be continuity of thought and action and to have one group of men starting a series of work one year and another group of men carrying on the work another year is not conducive to efficiency in organization Familiarity with the work which develops in the Executive Committee is enhanced by continuous service. There is no advantage in having one set of District Branches serve one year and another set of District Branch Presidents serve another year

3rd, and Finally That to make the personnel of the Executive Committee mandator, precludes from the Council the possibility of appointing extra men to the Executive Committee who might be especially qualified to handle specific topics that might at various times be brought before the Executive Committee or the Council for deliberation and action

"Section 38 Repeal and amend to read "The Speaker shall preside at all meetings of the House of Delegates and shall perform such other duties as parliamentary usage may require."

The Committee approves this Amendment but has changed the verbiage and has incorporated it in the revised Constitution.

"Section 55 Add 'A Committee on Public Relations to consist of five members and the executive officer member ex-officio. The function of such committee to deliberate with other agencies both official and unofficial concerning the plans, purposes and objectives of their organizations insomuch as they have a relation to the medical profession"

The Committee approves in principle this Amendment It has changed the verbiage and has incorporated it in the Revised Constitution

The Committee does not approve the inclusion of the Executive Officer as a member of the Committee. The Executive officer is a paid official of the Society He serves all officers and all committees His services are subject to the call of this Committee and there is no necessity of his serving on it as a member of the Committee. The Committee disapproves of any paid officer of the Society holding any official office in the Society

"Section 62 Repeal and amend to read "The President shall report to the Council the committees that he shall deem expedient for the purposes of the meeting of the House of Delegates and the members of these Committees shall be elected by the Council at the meeting of that body in February preceding the meeting of the House of Delegates'"

The Committee disapproves of this Amendment for the reason it is adopting a rule contrary to Parliamentary procedure and expediency. The officers of a deliberative assembly should be active members of it appointed by the presiding officer. To give the transient officers of a deliberative assembly of the House of Delegates the status of officers of the State Society and to take care of their appointments in the Constitution other than in Parliamentary procedure is disapproved

"Section 84 Add 'Each component County Society

shall have the privilege of electing if it so desires, either a physician secretary or a lay executive secretary in either case the person so elected to be fully and completely recognized as the Secretary of the Society in all official matters wherein a Secretary shall have jurisdiction'

The Committee disapproves this Amendment because it interferes with the autonomous self-government of constituent bodies. It is not the function of the State Society to dictate what the County Societies shall do in such cases Each County Society may in its own County elect an executive officer if it so desires

"Amend the By-Laws so that the columns of the JOURNAL be always open for publication of resolutions adopted by County Societies when requested, and that on moot matters affecting the welfare of all practicing physicians of the State of New York its column be impartially open to the opponents and the proponents of

pending legislation"

The idea of publishing official communications has been accepted by the Committee and incorporated into Chapter V, Section 3, as far as the Committee deemed it wise to use the columns of the Journal for con-troversial points. We feel that, the Journal being an official organ, it should only express official opinions and unless the resolution is the official opinion of the County Society, the Journal should not be used because of the limited space allowed for the expression of private

or unofficial views
"Amend the By-Laws so that each District Branch has the power of considering the advisability of employing a field secretary to execute the detail work of component County Societies of each district."

This is disapproved as an Amendment to the By-Laws in so far as it would interfere with the home rule of the County Societies Any County Society has the right to employ any person whom they have money to pay

JOHN A CARD, J RICHARD KEVIN, HORACE M. HICKS, SAMUEL J KOPETZKY

Dr Bedell, Albany I move the adoption of this report

Seconded

Dr Goodrich, Kings It seems to us from this report that perhaps due consideration has not been given to all the suggestions that have been made and that the resolutions which have been offered for Amendments have not been considered as fully as they should be. Our delegation came to this meeting last year with what they hoped would prove to be very constructive and helpful legislation for the State Society I, therefore, move as a substitute motion that the question of the revision of the Constitution and By-Laws be rereferred to the Committee for further consideration, and that final action upon the Report of this Committee be postponed until the next meeting of the House of Delegates

The Secretary Mr Speaker, for the information of the House I wish to state that the amendments to the By-Laws are not before the House at present, merely the report of Dr Kopetzky regarding those amend-

ments

Dr Goodrich, Kings I understood the report of the Committee on the Amendments to the By-Laws was before the House for discussion.

The Speaker Not hearing the substituted motion

seconded, the matter is still open for discussion on the question of adopting the report.

Is there any further discussion on the motion? There being none, the motion before the House is that the report of the Committee on the Amendments to the By-Laws be adopted

Dr Ludlum, Kings I second Dr Goodrich's sub-

stitute motion.

The Speaker Will the Secretary kindly read the substitute motion

The Secretary "That the question of the Revision of the Constitution and By-Laws be re-referred to the Committee for further consideration, and that final action upon the report of this Committee be postponed until the next meeting of the House of Delegates

Dr Phillips, New York Does the stated motion ask for a ruling on this, because it seems to me the proper motion would have been to receive the report? Does the motion to adopt the report mean the adoption of all the

changes in the By-Laws and Constitution?

The Speaker My ruling is that the motion to adopt the report simply means the adoption of what has already been read. Is there any more discussion?

Dr Rooney, Albany I move that the report of the Committee be postponed and be made a part of the order of business under the report of the Committee on Revision of the Constitution and By-Laws, which is yet to be presented

The Speaker It has been moved a substitute for the substitute motion, that this portion of the report which is before the House be referred back to the Committee and be brought up in connection with the full report

Dr Crampton, New York I substitute for the substitute motion that we receive and accept the report as rendered and consider what we will do with it later

The Speaker The substitute substitute motion is out of order because it goes back to the original question in substance and is not changed from the original question

The Speaker The By-Laws will now be taken up

item by item

Article I of the Constitution Purposes of the Society I find nowhere in this report that the official name of this incorporated society has been mentioned and I therefore move that there be embodied in Article I, "The name of this Society shall be the Medical Society of the State of New York."

Seconded and carried

Membership No change, I move its Article II Seconded and carried

Article III House of Delegates No change move its adoption. Seconded and carried

Council No change. I move its adop-Article IV tion. Seconded and carried.

Article Officers Transpose the words Speaker and a Vice-Speaker of the House of Delegates" so they follow the words "an Assistant Treasurer" Article V will then read as follows

"The officers of the Society shall be a President a President-elect, two Vice-Presidents, a Secretary, an Assistant Secretary, a Treasurer an Assistant Treasurer, a Speaker and a Vice-Speaker of the House of Delegates, five Trustees, and one Councilor from each District Branch, who shall be the President thereof He shall be elected by the District Branch in which he re-sides for a term of two years The officers, except the councilors, shall be elected for one year or until their successors have been duly chosen. They shall take office at the termination of the Annual Meeting

I move its adoption. Seconded

There is an error in this that Dr Rooney, Albany I wish to call to the attention to the House of Delegates Article V states that the officers, except the Councillors, shall be elected for one year Article VI states that five members elected as such Trustees and the President, the Secretary and the Treasurer shall be members of the Board of Trustees without vote. In 1926 one trustee shall be elected for five years, one for four years, etc., etc. Now, they are Officers of the House of Delegates, but Articly I. The House of Delegates, in the Articly I. The House of Delegates, in the House of Del but Article V says that all officers of the House except the Councillors shall be elected for one year and the other section says that the Trustees shall be elected for five years

I, therefore, move that the section be amended by adding the word "Trustees" following the word "Councillors" The section will then read 'the Officers, except

the Councillors and Trustees, shall be elected for one

year "

The Speaker All in favor of adopting Article V of the Constitution as amended say "Aye" Seconded and Seconded and Carried

Article VI Omit the words "The Speaker" and insert the words "The Treasurer," making it read "The Board of Trustees shall consist of five members elected as such Trustees and the President, the Secretary and the Treasurer during their term of office shall be members of the Board of Trustees with voice but without vote.

"In 1926 one Trustee shall be elected for five years, one for four years, one for three years, one for two years and one for one year and thereafter, one Trustee shall be elected annually for a period of five years, and in the event of a vacancy a Trustee shall be elected for

the unexpired term"

I move its adoption Seconded

Dr Rooney, Albany I move as a substitute motion "The Board of Trustees shall consist of five members elected as such Trustees The President, the Secretary and the Treasurer during their term of office shall sit with the Trustees with voice but without vote'

Seconded

The Secretary I amend the words "during their term of office" be stricken out because they are not President, Secretary, etc., at any other time.

Dr Rooney, Albany I accept the amendment

The Secretary Now will the Chairman read Sec-

The Chairman The Board of Trustees shall consist of five members elected as such Trustees President, the Secretary and the Treasurer shall sit with the Board of Trustees with voice but without vote. One Trustee shall be elected annually for a period of five years. In the event of a vacancy, a Trustee shall be elected for the unexpired term

I move its adoption. Seconded and carried Article VII. The President, the Secretary of the Society and eight District Councillors shall be known as the Board of Censors of the Society Five Censors shall constitute a quorum The President and Secretary shall be the President and Secretary, respectively, of the Board but without vote

The Board of Censors shall meet upon the call of the President The Secretary shall prepare and submit the report of the Board of Censors to the House of Delegates In case of a tie, the President shall cast a deciding vote.

I move its adoption Seconded and carried

Article II The membership of the Society shall be

The Riest District Branch shall comprise the members of the Medical Societies of the Counties of New York, Bronx, Westchester, Rockland, Putnam, Orange, Dutchess and Richmond

The Second District Branch shall comprise the members of the Medical Societies of the Counties of Kings,

Queens, Nassau and Suffolk.

The Third District Branch shall comprise the members of the Medical Societies of the Counties of Albany, Rensselaer, Schoharie, Greene, Columbia, Ulster and Sullivan

The Fourth District Branch shall comprise the memhers of the Medical Societies of the Counties of St Lawrence, Franklin, Clinton Essex, Hamilton, Fulton, Montgomery, Schenectady, Saratoga, Warren and Washington

The Fifth District Branch shall comprise the members of the Medical Societies of the Counties of Onondaga, Oneida, Herkimer, Oswego, Lewis, Madison and Jefferson

The Sixth District Branch shall comprise the members of the Medical Societies of the Counties of Otsego,

Delaware, Chenango, Cortland, Tompkins, Schuyler, Chemung, Tioga, Broome and Steuben
The Seventh District Branch shall comprise the members of the Medical Societies of the Counties of Monroe, Wayne, Cayuga, Seneca, Yates, Ontario and Livingston

The Eighth District Branch shall comprise the mem bers of the Medical Societies of the Counties of Eric, Niagara, Orleans, Genesee, Wyoming, Allegany, Cattaraugus and Chautaugua

Sec 2 Each District Branch may adopt a constitution and by-laws for its government and may amend the same, but before becoming effective they shall be approved by the Council They shall be consistent with the Constitution and By-Laws of this Society
I move its adoption Seconded

The Secretary Mr Speaker, at the last Annual Meeting there was some discussion as to District Branches So I moved this be laid over and referred to the Committee on the Revision of the Constitution and By-Laws until we heard from the various counties All of the counties have received a communication from the Secretary telling them of this revision and asking what changes if any they desired The only change that was fairly insisted on is Steuben County, which wishes to be transferred from the Sixth to the Seventh

Ulster and Sullivan Counties expressed a wish to come into the First District
The First District Branch already comprises over half your membership. Why so enormously enlarge some Districts and lessen others? Your Comittee, therefore, did not believe that the request of Ulster and Sullivan Counties should be granted But it did believe that owing to geographical distribution and to the requests expressed by the Delegates to the House of Delegates and the Secretary of the Steuben County So ciety that Steuben County be transferred to the Seventh District, and I, therefore, move that Steuben Counv be placed in the Seventh District

Seconded and carried The By-Laws, Chapter 1, Section 1, Membership The Active members shall be all active members in good standing of the component county medical societies. A copy of the roster of such members certified to be correct by the Secretary of such county society shall be evidence of the right of the members whose names appear therein to membership in this Society No applicant shall be eligible to membership until he has established that he is of good moral and professional character and reputation, and that admission would not be prejudicial to the best interest of the Society No member who has been drapped from the roll of a component county society by reason of failure to pay dues shall be accepted by another society except by regular transfer after reinstatement in the original society

Then the rest of it is the same

I move its adoption Seconded and carried Chapter III Election of Officers Sec. 13 becomes Sec. 1, and one word added "The officers, Trustees and Chairman of standing committees of the Society," otherwise same Number 14 becomes 2, thirteen becomes 3, sixteen becomes 4 and after the end of Paragraph 16 there is this sentence "in the calendar year preceding the meeting of the House of Delegates to which they are elected "that is Section5, which I will now read to

"The delegates to the American Medical Association shall be elected in the calendar year preceding the meeting of the House of Delegates to which they are elected and in accordance with the Constitution and By-Laws of that body Delegates may be elected to other medical societies or similar bodies as the interests of the Society may require, and credentials shall be issued to all delegates, signed by the President and Secretary.

Chapter IV Council Sec. 19 becomes Sec. 1, Sec. 20 becomes Sec. 2 and reads, "It shall meet twice a year, the time and place to be selected by the President,

and it shall meet at other times upon the request in writing of five members of the Council, or upon the call of the President"

I move its adoption Seconded and carried.

Chapter V Executive Committee Sec. 1 At its first regular meeting the Council shall choose by a majority vote five members of the Council, two of whom shall be councillors, who together with the President, the Secretary, the Treasurer and the immediate past president shall constitute the Executive Committee. We had to make the Executive Committee a little larger in accordance with the amendments

I move its adoption Seconded and carried

Now, it is all the same until what was formerly Sec.

28, now Sec. 3
Sec. 3 The Executive Committee shall superintend all publications of the Society and their distribution and shall have authority to appoint an editor and such assistants as it may deem necessary and provide for the publication of official pronouncements of component county societies when requested by said society

I move its adoption Seconded and carried

No further change in that section until you come to Trustees and here again I must rely on section numbers

The Secretary In explanation I would say that there was provision at the time of the organization of the Trustees as to the method of electing or appointing of a Chairman It was decided at the organization meeting that the member of the Trustees serving his last term should hereafter be recognized as the Chairman of the Trustees Of course that was not in the By-Laws it was by resolution of the Trustees and now has to be

At the first meeting of the Board of The Chairman Trustees following the Annual Meeting of the House of Delegates, it shall organize under the chairmanship of the senior member The Board shall hold regular meetings at the time and place designated by them. Any three members of the Board of Trustees shall require the Chairman to call a special meeting at the office of the State Society for such time as shall be designated by them in writing and of which the members of the Board shall have at least seven days notice.

I move its adoption

Dr Greene, Chemung I move to amend by substituting the word two for three, making it read any two members of the Board of Trustees shall require the Chairman,

The Chairman I accept the amendment.

Seconded and carried.

Sec. 2 Add "The fiscal year shall begin July 1st and end June 30th of the following year"

I move its adoption Seconded and carried

Chapter VII Duties of Officers Add a new Section to read as follows "The President-Elect shall perform no specific duties other than those of a member of the Council but shall attend the meetings of the Executive Committee without voice or vote."

I move its adoption Seconded and carried Dr Rooncy Albany I wish to ask unanimous consent of the House after Section 7 has been disposed of to consider the first portion of Section 6

Motion seconded and carried

The Speaker Is there any objection to Dr Rooney's request to return from Sec. 7 to Chapter VI, Sec. 3?

Dr Rooney, Albany I wish to call the attention of the House of Delegates to the law in relation to membership corporations in this State which require their reports and audit shall be made by a Certified Public Accountant, registered with the State of New York. There is no provision in Section 2 of the Board of Trustees about the appropriate hard approp tees about the approved bond of Treasurer, his amount of bond and surety I, therefore, move that the words, "Certified Public Accountant licensed by the State of New York" be inserted

Motion seconded To read "The Board of Trustees shall approve the bond of the Treasurer as to the

amount, form and surety It shall employ a Certified Public Accountant licensed by the State of New York to audit the accounts of the Treasurer, Secretary," etc.

Carried

Chapter VII, Sec. 4 "The speaker shall preside at all meetings of the House of Delegates," and all the rest deleted

I move its adoption Seconded and carried

Sec. 6 "The Secretary shall attend all meetings of the Society, the House of Delegates, the Council, Board of Trustees, the Executive Committee of the Council and the Censors, and shall keep minutes of their respective proceedings in separate records. He shall be responsible for and have general charge of the Society's offices and the employees therein"

I move its adoption Seconded and carried

Sec. 8 The Treasurer shall keep accurate books of account of all moneys of the Society which he may receive, and shall disburse the same when duly authorized by the Board of Trustees, but all checks drawn by the Treasurer upon the funds of the Society shall be countersigned by the Secretary of the Society

That is the only change I move its adoption

Seconded and carried

At the end of the paragraph He shall collect, on or before the first day of June in each year, from the Treasurer of each component county society the State per capita assessment. He shall at the expense of the Society give a bond for the faithful performance of his duties, which shall be approved by the Board of Trustees as to amount, form and surety, whenever requested.

I move its adoption. Seconded and carried

Chapter VIII Traveling Expenses Substitute the word "fifteen" for the word "ten" preceding the word "dollars" Following the word "dollars" add the sentence "The President-Elect shall be allowed traveling expenses when attending Committee meetings

After the words "of these respective bodies' add a sentence "in all cases where no appropriation has been allowed a standing or special committee traveling expenses shall be allowed the individual members"

Substitute the words "\$250.00, exclusive of the work done by the Secretary regarding notices, programs, etc. for the words "not to exceed \$10000 per annum." Th

section will then read

"Allowances for expenses incurred in the actual performance of official duties by officers, Councillors and Delegates to the American Medical Association shall

be made in conformity with the following conditions "The President and the Secretary shall be allowed intrastate railroad fares and a per diem for maintenance not to exceed fifteen dollars. The President-Elect shall be allowed traveling expenses when attending commit-tee meetings. The members of the Board of Trustees, of the Council, and of the Executive Committee shall be allowed railroad fares to and from the places of meeting of these respective bodies. In all cases where no appropriation has been allowed a standing or special committee traveling expenses shall be allowed the in-dividual members. The same rules shall apply to all members when in the performance of official duties as assigned by the Executive Committee. Proper vouchers must be filed with the Secretary and approved by the Board of Trustees before any such allowance shall be made. The Delegates to the American Medical Association who have attended each session of the House of Delegates of that Association and who shall have filed with the Secretary evidence of such attendance shall be allowed the actual cost of railroad transportation and Pullman accommodations to the place of meeting and return The vouchers of such expense shall be approved by the Board of Trustees before payment. Each District Branch shall be entitled to receive a sum of \$250 00, exclusive of the work done by the Secretary regarding notices, programs, etc., to defray the expenses of holding the annual meeting of such District Branch, provided a proper statement of such expense shall have

been presented to the Secretary and approved by the Trustees All bills, claims or vouchers herein provided for shall be filed within thirty days after the date of the incurring of such expense. This time may be extended for any cause by the Board of Trustees and such extension shall not exceed ninety days'"

Dr. Rooney, Albany. As a member of the Board of Trustees and the state of the Board of the Board of Trustees and the state of the Board of t

Trustees I would like to know more about this provision relating to individual members of the Society who have been assigned certain duties by the Executive Committee being granted their traveling expenses, to know whether the House intends that the Executive Committee may assign to certain specified duties any individual member and whether the House therefore desires that this power given to the Executive Committee shall be binding upon the Board of Trustees

Dr Kevin, Kings Your Committee received this suggestion from the President Most of us do not know the amount of traveling that your President accomplishes every year, nor the immense amount of territory he desires to cover The whole purpose of this change or addition is to allow the President to appoint the President-Elect to represent him at any of the various District Branches or County Society meetings through-out the State. Your Committee considered first the advisability of giving the power to the President, then decided to place the responsibility in the hands of the Executive Committee.

Dr Ross, Suffolk If you permit the Executive Committee to authorize an expenditure without regard to the opinion of the Board of Trustees you are taking out of their hands the control of the financial expenditures for which the By-Laws make them responsible. You are also opening the door to large expenditures and remove or may remove a large part of the conservative function of the Board of Trustees

Will the Chairman of the Committee The Speaker read the Section

"The President and the Secretary The Chairman shall be allowed intrastate railroad fares and a per diem of maintenance not to exceed \$15.00. The President-Elect shall be allowed traveling expenses when attending committee meetings The members of the Board of Trustees, of the Council and of the Executive Committee shall be allowed railroad fares to and from the place of meeting of their respective bodies. In all cases where no appropriation has been allowed a standing or special committee, traveling expenses shall be allowed the individual members. The same rule shall apply to all members when in performance of official duties assigned to them by the Executive Committee and have approval by the Board of Trustees Proper vouchers, etc., etc."

I move its adoption The Chairman Dr Bedell, Albany I think the whole contention lies in the sentence, "The same rule shall apply to all members when in the performance of official duties assigned them by the Executive Committee.

The Secretary
The Speaker I move the clause be stricken out. Will the Chairman please read the

Section as amended

The Chairman "In all cases where no appropriation has been allowed a standing or special committee, traveling expenses shall be allowed the individual members of the Committee. Proper vouchers must be filed with the Secretary and approved by the Board of Trus-

I move its adoption

Chapter X, Sec. 1 Committees

Two Committees

Committees

Committees have been added, one on Public Relations and one on Medical Research

I move its adoption Seconded and carried. Sec. 2 Committee on Scientific Work. No change I move its adoption Seconded and carried Sec. 3 Committee on Legislation. No change. I move its adoption Seconded and carried Sec. 4 Committee on Public Health and Medical Education No change. I move its adoption Seconded and carried Sec. 5 Committee on Medical Economics change.

I move its adoption Seconded and carried

Sec 6 (New Section)
"The Committee on Public Relations shall consist of five members, including the Chairman It shall be the function of this Committee to deliberate with other agencies, both official and unofficial, concerning the plans, purposes and objectives of their organizations insofar as they have a relation to the medical profession."

I move its adoption.

Dr Rooney, Albany I think there should be a provision added to this Section because this Committee will be one of the most important ones of this House in the future, and the provision should be, in my opinion, that no agreement entered into by this shall be binding upon the House until confirmed by the House of Delegates I therefore move to amend this Section by adding, "that the findings of this Committee shall not be binding upon the Medical Society of the State of New York until ratified by the House of Delegates"

The Secretary Amend by adding "or a two-thirds vote of the Council sitting ad interim"

Dr Kopetzky Dr Rooney's suggestion has been in-corporated into the paragraph and it now reads "No findings of this Committee shall be binding upon

the Medical Society of the State of New York until ratified by the House of Delegates, or by a two-thirds vote of the Council sitting ad interim"

I move its adoption Seconded and carried

Sec. 7 Committee on Arrangements No change. I move its adoption. Seconded and carried

(New Section) Sec. 8

The Committee on Medical Research shall consist of ten members, including the Chairman It shall adopt such measures as may be necessary to instruct the public and the profession in the desirability of animal experimentation and shall use all means to oppose such bills as may be presented to the Legislature with the view of limiting or restricting scientific progress. In legislative work it shall act in cooperation with the Committee on Legislation"

I move its adoption

The Secretary I move to amend this Section by adding, "It shall also conduct all matters of medical research referred to it by the House of Delegates or the Council"

Section as amended seconded and carried

Chapter X Special Committees Committee on Medical Research has been made a Standing Commit-

tee, Section 8 of Chapter 10
Chapter XIV Component County Societies first paragraph the following words "Nor shall any component county society accept a physician residing in another county in any other way than in accordance with the law governing transfers"

I move its adoption Seconded and carried

Chapter XV Miscellaneous Sec. 2 Strike out the word "New York" from the name of the Journal and change it to "Official Organ"

I move its adoption

Dr Bedell I have a complete file of the Journals which I would very much dislike to have broken I therefore move that the amendment suggested by the Committee be not adopted

The Chair is in doubt A rising vote called The amendment is lost

Dr Mabbott, New York Moved that Chapter XV, Sec. 2, be adopted as printed Seconded and carried.

Dr Kopetsky I move the adoption, as a whole, of the amended Constitution and By-Laws Seconded and carried

3 RELATION TO VOLUNTARY PUBLIC HEALTH AGENCIES The Secretary introduced the following resolution That the following general principles be Resolved

adopted by the House of Delegates as a basis for the conjoint work of the medical profession and voluntary public health agencies in the carrying on of public health work

I The essential part of public health work being preventive medicine, there should be no failure on the part of official and unofficial health and welfare organizations to recognize the importance of the local practicing physician.

2 All those associated in the conduct of public health activities must recognize fully that preventive medicine is the doctor's rightful field and that laymen must at

all times look to the medical man for guidance and leadership therein

3 Public health work within a county involves three participating factors, lay organizations, official governmental agencies, and the members of the county medical profession.

4 The evolution of a county health program should be the evolution of medical forces within the county It is not only the duty but the prerogative of the local physicians to assume leadership in the organization

physicians to assume leadership in the organization 5. The function of lay organizations and employees of the county health organizations, acting under the leadership of the practising physicians of the county, includes assistance in educational work, in helping those who are unable to carry out the doctor's advice, and in providing means whereby the public health program

may be carried out.

6 Lay organizations are needed in the county Their cooperation is to be welcomed by the physicians They are needed for the great educational work they can do, for their influence on public opinion, legislation and laws, and in many other ways

But preventive medicine must be controlled and guided by the medical men of

the county

7 As the function of the county health officer is not to exercise the function of the physicians of the county but to explain the facilities and stimulate the use of these facilities by the citizens therefore, before any innovations are put into effect by a demonstration or other agency, they should first be thoroughly studied and discussed by the medical society and the professional membership of the county board of health

8 All local publicity should be of fact and simply to inform the people of the county of public health work which is being done, why it is being done, and why it

should be done.

I move it be referred to Reference Committee on New Business (See Sec. 13)

4 CATTARAUGUS COUNTY RESOLUTION

Dr Garen, Cattaraugus, asked the privilege of introducing the following resolution and moved that it be referred to Reference Committee on New Business A

WHEREAS There has been continued in Cattaraugus County, a health demonstration, this continuance being without formal consultation on the part of the Demonstration officials, with the organized local profession,

Whereas The operating agency in this Demonstration is the State Charities Aid Association, and

WHEREAS The State Charities Aid Association has in conference with representatives of the State Medical Society pledged itself to conduct and guide the public health work which it is at present doing, in cooperation with the following consultation with the Medical Society of the County in which the work is being carried on, and

Whereas, Cattaraugus County Medical Society has declared its opposition to the continuance of the Cattaraugus County demonstration, as at present conducted

Therefore Be It Resolved, That the House of Delegates of the Medical Society of the State of New York sustains the protest of the Cattaraugus County Medical Society in its opposition to the Milbank Health Demonstration as at present conducted by the State Charities Aid Association, because it has not been governed by

the principles laid down by this Society governing the conduct of its members in relation to Public Health Work conducted by others than the recognized Medical profession (See Secs 31 and 34)

The Speaker declared a recess until 7 30 P M

EVENING SESSION, MONDAY, MAY 21, 1928
The meeting was called to order by the Vice-Speaker at 8.25 P M

5 RECORDS OF COUNTY SOCIETY MEMBERSHIP

Dr Hambrook, Rensselaer, presented the following resolution

Resolved, That each County Medical Society in the State be furnished by the State Medical Society a supply of cards to keep individual records of its membership Also, furnish a suitable fireproof container to keep such records

Referred to Committee on New Business B (See Sec. 32.)

6 Nurses' Identification

Dr Chalmers, Queens, presented the following resolution

WHEREAS, The attention of the Comitia Minora of Queens County that the Association of Registered Nurses of Greater New York and Long Island has construed the amendment to the General Business Law in relation to the licensing of employment agencies, which amendment became a law on March 29, 1927, as meaning that any physician who sends out any person to render nursing service shall give to each applicant and also send to the employer of such person within twenty-four hours of the time of employment a card stating the salary and qualifications of such applicant, as well as the name and place of the hospital and the length of time of service therein, or other experience in nursing, if not in a hospital whether such person is a graduate, trained, certified, registered, undergraduate or practical nurse or trained attendant, and if a graduate, trained, certified or registered nurse or trained attendant, that there shall also be stated on such card, the number of the annual registration certificates, issued to such nurse, or trained attendant by the Regents of the State of New York for the current year, and that a copy of such card shall be left on file for reference in the doctor's office, in other words, that a physician must be construed as falling within the statutory definition of the term "nurses' registry," and

WHEREAS, If such interpretation be correct, the statute as so interpreted would impose an unnecessary and harassing burden on every practising physician, there-

Be It Resolved, That the opinion of the legal counsel be requested with respect to whether the foregoing interpretation is correct and that if in his opinion such interpretation is correct, then and in such case the Legislative Committee of the State Society is hereby authorized and directed to take such steps as may be necessary, needful and proper to bring about an amendment to the said law to the end that such onerous restriction requirement be removed.

Referred to Reference Committee on the Report of the Committee on Nursing (See Sec. 36)

7 REFERENCE COMMITTEE ON PRESIDENT'S REPORT, COMMITTEE AND DIRECTORY

Dr Hicks Reference Committee on President's Report (Journal, May 1, page 481) We approve the President's recommendation to the effect that there should be a very close relationship between the Executive Committee and the Board of Trustees for the harmonious carrying forward of the policies of the Society as voiced by the House of Delegates

To cement a closer fellowship with the New Jersey and Connecticut State Societies, particularly with reference to the greater usefulness of the Directory and

its status as an official publication of the Society, thereby reducing the expense to our Society, we recommend the appointment of a Committee for the purpose

We recommend that the President be privileged to designate one of the other officers of the Society to represent the State Society at any meeting of a component society, and that his expenses for the same shall be paid by the State Society

Assistance for Committee on Public Health AND MEDICAL EDUCATION

WHEREAS, The important and successful work of the Committee on Public Health and Medical Education places a greater burden upon the Chairman and members than should be borne by volunteer service, and

Whereas, it is clear that this work will and should grow in the future,

We Recommend, That a full time Assistant to the Committee on Public Health and Medical Education be employed and that the Budget Committee present a budget therefor to the Board of Trustees

I move the adoption of the report.

Dr Bedell I move to amend the report by substi-

tuting the word "stenographer" for "assistant,"

Dr Hicks I accept the amendment and move the adoption of the report as amended

Seconded and carried

COMMITTEE ON RURAL HOSPITALS

The following preamble and resolutions were intro-

WHEREAS, It is reported there are four counties of the State in which there are no hospitals and that there are six counties where the hospital facilities appear to be madequate and Whereas, The practice of medicine under these con-

ditions is seriously handicapped,

We Recommend, That a Committee be appointed to assay the situation, to give aid and counsel to the communities affected and to report to the Society at its next annual meeting

I move the adoption of the report Seconded and car-

ried

10 New York Academy of Medicine

WHEREAS, The New York Academy of Medicine has accorded to the State Society the use of all of its facilities including the Library and the Bureau of Clinical Information, thus making it possible for visitors from the State to take full advantage of the clinical resources of the city, and has moreover given office rooms to the Society at a nominal rental

We Recommend that the House of Delegates declare on behalf of the State Society its warm appreciation of the fraternal and professional aid given its members by

the New York Academy of Medicine

Moved, seconded, carried that it be adopted

REFERENCE COMMITTEES ON REPORTS OF THE SECRETARY, THE COUNCIL, AND THE CENSORS

The Reference Committee on the Dr Borzilleri Reports of the Secretary, Council and Censors (Journal, May 1, pages 489, 494, and 497), approves of the general spirit of the report of the Secretary and its first six recommendations, and recommends them to the House of Delegates for approval

12 DATE OF PUBLICATION OF ANNUAL REPORTS

Your Committee suggests that in the By-Laws Chapter X, Section 10, the words "immediately after" be deleted and "one month before" be substituted in their This permits the Reference Committee to digest the reports they are to consider and act upon them more intelligently I move its adoption Seconded and carried We approve the recommendation regarding the general principles I move its adoption

The Secretary In order that these should come be-

fore the House and be adopted, the Conference Com mittee placed them in the hands of the Secretary, and he transmitted them by your order to the Reference Committee, and also the eight general principles were agreed upon with one or two little changes made necessary by the laws of the State of New York. The changes were made in No 4, which is corrected by the omission of the word "management," and now reads "The evolution of a county health program should be the evolution of medical forces within the county. It is not only the duty but the prerogative of the local physician to assume leadership in the organization" (See Sec.

3)
The Speaker requested the Chairman to state his rec-

RELATION TO VOLUNTARY HEALTH AGENCIES

Dr Borzilleri In regard to the summary offered as a report on the situation studied in Cattaraugus County, we recommend that the statements expressed in the eight general principles of the report of the Council be

adopted as the Public Health principles of the Council be adopted as the Public Health principles of the Medical Society of the State of New York. (See Sec. 3)

Dr Heyd Is it the purpose of the Committee to accept these general principles with the amendment made in No 4, leaving out the word "management" which is in conflict with the State law?

The Secretary It is

Motion moved, seconded and carried

14 CENSORS' REPORT

Your Reference Committee approves of the Report of the Board of Censors (Journal, May 1, page 497) in its entirety and recommends it to the House of Delegates for its approval

I move the adoption of the Report. Seconded and

carried

Moved that the report of the Committee as a whole, be adopted Seconded and carried

15 TREASURER'S AND TRUSTEES' REPORTS

Dr Myers Your Reference Committee on the Reports of the Treasurer (Journal, May 1, page 492 and Trustees (Journal, May 1, page 497) has carefully read the published reports and we commend the Treasurer for the care exercised in safeguarding our funds as well as his very complete report

We also desire to call your attention to the watchful supervision of our finances by the Board of Trustees and strongly to commend their endeavor to establish a substantial permanent investment fund as evidenced by the increase in two-and-a-half years of our invested funds from \$10,000 to over \$55,000

The State of Pennsylvania has a fund of \$178,000 and they are out for \$2,000,000 which they expect to get. The State of Michigan has also undertaken the establishment of a large fund which is to be used, as I understand it, for the endowment of medical education in the State I move the adoption of the report.

Seconded and carried.

Seconded and carried

16 COMMITTEE ON LEGISLATION

Your Reference Committee on the Report of the Committee on Legislation (Journal, May 1, page 498) desires to commend the Committee's activities and success in opposing inimical legislation. While there are success in opposing inimical legislation. While there are no recommendations in the report, your Reference Committee believes that the present method of dealing with legislative questions should continue in the same way pending a possible study of the relation of expenditure to the legislative problems now and in the future move the adoption of the report

COMMITTEE ON SCIENTIFIC WORK

Dr Ludlum Your Reference Committee on the Reports of the Committee on Scientific Work and the

Committee on Arrangements recommends that as the Committee on Scientific Work has made no recommendations the report be accepted as printed (Journal, May 1, page 499) I move the adoption of the Report Seconded and carried

18 COMMITTEE ON ARRANGEMENTS

Before proposing action on the recommendations of the Committee on Arrangements (Journal, May 1, page 500), we would call attention to the facts that not only have they done their own arranging well and fully, but they have also given much consideration to the matter, with reference to the work of future committees. We would direct your attention carefully to their report and would express our appreciation of their deliberations.

With reference to their recommendations that the Society purchase streopticons and moving picture machines and the Society's utilization of them, and the purchase of cloth blackboards, this Committee would recommend that the idea be approved and that this portion of the report be called to the attention of the Board of Trustees, with the approval of the House of Delegates

We recommend that the supplementary report of twelve or fifteen pages just received, be accepted as printed, as it contains no recommendations

I move the adoption of the report Seconded and

carried

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Their recommendation "that some manner of leewing be given to the Chairman of the Committee on Arrangements to enter into certain contracts, mostly of minor import' we approve, but would recommend that the detail of this should be taken up with the Board of Trustees who would undoubtedly arrange some plan by which such leeway would be given

Moved that the recommendation be referred to the

Board of Trustees

The Secretary stated that he thought this should be referred to the Council, since the Board of Trustees could not initiate, they could merely approve or disapprove of matters referred to them by the Executive Committee or the Council Matters relating to expenditures should be referred to the Council with power to recommend

Amendment accepted and word "Council" substituted for "Board of Trustees"

Motion as amended seconded and carried

19 APPOINTMENT OF A SPECIAL COMMITTEE TO STUDY THE MANAGEMENT OF THE ANNUAL MEETING

Their final recommendation "that a committee be appointed from the House at this meeting to study the question of the annual meeting in all of its phases, and to draw up certain general rules for guidance relative to the conduct of coming annual meetings". This Reference Committee would make this recommendation to the House, that this Report of the Committee on Arrangements and the much more extensive report which has just been handed to the Reference Committee, be put in the hands of the Special Committee for consideration and report to the Society through the Council

Motion made, seconded and carried Moved that the report as a whole be adopted Seconded and carried

20 COMMITTEE ON PUBLIC HEALTH AND MEDICAL EDUCATION

Dr Kosmak Your Reference Committee on the Report of the Committee on Public Health and Medical Education (Journal, May 1, page 502) desires to preface its report with an expression of appreciation of the eminently satisfactors and painstaking presentation of the activities of this Important Committee of the State Medical Society for the current year It reflects above all, a responsibility which our organization feels, in keeping up the scientific standards and interests in new

developments of the profession of this State and is in line with the thought that the science and art of medicine are constantly advancing and that it should be the um of every member no matter how isolated geographically, to keep abreast of such advancement by actual contact with carefully selected teachers. But, as the committee well states, no attempt should be made on the part of the State Society to enter the field of extensive and highly specialized post graduate study.

Taking up the report under consideration somewhat

Taking up the report under consideration somewhat more in detail, attention may be directed to the following matters referred to by Dr Farmer and his Com-

mittee.

20 PROGRAMS OF COURSES

The program of lecture courses outlined for the current year is very inclusive and the proposal to have the county societies select the topics for such lectures is to be commended. In this connection, the thought arises whether it might not be feasible to combine the program of certain regular meetings of county societies where the attendance is necessarily limited, with these lecture courses for the benefit of all concerned.

21 AFFILIATIONS WITH OTHER HEALTH ORGANIZATIONS

Affiliations between the State Department of Health and other organizations and the committee's lecture schemes are commended and should be carried out whenever and wherever possible, so as to avoid duplication of effort. The possible lack of financial support by the State Department of Health in carrying out the provisions of the Federal Shepard-Towner Maternity and Infant Welfare Act, may be an unmixed blessing in transferring this important work into less centralized and more local community effort, where essentially it belongs

22 FINANCES OF COURSES OF INSTRUCTION

The financial burden imposed on the State Society's treasury by this scheme of post-graduate instruction must be carefully considered, because of the constantly mounting costs. A possible appropriation of \$10,000 as suggested in the Committee's report would constitute almost 10% of the Society's income from membership dues of which the larger proportion is necessarily borne by the more populous counties, which in several instances have already sponsored lecture courses. Your Reference Committee would therefore express itself in a word of caution to the Board of Trustees in the solution of this important question.

The Committee's suggestion as to the manner of raising funds for graduate education should be carefully considered. Charging a registration fee has little to commend it under present circumstances. Accepting funds from private sources for the purpose would seem to defeat the fundamental relations of the State Society to its constituent membership, even under the conditions stated in the Committee's report and would possibly lead to undesirable administrative and other difficulties. We are more agreeable to the third recommendation of the Committee that County Societies themselves with aid extended when necessary by the State Society should shoulder the cost or responsibility in this instruction. In certain cases, however, where special instruction is proposed by organizations devoted to a particular activity, a liaison may be established under proper restrictions by your State Committee and under its complete administrative and scientific control.

its complete administrative and scientific control
Your Reference Committee therefore commends such
affiliations as have been made with the National Tuberculosis Association, the State Department of Health,

and similar bodies

It is evident that the work imposed by the Chairman of this important Committee is becoming more onerous every year and that some scheme should be worked out by which the desired end can be attained without such personal sacrifices on the part of the Chairman

RELATION TO THE NEW YORK STATE JOURNAL OF MEDICINE

Commenting on the pleas of the Committee that it be kept fully informed of the activities of the individual county societies, in public health matters, we would suggest the establishment of closer relations between this Committee and the State Journal and executive officers of the Society, both of which in the course of their activities must become aware of what is being done throughout the State along these lines

In conclusion your Reference Committee wishes to congratulate the Society upon the efficient labors done by this Committee, in this as well as in previous years and desires to call particular attention to the self-sacrificing and faithful work of its Chairman, Dr Farmer, to whom are due the thanks and appreciation of this body

I move the adoption of the report. Seconded and carried

24 COMMITTEE OF MEDICAL ECONOMICS

Dannreuther Your Reference Committee on the Report of the Committee on Medical Economics (Journal, May 1, page 506) notes with approval the activities of the Compensation Conference and the evidence of an increasing consideration for the rights of the injured and the medical profession

Your Reference Committee feels that it would be unwise for the Council to appoint a committee of eight to be composed of one physician from each District Branch to study more intimately the problems of the Work-men's Compensation Law, and the necessity for the creation of a Medical Advisory Committee, since the Committee on Medical Economics is already empowered to

carry on this work.
We commend the Committee's suggestion concerning the further popularization of periodic Health examinations

I move the adoption of the report Seconded and carried

COMMITTEE ON HEART DISEASE

Dr Bartley Your Reference Committee on the Reports of the Committees on Heart Disease (Journal May 1, page 507) and Medical Research, recommends that the Report of the Committee on Heart Disease be approved as presented with the recommendation that this Committee be continued for at least another year, with commendation for their work.

The Committee also endorses all the recommenda-tions of the Committee on Heart Disease.

COMMITTEE ON MEDICAL RESEARCH

We recommend that the Report of the Committee on Medical Research (Journal, May 1, page 510) be approved as presented, and the Committee commended for their work during the year
I move the adoption of the Report. Seconded and

carried

COMMITTEE ON PUBLIC RELATIONS

Dr Betts Your Reference Committee on the Reports of the Committees on Public Relations and of Councillors has carefully considered the report of the Committee on Public Relations (Journal, May 1, page 511) and commends and congratulates this Committee upon its work, and recommend its adoption as printed.

COUNCILLORS' REPORTS

It has also reviewed the reports of the Councillors of the various District Branches (Journal, May 1, page 522) and notes with pleasure that there has been an increase in the attendance at the various meetings and recommends that the officers of the District Branch Societies establish a much closer contact with, and secure greater cooperation of, the constituent county societies
I move the adoption of the Report Seconded and

carried

29 Counsel's Report

Your Reference Committee on the Dr Douglas Report of Counsel (Journal, April 1, page 391) com mends the careful report made by the Counsel of the They believe that he and his able staff of assistants have given the utmost care to the defense and study of all suits brought against members of this Society, and the best advice possible in the settlement of litigation

The Committee approve of the editorials and reports of cases appearing in the State Journal, prepared in the office of the Counsel as being of interest and value to members of the Society They appreciate the great value of the legal advice given to the Executive Committee, Council and individual members of the Society as well as to its Legislative Committee in the study and preparation of bills

The Committee concurs with the suggestion of Coun sel that the Society express its thanks for the personal interest shown by the authorized indemnity representatives of the Society, Mr Harry F Wanvig, in aiding to make possible the success of the Group Insurance

The Counsel has made no recommendations and the Committee has none to suggest.

I move the adoption of the Report. Seconded and carried

30 COMMITTEE ON DIPHTHERIA IMMUNIZATION

Dr Colie Your Reference Committee on the Report of the Committee on Immunization of children against Diphtheria (Journal, May 15, page 604) has studied the report as prepared by the Committee, concurs in the findings, and recommends its adoption, with thanks to the Committee.

Your Committee notes that particular stress is laid upon the necessity of securing immunization in the pre-school age. To help meet this need your Committee recommends that this House of Delegates take such action as will lead to the sending with each copy of a birth certificate forwarded to a parent, a card or printed slip advising the necessity for vaccination and the appropriate date therefor, as well as similar information relative to toxin-anti-toxin administration, with appropriate date. That where the parents are of foreign birth, such information be also printed in the language of the mother's native land, as indicated upon the origmal birth certificate filed with the Bureau of Vital Sta-tistics, or in the case of certain municipalities, with the City Department of health

I move the adoption of the report. Seconded and

carried

CATTARAUGUS COUNTY RESOLUTION

Dr Garen requested permission to withdraw the resolution introduced from Cattaraugus County Society just before adjournment of the afternoon session (Sections

4 and 34) and substitute the following Whereas, There has been continued in Cattaraugus County a health demonstration, this continuance being without formal consultation on the part of the Demonstration officials with the organized local profession,

Whereas, The operating agency in this Demonstration is the State Charities Aid Association, and

WHEREAS, The State Charities Aid Association has in conference with representatives of the State Medical Society pledged itself to conduct and guide the public health work which it is at present doing, in cooperation with and following consultation with the Medical Society of the County in which the work is being carried

on, and
WHEREAS, Cattaraugus County Medical Society has declared its opposition to the continuance of the Cattaraugus County demonstration as at present conducted Therefore Be It Resolved, That the House of Delegates of the Medical Society of the State of New York sustains the protest of the Cattaraugus County Medical

Society in its opposition to the Milbank Health Demonstration as at present conducted by the State Charities Aid Association, because it has not been governed by the principles laid down by this Society governing the conduct of its members in relation to Public Health Work conducted by others than the recognized medical profession.

Referred to Reference Committee on New Business A

32 RECORDS OF COUNTY SOCIETY MEMBERSHIP

Your Reference Committee on New Business B, recommends the adoption of the motion introduced by Dr Hambrook that the State Medical Society furnish each county medical society a supply of cards to keep individual records of its membership

(Sec. 5)

The Committee feels, however, that although it is highly desirable that such reports be kept in fireproof or fire-resisting containers, it cannot be considered practicable nor the function of the State Society to furnish the first different rounties of the State. nish these to the sixty different counties of the State, Your Committee therefore disapproves the adoption of this recommendation

I move the adoption of the Report. Seconded and carried

SIGNS OF DECEASED PHYSICIANS

Dr Mabbott New York I would like to move that the House of Delegates request the Counsel of the Society to furnish the House with an opinion as to whether there is any legal restriction or limit to time in regard to the display of the signs of deceased physicians upon the outside of buildings or in the windows of buildings in which they formerly practised.

Counsel My opinion is that under the statutes of this State, especially our Medical Practice Act, to practice medicine under a name other than the name of the person practicing is a crime. Therefore, any doctor who maintains in his office window the sign of a deceased doctor emplies that he is practicing under that name, and such a course is illegal

CATTARAUGUS COUNTY RESOLUTION

Dr Townsend Your Reference Committee on New Business A has the honor to submit a unanimous re-

of the County of Cattaraugus (Section 4 and 31) regarding the Health Demonstration in that County

Dr Cottis, Chautauqua I move to amend by the substitution of the word "if" for the word "because," making it read that we endorse this act of the Medical Society of the County of Cattaraugus if the Milhagi. Society of the County of Cattaraugus if the Milbank Fund is not living up to our principles

Dr Heyd New York I submit a substitute resolu-

tion as follows

RESOLVED, that the House of Delegates of the Medical Society of the State of New York sustain and endorse the protest of the Cattaraugus County Medical Society in its opposition to the Milbank Health Demonstration as at present conducted by the State Charities Aid Association because it (the Milbank Foundation) has not governed itself either in spirit or practice by the principles laid down by this Society for the conduct of the months of the months of the conduct of the condu its members in their relation to public health work conducted by lay organizations

The eight points are covered in this, it sustains the attitude of the District Societies of this Society opens the road for tolerant men of the foundation and for a more equitable temper in the County of Cattaraugus to settle this thing right for the benefit of the com-

munity and all concerned

Dr Garen I accept the substitute resolution Motion moved seconded and carried

SOCIETY FOR THE CONTROL OF CANCER

The Secretary Mr Speaker and Gentlemen I have a letter to Dr Sadlier from the American Society for the Control of Cancer in New York State and Dr Sadlier submitted it to the Executive Committee who ordered it placed before the House of Delegates

"My dear Dr Sadlier

"You will recall that during our conversation at your house on the evening of March 5th that I made reference to the plan that the New York State Committee of the American Society for the Control of Cancer is developing for the accumulation of an endowment fund of \$300,000 to carry out the work of the Committee in the State.
"When the appeal is made those who are asked to

contribute will be informed that in case in the future a cure for cancer is discovered, the funds contributed to the endowment will be returned to the counties in which they were collected for the purpose of carrying out the details of the cure for cancer in that locality, under the direction of the County Medical

Society
"The Sub-Committee feels that it would be an advantage if the Medical Society of the State of New York was informed of our plans and would pass some kind of resolution specifically endorsing it. We, of course, remember that the Medical Society of the State of New York endorsed the program of the American Society for the Control of Cancer and the program of the New York State Committee of the American ican Society for the Control of Cancer at previous meetings

"We have, however, now, a definite plan for the raising of money and feel that a definite endorsement of this plan will be helpful when the appeal is made.

> "Yours truly, "John M Swan, "Chairman"

Moved that the letter be laid on the table Seconded and carried

36 COMMITTEE ON NURSING

Dr Jewelt Your Reference Committee on the Reports of the Committees on Nursing and Nursing Education and to study the Curriculum for Nursing Education in New York State, (JOURNAL May 15 page 600) after careful consideration of the recommendations of these Committees, is pleased to report as follows

The establishment of official registries which shall be endorsed by the County Medical Societies and conform to the requirements of the registry law

While the House of Delegates has already gone on record as indorsing the principle of official registries, believing that this should be again emphasized, we approve and recommend its adoption

2 The stimulation of the co-ordination of all nurs-

ing service in each County

We believe that coordination of nursing activities is highly desirable, and recommend the adoption of this

suggeston
3 The encouragement of hourly, part-time or group nursing

The Committee, feeling that this type of nursing service meets a community need, recommends its adoption

Extension of visiting nursing service

We believe that economic conditions require some form of district nursing and recommend the adoption of the above recommendation

Recommendations 5, 6, 7 and 8 mivolve matters still under consideration by the Committee appointed to study the curriculum for nursing education in the State of

New York
We therefore recommend that these matters be re-

ferred to this latter committee

The Reference Committee recommends that the Committee to Study the Curriculum for Nursing Education in the State of New York be continued for another year

I move the adoption of the Report Seconded and

The Committee further recommends that the resolution offered by Dr Chalmers of Queens, relating to the interpretation of the law dealing with nurse registries be referred to the Legal Counsel for his consideration and action

I move that the Report as a whole be adopted Sec-

onded and carried

MEDICAL ADVISORY BOARD

Dr Dyer, Broome Offered a resolution that a special Committee be appointed to devise a method whereby the names of physicians of the Medical Society of the State of New York may be furnished the Governor of New York State from which to choose members of the State Medical Advisory Board when a Labor Compensation Bill may pass

Referred to Reference Committee on New Business

B (See Sec. 42)

Dr Bedell, Albany I move to adjourn until 9 30 Tuesday morning

Seconded and carried The first order of business

to be the Election of Officers

Adjourned Session of the House of Delegates Tuesday, May 22, 1928

The meeting was called to order by the Speaker at 10 15 A M

38 ROIL CALL

The Speaker The Secretary will please call the roll The Secretary called the roll and the following dele-

gates responded

Arthur J Bedell, Eugene E Hinman, Clarence E Mullens, Lyman C Lewis, J Lewis Amster, Harry Aranow, Cornelius J Egan, Louis A Friedman, Vincent Aranow, Cornelius J Egan, Louis A Friedman, Vincent S Hayward, Jacob A Keller, Edward C Podvin, Edmund E Specht, Frank M Dyer, Frederick M Miller, Joseph P Garen, Seth N Thomas, George W Cottis, Reeve B Howland, Leo F Schiff, Charles L Nichols, C Knight Deyo, William A Krieger, Aaron Sobel, John D Bonnar, Charles R Borzilleri, Marshall Clinton, Charles Leone, Alvin G Foord, H P Hourigan, Hugh B Deegan, Charles C Trembley, Sylvester C Clemans Irving A Cole, Norman S Cooper, Fred C Sabin, Norman L Hawkins, Robert F Barber, Elias H Bartley, John L Bauer, Thomas M Brennan, George A Clark, Cameron Duncan, Roger Durham George W Cramp, Charles H Goodrich, James Steele, Edwin A Griffin, Alec N Thomson, Ottokar Tenopyr, Harold Denman William A. Jewett, Howard T Langworthy, Joseph C G Regan, Walter D Ludlum, Joseph W Malone, Frederic E. Elliott, Nunzio A. Rim, George A Merrill, Charles E Scofield, Harold A Patterson, Edmund L Finley, Joseph P Henry, Willard H Veeder, Floyd S Winslow, Horace M Hicks, Louis A Van Kleeck, Milton A Bridges, Edward M Colie, Jr., C Ward Crampton, Walter T Dannreuther Edward J Davin, John Douglas, Ward B Hoag, B Wallace Hamilton, David J Kaliski, George W Kosmak Otto H Leber, J Milton Mabbott, Howard G Myers Robert H Halsey, William M Patterson, Wendell C Phillips, Nathan Ratnoff, Malcolm C Rose, Mary D Rose, Frederic E Sondern, DeWitt Stetten, Terry M Townsend, Louis Tulipan, Frank Guillemont, Frederick J Schnell, George M Fisher, Howard D MacFarland, Andrew Sloan, Thomas P Farmer, Frederick H Flaherty Albert G Swift, Claude C Lytle Joseph B Hulett, Frank E Fox, Juhan C Smith, Carl Boettiger, Thomas C Chalmers, Henry C Courten Francis G Riley, Ernest E Smith L Howard Moss Augustus J Hambrook, John H Reid, George A Leitner, William B Hanbidge, Earl H King Henry G Hughes Frederick C Reed, John J Beard, Frederick W Lester, Leon M Kysor, Herbert B Smith, William H Ross, Luther C Paine, Luzerne Coville, S Hayward, Jacob A Keller, Edward C Podvin, EdFrank L Eastman, Morris Maslon, Michael A. Rogers, Lucius H Smith, Harrison Betts, Romeo Roberto, George B Stanwix, John A Hatch The following Officers, Trustees, and Chairmen of

The following Officers, Trustees, and Chairmen of Standing Committees were present

James E. Sadlier, Harry R. Trick, Joshua M Van Cott, Horace M Hicks, E. Eliot Harris, John A Card, Daniel S Dougherty, Peter Irving, Charles G Hevd, James Pedersen, Edward R Cunniffe, Guy H Turrell, Edgar A Vander Veer, Lyman G Barton, Charles D Post, Claude C Lytle, George W Cottis, James N Vander Veer, Henry L K. Shaw, Thomas P Farmer, Samuel J Kopetzky, W Warren Britt, Arthur W Booth, Nathan B Van Etten, Grant C. Madill, Wilsiam H Ross, James F Rooney ham H Ross, James F Rooney

The following Ex-Presidents and Ex-Secretary were

present

Wendell C. Phillips, Martin B Tinker, Grant C. Madill, J Richard Kevin, James F Rooney, Arthur W Booth, Orrin Sage, Wightman, Nathan B Van Etten, George M Fisher, Edward Livingston Hunt.

39 Tellers of Election

The Secretary The Speaker has appointed the fol lowing Tellers

Milton A Bridges, New York, Chairman, Edwin A Griffin, Kings, Howard Myers, New York, Francis Riley, Queens, Eugene Hinman, Albany, Harry Aranov, Bronx, Harrison Betts, Westchester, William Krieger, Dutchess-Putnam, Frank Dyer, Broome. William A

The Secretary I move that the nominating speeches

be limited to two minutes

Seconded and carried.

40 RETIRED MEMBERS

I move that the following be elected The Secretary

Retired Members

Ketired Members
E. Eliot Harris, New York, George W Bates, Schenectady, Stephen Burt, New York, Charles M Culver, Albany, Ralph D Eastman, Tioga, William C Gilley, New York, J Riddle Goffe, New York, Robert Hebenstreit, Erie, Marcus Markiewicz, New York, Robert J Morrison, Kings, I Wheeler Smith, Kings, Lyman E. Rockwell, Dutchess-Putnam, Grace Kimball, Dutchess-Putnam, Robert G Eccles, Kings, James H Glass, Oneida, James W Douglass, Oneida, Gilbert N Lehr, Oneida, Arthur L Holden, Oneida, Eliza Mosher, Kings

Seconded and carried

41 DR E ELIOT HARRIS, SPEAKER EMERITUS

The Secretary I move that Dr E. Eliot Harris be given the honorary title of Speaker Emeritus Seconded and unanimously carried

The Secretary I move that in placing Dr E Eliot Harris upon the retired list, this House of Delegates instruct the Executive Committee, Council, Trustees, and every other body to afford him all the courtes) that they would were he an active member except, of course, the right to vote and to hold office, principally, that he receive without expense his Journal and his Directory

Seconded and carried unanimously

MEDICAL ADVISORY BOARD

Reference Committee on New Business B A Resolution has been offered that a special commit tee be appointed to devise a method whereby the names of physicians of the Medical Society of New York State may be furnished the Governor of New York State from which to choose members of the State Medical Advisory. Advisory Board when a Labor Compensation Bill may pass (See Sec. 37)

Your Committee sees in the purpose of this Resolution, an attempt to anticipate the passage at the next session of the Legislature of the State Compensation session of the Espaining of the Bill, and to devise the machinery by which members of the Medical Advisory Board may be suggested to the Governor This Committee would be given the power to devise a method and it is presumed that this method would be carried out. The period to be covered will only be that between the closing of the Legislature and the meeting of this House next May

Your Reference Committee feels that the present machinery of the Society had better cope with this

situation than a Committee.

Your Committee is entirely in sympathy, however, with the apparent intent of the Resolution that the House of Delegates give consideration and have the power to decide when such a bill is passed, the best means by which such members of the State Medical Advisory Board be submitted to the Governor

The motion is not approved
I move that the Report be adopted Seconded and carried

43 Invitations for Annual Meeting

Dr Borzilleri, Eric On behalf of the Medical Society of the County of Eric, I wish to extend to the State Medical Society an invitation to hold its Annual Meeting in Buffalo

Moved it be referred to the Council

Seconded and carried

Dr Fisher, Oncida Oneida County commends to the State Medical Society through the House of Delegates to the Council an invitation to hold the next Annual Meeting in Utica.

Moved that it be referred to the Council

Seconded and carried

Dr Hambrook, Rensselaer Rensselaer County takes pleasure in an invitation to the State Medical Society to hold their Annual Meeting in Troy

Moved that it be referred to the Council

Seconded and carried.

SPECIAL COMMITTEE ON MEMBERSHIP

Moved that a Special Committee shall be appointed to formulate some method of increasing the membership of the Medical Society of the State of New York, masmuch as none of the machinery that we have has proved the least bit effective in accomplishing this

Moved that it be referred to the Council

Seconded and carried

THANKS TO ALBANY COUNTY MEDICAL SOCIETY

Dr Fisher, Oncida Moved that the House of Delegates extend a vote of thanks and appreciation to Albany County for their splendid entertainment onded and unanimously carried

46 ELIGIBILITY TO OFFICE

The President of the Fourth District Branch having been nominated for Second Vice President the Secretary requested the Counsel to give an opinion as to the

legality of holding two offices at the same time

The Counsel This question is not settled by the By-Laws or the Constitution, but in the absence of a specific provision in either relating to this question, my opinion is that this House should be bound by ordinary parlimentary usage and the general custom of the Laws of the State of New York, and under that, in my judgment, no one should hold two offices at the same time.

Dr Stanzux, Westchester I move that the House

concur to the opinion of the Counsel

Seconded and carried

ELECTION OF OFFICERS

The Secretary It has been the custom for years to lay over the election of the Chairman of the Committee on Arrangements until the place of the next Annual Meeting has been decided

The following officers were nominated and declared

elected

elected
President-Elect, James N Vander Veer, 1st Vice-President, Thomas H Farrell, 2nd Vice-President, Edward W Weber, Speaker John A. Card, Vice-Speaker, Walter D Ludlum, Secretary, Daniel S Dougherty, Assistant Secretary, Peter Irving, Treasurer, Charles G Heyd, Assistant Treasurer, James Pedersen, Trustee, Arthur W Booth, Chairman Committee on Legislation, Henry L. K Shaw Chairman, Committee on Public Health and Medical Education, Thomas P Farmer, Chairman, Committee on Scientific Work, Arthur J Bedell, Chairman, Committee on Medical Economics W Warren Britt, Chairman, Committee on Public Relations, James E Sadlier, Chairman Committee on Medical Research, Frederic E Sondern.

The following were elected Delegates to the Amer-

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ican Medical Association for 1929-1930

James E. Sadlier, Arthur J Bedell, John A Card, Arthur W Booth, Grant C. Madill, Thomas C. Chalmers, Frederick H Flaherty

The following were elected Alternates to the American Medical Association for 1929-1930

E. Livingston Hunt, George W Cottis, Charles H Goodrich, Andrew Sloan, Terry M Townsend, John H Reid Henry C Courten

There being no further business, the meeting adjourned at 11 30 \mbox{A} \mbox{M}

E Eliot Harris, Speaker DANIEL S DOUGHERTY Secretary

INDEX OF MINUTES OF HOUSE OF DELEGATES

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NEWS NOTES



DISTRICT BRANCH CONFERENCES

Following the precedent of last year, a series of conferences of the officers of the District Branches of the Medical Society of the State of New York have been begun for the purpose of planning the programs of the annual meetings to be held in the fall The choice of places and dates for holding the meetings depends largely on the convenience of the officers of the State to attend them, for the meetings afford the principal opportunity that the State officers have to come into close contact with the medical leaders in their own districts and counties

The preliminary conferences last year were described on page 735 of the July 1, 1927 issue of this Journal

Editorial comments and suggestions embodying the best features of a composite program of the District Branch meetings based on past experiences, was printed on page 1314 of the December first issue of this Journal

Four conferences have already been held this year, and are described in the articles which immediately follow this introduction

FIRST DISTRICT BRANCH

Dr Cunniffe, President of the Branch, invited the officers and Presidents of the component County Societies to dine with him at the Cornell Club New York City, on Friday, June 8, 1928 There were present, in addition to Dr Cunniffe and the Executive Officer Dr Kline, Nyack, 2nd Vice-President, Dr Douglas, President of the New York County Society, Dr Gitlow, President of the Bronx County Society, Dr Littell, President of the Westchester County Society, and Dr Little, President of the Rockland County Society

It was decided to hold the next annual meeting

of the District on Thursday, October 18th, at Briarcliff Manor The program, as tentatively outlined, shall contain a paper on the serum treatment of pneumonia, another on some surgical subject, and some one of the very instructive medical moving pictures which are just now receiving much attention and discussion

Several other matters relating particularly to the medical situation in this District—as, for instance, fee splitting, open hospitals, and health of the school child—were discussed very earnestly before adjournment

THIRD DISTRICT BRANCH

At the invitation of Dr Edgar Vander Veer, President of the Third District Branch, a meeting of the officers of the Branch and the Presidents of the component County Societies was held in Albany on Wednesday, June 20th There were present, in addition to Dr Vander Veer and the executive officer Dr H L Odell, First Vice-President, Dr W M Rapp, Secretary, Dr E Billings, Treasurer, Dr L W Gorham, President of the Albany County Society, and Dr M Bruce, President of the Schoharie County Society It was decided to hold the next annual meet-

ing in Hudson on Thursday, October 11th The program, as tentatively outlined, will consist of dry clinics and scientific papers on the following subjects Arthritis, Undulant Fever, Maternal Mortality, Gall Bladder, and some educational film

The executive officer reviewed some of the important conditions existing in the State at the present time which have a relation to the practice of medicine. They were the same subjects that he discussed before the other executive committees.

FOURTH DISTRICT BRANCH

A meeting of the Executive Committee and Presidents of the component County Societies of the Fourth District Branch, which was held at Dr Barton's invitation on Wednesday, May 30th, at Deershead Inn, Elizabethtown There were

present of the officers of the District Dr Barton, President, Dr W L Munson, 1st Vice-President, Dr Carl Comstock, Secretary, and Dr Sydney Blanchet, Treasurer And the following County Society Presidents Dr E S McDowell,

of Clinton County, Dr J H Evans, of Essex County, Dr T A Lewis, of St. Lawrence County, Dr T J Goodfellow, of Saratoga County, and Dr J S Lawrence, executive officer

Several invitations were considered for holding the next annual meeting, and by unanimous vote the invitation from St Lawrence County was accepted Dr Lewis, in presenting his invitation, called attention to the fact that it has been fifteen years since the District Branch last met in that section of the state Following the custom which this Branch has found so satisfactory, the meeting will extend from noon of one day until noon of the next. The dates selected are Friday, September 21st and Saturday, September 22nd The end of the week was chosen so as to afford those who drive long distances an opportunity to spend the week-end on the St Lawrence if they wish Much enthusiasm was expressed over the success of last year's program and, accordingly, the tentative ideas for this year's program are along the same line. On Friday afternoon it is proposed that clinics in medicine, surgery and X-ray be conducted at the Hepburn Hospital, and on Saturday morning mental clinics at the State Hospital. On Friday evening there will very likely be a dinner, when greetings from visiting officers of the State Society will be presented.

At Dr Britt's suggestion that three physicians be named from this District to serve as a sub-committee to the standing committee on Medical Economics, the following men were selected Dr Charles G McMullen, of Schenectady, Dr Earl King, of Saratoga, and Dr Horace M Hicks, of Amsterdam

A number of local affairs were discussed, among them the statistics on maternal mortality recently published by the State Department of Health

FIFTH DISTRICT BRANCH

At the invitation of Dr Page E Thornhill, President of the Fifth District Branch, a meeting of the officers of the Branch and the Presidents of the component County Societies was held in Watertown on Tuesday evening, June There were present, in addition to Dr Thornhill and the executive officer Dr A B Santry, First Vice-President, Dr C R. Bartlett, President of Oneida County Society, Dr J J Buettner, President of Onondaga County Society, and Dr Byron Haskin, President of Jefferson County Society Inclement weather, without doubt, interfered with the attendance. Watertown is not the center of the District, but is easily reached by automobile, and if the weather had been pleasant, no doubt many of the men would have driven up

It was decided to hold the next annual meeting of the Branch Society in either Rome ur Utica Nobody being present from Rome, final decision will not be made until Friday, June 22nd, when there will be a meeting of the Comitia Minora of the Oneida County Society The date selected was Tuesday, October 9th The program, as tentatively outlined, will contain papers on the following subjects Sinus Infections, Standards of Pre-Natal Care, Blood Transfusion, Skin Conditions, and some paper on medicine.

Following the discussion on the program, the

executive officer reviewed situations in the state with regard to the following subjects, and recommended that the Presidents of the County Societies make a point in studying some of them, during the winter, as they relate directly to their own communities the antidiphtheria work as generally conducted, and particularly the character it has taken in Schenectady, Batavia and Poughkeepsie, and the anti-diphtheria poster contest which has been conducted in the schools during the last three months, the high maternity mortality rate which prevails, the creation of school hygiene districts by the State Department of Education, with particular reference to the one in process of organization in Ontario County, the postgraduate lectures, and the proposed investigation by the National Committee on the Cost of Medical Care, with particular reference to the research undertaken by the committee at Binghamton, and also reference to the paper by Dr Pusey contained in the Jour-nal of the AMA for June 9th and an article by Irving Fisher, Professor of Economics at Yale University, which appeared in the Albany Knickerbocker Press of June 18th, entitled "Human Engineering Reduces Time Lost Through Illness-Periodical Physical Examinations Pay Dividends to Employers and Increase Earning Capacity of Employees"

SIXTH DISTRICT BRANCH

Dr LaRue Colegrove, President of the Sixth District Branch, invited the officers and presidents of the component County Societies to

dine with him at the City Club, Elmira, on Tuesday, June 12th There were present, in addition to Dr Colegrove and the executive offi-

cer Dr G M Cady, 1st Vice-President, Dr S B Blakely, 2nd Vice-President, Dr H B Marvin, Secretary, Dr W A Moulton, Treasurer, and the following County Society Presidents Dr F J Atwell, Otsego County, Dr A C Durand, Tompkins County, Dr L S Betowski, Tioga County, Dr S D Molyneaux, Broome County, also Dr R B Howland, Elmira, and Dr W G Fish, Ithaca

It was decided to hold the next annual meeting of the District Branch on Tuesday, September 25th, at the Arnot-Ogden Hospital, Elmira The program, as tentatively outlined, shall contain a paper on expert testimony, one on fractures, one on appendicitis, one on urology, and one on maternal mortality. This paper will be prepared by Dr. Blakely and will treat not so much of obstetrical technique, as upon the conditions that attendipregnancy in these counties during the pre-natal stage, during labor and the post-partum period

Before adjourning, we discussed a number of

conditions in the District that have a bearing upon medical practice, and probably the most interesting of these subjects was the information that Tioga County, which now has no hospital facilities within its borders, is likely to have a hospital at Waverly in the near future A number of the physicians of New York State are closely affiliated with the Physicians' Hospital of Sayre, Pa It is proposed that this hospital be moved across the state line to Waverly This proposition has been enthusiastically accepted by the physicians of Waverly and vicinity, and it is expected that the transfer will be made very soon

The executive officer reviewed the important medical situations that are before the physicians of the state at the present time, among them were the anti-diphtheria program, the maternal mortality report as recently submitted by the Department of Health, school inspection, and the study undertaken by a lay agency

of the cost of medical care

SEVENTH DISTRICT BRANCH

Dr Austin G Morris, President of the Seventh District Branch, invited the officers and presidents of the component County Societies to dine with him at the Oak Hill Country Club, Rochester, on Wednesday evening, June 13th There were present, in addition to Dr Morris and the executive officer Dr Ralph Sheldon, First Vice-President, Dr John A Lichty, Secretary, Dr E T Wentworth, Treasurer, and the following County Society presidents Dr Cyril Sumner, of Monroe County, Dr R C Almy, Cayuga County, Dr C E Doubleday, Yates County, Dr T E Quigley, Ontario County, Dr G E Taylor, Steuben County, also Dr Floyd Winslow, Rochester, Dr L M Kysor, Hornell, and Dr Thos F Farmer, Chairman of the Committee on Public Health and Medical Education

It was decided to hold the next annual meeting of the District Branch on Thursday, September 27th, at the Oak Hill Country Club, Rochester The program, as tentatively outlined, shall contain papers upon the following subjects Clinical Pathology, Poliomyelitis, and three others varied between medicine and surgery Very likely there will be shown one or more of the scientific medi-

cal films which Mr Eastman has recently prepared

Following the regular business, the executive officer reviewed the important medical situations that are before the physicians of the state at the present time, applying them particularly to this Among them were the anti-diphtheria campaign, the maternal mortality report as recently submitted by the Department of Health, the study undertaken by a lay agency of the cost of medical care, and the school of hygiene district that has recently been created by the State Department of Education in Ontario County The board of supervisors of that county has appropriated \$6,000 00 for the expenses, during the coming year, of the conduct of such school hygiene district It is proposed to appoint a physician as full time director, who will have immediate jurisdiction over all the school medical inspection work in the county outside of the cities of Geneva and

Dr Farmer outlined the work in post-graduate education planned for this District for the next year

EIGHTH DISTRICT BRANCH

Dr Thomas J Walsh, President of the Eighth District Branch, invited the officers and presidents of the component County Societies to dine with him at the Alumni Club, Buffalo, on Thursday evening, June 14th There were present, in ad-

dition to Dr Walsh and the executive officer Dr W R Thomson, 1st Vrce-President, Dr W W Britt, Secretary, Dr R H Wilcox, Assistant Secretary, Dr F H VanOrsdale, Treasurer, and the following County Society Presidents Dr

L L Klostermyer, Wyoming County, Dr C A Lawler, Cattaraugus County, also Dr Trick, President of the State Society and Dr Farmer, Chairman of the Committee on Public Health and Medical Education

It was decided to hold the next annual meeting of the District Branch on Tuesday, October 2nd, at the City Hospital, Buffalo The program, as tentatively outlined, will consist of clinics in the morning in surgery, medicine, tuberculosis and, in fact, all activities of the hospital At noon there will be a buffet luncheon and in the afternoon scientific papers will be read by one or two invited guests and one or two local men The President, Vice-President and Secretary were appointed a committee to complete the final arrangements of the program

As at the other meetings, the executive officer reviewed the important medical situations that are before the physicians of the state at the present time, applying them particularly to this District. Among them were the anti-diphtheria program, the maternal mortality report as recently submitted by the Department of Health, school inspection, and the study undertaken by a lay agency of the cost of medical care

Dr Britt outlined the work that he contemplates to accomplish with his Committee during the coming year, and asked the appointment of three members of the District to serve as a subcommittee with him

Dr Farmer outlined the work that he has planned in post-graduate education for this District

THE BUFFALO CITY HOSPITAL AND THE MEDICAL PROFESSION

The Board of Managers of the Buffalo City Hospital has adopted a broad policy of sending to the family physician of every patient two statements regarding the patient,—one on the admission and another one on the discharge of the case The following open letters set forth the scope of the new plan

Buffalo, N Y, June 11, 1928

To the Medical Profession of Erie County, New York Enclosed with this is copy of a letter addressed to the chancellor of the University of Buffalo, under date of June 6, 1928, which is self-explanatory

The Board of Managers of the Buffalo City Hospital, trusts that you will find useful the plan described

Respectfully,
Walter S Goodale, M D,
Superintendent

Dr Samuel P Capen, Chancellor, University of Buffalo, Buffalo, New York My Dear Dr Capen

Begining Monday, May 28, 1928, there was inaugurated a plan, demonstrating once more that the Board of Managers, Buffalo City Hospital and the Council of the University of Buffalo are ever mindful of the interests of the medical profession, in order that the community may reap the benefit of the best practice and the modern discoveries in the medical sciences

On and after this date, whenever a new patient enters the wards of the Buffalo City Hospital, or applies for treatment in the Outpatient Department, either with or without the recommendation of a private physician, the last doctor employed by the applicant will be notified in writ-

ing Such letters of notification will state that private physicians are privileged to treat full pay patients in the wards of the Buffalo City Hospital, and that they may also visit part pay and free patients for purely scientific or personal reasons, provided no charge is made for this service

The financial rating given by the Buffalo City Hospital to the prospective patient also will be set forth and the private physician asked whether or not, in his opinion, the classification indicated is proper

These letters will also state that, immediately after the discharge of the patient, a summary of the medical findings of the attending and house staffs of the Buffalo City Hospital will be forwarded to the physician designated

Also, each notice will include a cordial bid, asking the physician to attend any of the diagnostic, treatment or operative clinics maintained by the Buffalo City Hospital, either with the patients referred or as an observer These clinic hours are fully described on the enclosed schedule

This communication to physicians will close with the statement that it is the aim of the Board of Managers, Buffalo City Hospital, and the Council of the University of Buffalo to make the former institution helpful to the medical and dental professions, and that the entire clinical and laboratory services of the hospital is at the disposal of physicians and dentists for this purpose.

Attention is also called to the fact that the Committee on Post Graduate Teaching, headed by James E King, MD, Chairman, and A H Aaron, MD, Secretary, representing the University of Buffalo, stands sponsor for the clinics listed on the enclosed schedule, and hopes thereby to improve post graduate teaching in Medicine and Dentistry to the end that the members of the

cer Dr G M Cady, 1st Vice-President, Dr S B Blakely, 2nd Vice-President, Dr H B Marvin, Secretary, Dr W A Moulton, Treasurer, and the following County Society Presidents Dr F J Atwell, Otsego County, Dr A C Durand, Tompkins County, Dr L S Betowski, Tioga County, Dr S D Molyneaux, Broome County, also Dr R. B Howland, Elmira, and Dr W G Fish, Ithaca

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"The last Bulletin contained the following statement

"'The whole proposition depends on the attitude taken by health officers. The dealers and others who know they need permits and who will comply with the requirements if they know they must, are waiting to observe the way "the straws point". If it is realized that the health officer means business, there will be action on the part of the people in the business. The public is also interested in the attitude of the health officer'

"Since writing that, we have addressed more meetings, and have met more milk dealers and producers, and we are more strongly convinced than before of the correctness of this statement

"The milk man who is kicking the most vigorously is the one whose dairy would not be accepted by a creamery shipping to New York, and who is selling locally at a better price than the man who is able to sell to a creamery

"Empty the waste basket, go through the stack on the desk and dig up the bulletins we have mentioned July 1 is close at hand"

DR HIDEYO NOGUCHI

The following resolution was passed by the Section on Dermatology and Syphilology at its meeting on May 23, 1928

RESOLVED, That in the sudden and tragic death of Dr Hideyo Noguchi, the medical profession has lost one of its ablest and most successful workers in scientific medicine

In view of his invaluable contributions to syphilis and other dermatological subjects the

Section on Dermatology and Syphilology of the Medical Society of the State of New York desires to express its profound admiration of his work and its great sorrow at the loss of so eminent a colleague

GEORGE M FISHER, JEROME KINGSBURY, WALTER J HIGHMAN, HOWARD FOX, Chairman

RENSSELAER COUNTY

The Rensselaer County Medical Society held its monthly meeting on May 8, 1928, at 7 o'clock in the evening

A dinner was enjoyed in the Crystal Ball Room of the Hendrick Hudson Hotel at which 181 Medical Men were present. After the dinner 83 more physicians who were unable to attend the dinner came for the scientific program Dr John J Rainey, President of the Rensselaer County Medical Society, presided

Dr J E Sadher, President of the State Society, gave a most interesting 10 minute talk in which he called "The Rensselaer County Medical Society the most energetic unit in the state."

Dr Frank H Lahey of Boston gave the ad-

dress of the evening His subject was "Gastric and Duodenal Ulcers" Dr Lahey spoke for one hour and forty-five minutes and held the attention of his audience every moment When the meeting was adjourned by President Rainy, the men were reluctant to leave and wanted more from Dr Lahey

The attendance of 264 physicians was the high water mark for medical meetings for this part of the state

There were 115 men present out of a membership of 130 from Rensselaer County, the balance being from a radius of 80 miles from Troy

D A. Calhoun, Secretary

WASHINGTON COUNTY

The semi-annual meeting of the Medical Society of the County of Washington was held at Granville, May 9, 1928, at 415 P M, with President Fortuine in the chair Present, Drs Fortuine, Bennett, Paris, Banker, Leonard,

Munson, Prescott, Tenney, Rogers, Tillotson, Bailey, Heath, Sumner, Davies, Pashley, Park, Cuthbert

Visitors Dr Lyman G Barton, President of the Fourth District Branch, Dr Arthur

professions concerned practicing in the vicinity may be benefited. Although the patient always receives first consideration, we are fully aware that his needs can be met adequately only through our co-operation with the medical profession

Many people are not familiar with the policies of the Buffalo City Hospital in regard to the reception of new patients, either in the wards or the Outpatient Department All applicants are rated either as pay, partly pay or free This is in accordance with Chapter 558 of the General Municipal Law of the State of New York, 1910. under which the Buffalo City Hospital operates This statute provides, among other things, that the Superintendent shall receive into the hospital any person who is sick, irrespective of whether the patient is able to pay or not, and that he shall cause to be made such inquiries as he may deem proper relative to the ability of part pay and free patients to reimburse the city for their care and treatment

The Board of Managers feels that the main purpose of the Buffalo City Hospital is to receive and treat only those sick persons who are unable to provide themselves with first-class medical care

and attention elsewhere We do not seek full pay patients, although the law states that we must receive them if they apply We do not compete with the private hospitals of the city, as we maintain no private rooms, and provide only one class of medical, nursing and food service. The location of the patient in the hospital is determined solely by his physical condition. The same is true of our Outpatient Department Here also we do not compete but rather co-operate with the practitioners of the County.

Your great interest in the subject under discussion is what prompts me to lay these facts before you. The University of Buffalo, acting in concert with our public and private hospitals and the medical and dental professions, is in a position to serve the best interests of the community by exerting its leadership for the promotion and advancement of preventive and curative medicine

Yours sincerely,

WALTER S GOODALE, M D, Superintendent Approved Edward J Meyer, M D, President Board of Managers

THE NEW MILK CODE

A new milk code, devised by the Departments of Health of the State and City of New York, in collaboration with representatives from other sections of the United States, goes into effect on July 1, 1928, throughout the jurisdiction of the New York State Department It simplifies the procedure of milk of Health inspection and establishes uniform standards throughout the State Its enforcement is primarily in the hands of local health officers and will afford an illustration of the responsibility of physicians for leadership and success in public health work About one thousand physicians of New York State are health officers in districts outside of Greater New York This means that one-half of the physicians of rural districts are health officers. All of these doctors have sworn to do their conscientious duty in the practice of public health and it is to their credit that they score high in that However, the individual scores vary, as they do in other activities, and those doctors whose scores are below the average are subject to just criticisms

Dr Frank W Laidlaw, District Health Officer for the district comprising the lower West side of the Hudson valley, has brought out the point of individual responsibility of health officers in his mimeographed Bulletin No 16, dated at Middletown, Orange County, June 15, 1928 This Bulletin is an example of the kind

of writing which strikes home to its readers, because it has the essential qualities of kindliness, truthfulness and clearness, combined with friendly frankness which appeals to practical doctors. Here is what Dr Laidlaw says in the Bulletin

"May 1, we issued a bulletin (No 14) containing 'A Few Observations on the Milk Code'

"May 10, we issued a 'Special Bulletin' intended for distribution to milk dealers and producers Every health officer was sent at least two copies

"May 26, we issued another bulletin (No 15) containing what we thought to be live information on the subject

"We believe that most health officers have read these bulletins, but we know that we have failed to hit the mark in some instances

"Occasionally we find a health officer who cannot remember having received any of them, nor can he recall that a sample set of blanks has been received. This set of blanks was sent from this office under date of March 20

"We find instances (not many, but they are altogether too numerous) of health officers who have not secured a supply of blanks, and in fact have done nothing,—who apparently expect milk regulation to proceed in the 'even tenor of its way,' as it has done in some districts for the past 14 years

Varney, Gow, Bullard, Cotton, Callahan, Derby, Ordway, MacElroy, Parmenteer and guests, Dr M L Diez, Albany, head of Division of Maternity and Child Welfare, State of New York, Dr Francus A Mastrianni, Mechanicville and Dr Frank Van der Bogart, Schenectady

Dr Francus A Mastrianni was elected a member

Dr MacElroy gave a detailed and final report on survey of defects of school children in the county

The President at this time called the attention of the Society to

- (a) The necessity of prompt payment of dues
- (b) Impressed upon members the necessity of answering attendance cards promptly
- (c) Called the attention of the Society of members of our Society, graduates of the '70's, two of whom were present and received a hearty round of applause They were

Dr John Cotton, Burnt Hills, graduated 1871—Harvard, in practice 57 years

Dr Allen G Peckham, Waterford, graduated 1871—Hahneman, in practice 57 years

Dr Frank F Gow, Schuylerville, graduated 1873—P & S, in practice 55 years

Dr R. H Stubbs, Waterford, graduated 1877

—N Y University, in practice 51 years

Dr Walter Crombie, Mechanicville, graduated 1879—Albany, in practice 49 years

Drs Cotton and Gow were present

Dr Maby called attention of the Society of a possible hardship for some of the older members to pay their dues, which might unreluctantly compel them to withdraw from the Society After some discussion Dr King moved, and Dr I edlie seconded, that Drs Maby and Bullard be a committee of two to present a proposed amendment to the By-laws as to Honorary Membership, same to be presented at the next regular meeting Carried

There being no further business, the following scientific program was presented

- 1 Pre-natal case—Dr M L Diez, Albany, Head of Division of Maternity and Child Welfare of N Y State
- 2 Grape Fruit in Diabetis—Dr D C Monarta, Saratoga Springs
- 3 County Medical Activities—Dr J R Mac-Elroy, Jonesville

This latter paper called attention to the necessity of better organization through the Medical Society to handle the Non-Tuberculosis ills and defects of the children of the county

Dr MacElroy moved and Dr King seconded that the President and four other members be a Committee to organize this public health activity Carried

Chair added Dr MacElroy to the present Public Health Committee, the Committee being Dr T J Goodfellow, Dr MacElroy, Dr Sherman, Dr Parmenteer and Dr Loop

Ralph Post, Secretary

CLINTON COUNTY MEDICAL SOCIETY

The semi-annual meeting of the Clinton County Medical Society was held Tuesday, May 15, 1928, at Plattsburgh Barracks, N Y

An unusual feature of this meeting was the fact that a program was arranged which would be of some interest to the dental as well as the medical profession, and an invitation was extended to all the dentists in Clinton, Essex and Franklin Counties Six responded

The meeting was begun with an informal luncheon at which twenty-four were present at the Witherill House, Plattsburgh, N Y, preceded the meeting

The following new members were elected Dr J E Swarts of Chazy, N Y, Dr G D Dare fo Plattsburgh, N Y, and Dr Wm C Schintzius of Standish, N Y

The business transacted was of a routine character, and was followed by the scientific program

- 1 Focal infection, by Roswell A Hogue, DDS, Plattsburgh, N Y
 - 2 Moving Picture, "Infections of the Hand"
- 3 The Little Things in Surgery, by Dr A M Dickinson, Albany, N Y
- 4 The Early Diagnosis of Tuberculosis, by Dr T R Plunkett, Albany, N Y

In the course of this paper, a motion picture entitled "The Doctor Decides" was shown

Leo F Schiff, Secretary

Dickinson of Albany, Dr Borrowman from Schenectady Dr Robert E Plunkett from the State Department of Health

Treasurer's report was received showing \$119 96 available

Dr Dougald F MacArthur was elected to membership

Dr Barton urged a better attendance at the District Branch and the State Society meetings and mentioned the excellent program of the meeting to be held in Albany

Dr Bennett presented his paper on "Appendicitis" He emphasized the importance of early diagnosis, and presented some case histories showing that we could not always depend upon book symptoms for our diagnosis

Dr Bailey presented his paper on "Medical Ethics" based upon what was presented at the meeting of the American Medical Association at Atlantic City several years ago

Dr Paris presented a paper, the matter of which was taken from a medical book published in 1636 showing the conditions in the practice of medicine in London at that date

After dinner, at the Granville Inn, Dr Plunkett read his paper on the early diagnosis of tuberculosis He gave the history of the disease and the attempts at its control, reviewed means of control in New York State, stating that the death rate had been reduced by education, and preventive measures, and essential steps in diagnosis, good history, good physical examination, and examination of sputum

A moving picture "The Doctor Decides" was

then presented

Dr Arthur Dickinson then presented his paper on "Bone Tumors" illustrated by lantern slides

Adjourned

S J BANKER, M D. Secretary

BRONX COUNTY MEDICAL SOCIETY

A regular meeting of the Bronx County Medical Society, held at Lebanon Hospital, on May 16, 1928, was called to order at 9 P M, the President, Dr Gitlow, in the Chair

Election of candidates being in order, it was moved and carried that the Secretary be instructed to cast one ballot The following physicians were elected to membership. Irving B Blumenfeld, Julius Burstein, Nathan Cohen, Max Eisenstat, Herman Eeymour Frimel and John L

The following Resolutions were adopted

"Whereas, The Bronx County Medical Society having sustained a severe loss in the death of its honored associate, Morris Klein, M D

"Resolved, That The Bronx County Medical Society record the sense of its loss in the death of Dr Klein and that a minute thereof be placed on the records of the Society, and be it

"Further Resolved, That a copy of these Resolutions be transmitted to the family of our departed member "

"Whereas, The Bronx County Medical Society having sustained a severe loss in the death of its honored associate, Albert Vincent Rockwell, M D

"Resolved. That The Bronx County Medical Society record the sense of its loss in the death of Dr Rockwell and that a minute thereof be placed on the records of the Society, and be it

"Further Resolved, That a copy of these Resolutions be transmitted to the family of our departed member "

The Scientific Program then proceeded as follows

Climcal Meeting

- Pelvic Abscess with Unusual Etiology A J Rongy
- Gas Bacillus Infection Following Hypodermic Henry Roth
- 3 Case of Hypoparathyroidism Following Thyroidectomy (partial) Wm Weinberger roidectomy (partial) Win Wei Chorioepithelioma—Report of Three Cases
- M J Goodfriend M R. Bookman
- Dermoid of Testicle in a Child M. R. Bookman Case of Intrathoracic Tumor Carl Goldmark Cases of Post-tonsillectomy Hemorrhage I M. Heller
- Case of Epileptiform Seizures Associated with
- M D Lederman x S A Blauner Chronic Middle Ear Suppuration
- Case of Idiopathic Pyopneumothorax Harry Aranow 10 Specimen of Rhinocephalic Monster

It was moved and carried that a vote of thanks be extended to Lebanon Hospital and to the gentlemen who presented the Cases and Reports

I J Landsman, M D, Secretary

SARATOGA COUNTY

The regular semi-annual meeting of the Saratoga County Medical Society, held on May 16, 1928, was called to order after dinner at Newman's Lake House, there being present Dr T J

Goodfellow, President, Dr Post, Secretary, and Drs G F Comstock, Castree, Downs, Eaton, G F Goodfellow, Humphrey, King, Ledlie, D C Monarta, Maby, Sherman, Towne, VanAernem,



THE DAILY PRESS



PROFITS FROM CONVENTIONS

Why do cities we with one another to secure the annual meetings of the Medical Society of the State of New York? The answer may possibly be found in the following editorial from the New York Sun of May 29

"The Merchants Association knows more about delegates to conventions in this city than some of the wives of the delegates may know. It knows how much money they spent here and how they spent it. Collectively the delegates to 132 con-

ventions spent \$63,000,000 here The delegate's dollar was spent in this fashion 40 cents in the retail stores, 25 cents for his hotel bill, 15 cents in restaurants, 15 cents for amusements and 5 cents for taxicab fare

"That the average delegate spent so much in stores may astonish some people, but not anybody familiar with conventions. A delegate has to go somewhere and do something during the business sessions of a convention."

AMBULANCE CHASING

The investigations regarding ambulance chasing which apparently originated with the Brooklyn Eagle last winter, have extended throughout Greater New York and are being actively conducted by at least two courts. The disclosures seem at last to have become definite and to lead to a few physicians who are as guilty as the lawyers. In fact, the lawyers cannot get far with their cases in court without the connivance of physicians to give sworn testimony regarding alleged injuries.

The New York Herald-Tribune of June 19 has the following editorial which sums up the situation in a clear manner

"As a weapon against quacks the Webb-Loomis law requiring annual registration by physicians and forbidding the title "Dr" to the unlicensed is making good. Deputy Attorney Gerald Sol Ullman, reviewing the medical practice act in 'The Panel,' issued by the Grand Jurors' Association of New York County, estimates that more than 1,000 illegal practitioners were driven out of the state last year. Most of them did not wait to risk prosecution, but 'pulled up stakes and went elsewhere' State officials are confident that unauthorized use of 'Dr' either by signs or in advertising, has practically ceased

"The Webb-Loomis law also provides for the disciplining and ejecting of licensed physicians guilty of misconduct. One of the causes for revoking a license, 'fraud and deceit in the practice of medicine,' fits the cases of unscrupulous physicians in cahoots with equally unscrupulous lawyers. Mr. Ullman describes the joint enterprise of blacklegs of the two professions.

Recent disclosures have established that a so-

called "ring" of physicians has been in league with a number of "ambulance-chasing" lawyers These physicians, who generally received as their compensation part of the settlement or recovery in negligence claims or actions, were at all times ready to and did make false statements, false affidavits and false certificates Their testimony in support of the claims reeked with perjuy many cases the physicians who had not seen the alleged injured testified concerning fictitious in-They were invariably ready to perform any act required of them by the dishonest lawyer in order to aid such lawyer in his chicanery and thus increase the recovery in which there was a contingent interest The physicians who have been enabled under the cloak of their licenses to carry on this illegitimate and mercenary trade have cast discredit upon an honorable profession and constitute a scourge which is not to be tolerated'

"This subtle form of medical fraud easily evades the routine work of the medical inspectors who war on quacks Judges, however, get wind of it, and they can speed the expulsion of the fake testifiers by reporting the latter to the committee on grievances set up by the medical practice act Deputy Attorney General Ullman suggests that all governmental agencies running across crooked dealings by physicians forward their information to the grievance committee or to the Attorney General

"Their co-operation would be invaluable to enforcers of the medical law. Certainly the ambulance-chasing lawyers and the ambulance-chasing doctors, such as Mr. Ullman describes, should be thrown out the window together."



MEDICAL WARES



STOMACH TUBES

A picture of stomach pumps in action was a prominent feature of a farmers' encyclopedia three-quarters of a century ago It showed a physician in vigorous action working the piston of a suction pump attached to a rigid tube that extended into the stomach, while the patient with his head extended far back gazed into the physician's face with an angelic expression of gratitude Such a contrivance may have been used in cases of acute poisoning, but it would seem that only a choice of life or death could induce a patient to submit to the pump, or a doctor to use it As a matter of fact, almost the only use of such a stomach pump was that of removing poisons from the stomach

The objections to the stomach pump were many and obvious There was the evident danger of damage to the esophagus while passing the rigid tube, and there was the further danger of aspiration of the mucous membrane of the stomach by excessive suction

The invention of processes of vulcanizing the rubber enabled manufacturers to make a flexible stomach tube which could be readily passed, while the principle of the syphon provided a degree of gentle suction which could not be made forcible enough to do injury to the lining of the stomach

The manufacture of a stomach pump begins with the preparation of a mass of crude rubber which is plastic and has a considerable degree of adhesiveness. The quality of the finished tube depends largely on that of the crude rubber. Some rubber becomes hard within a few weeks or months, and develops cracks which catch and hold dirt and bacteria, but the best quality of rubber remains flexible for a long time, and retains its polish unimpaired.

The quality of the stomach tubes also depends on the substances with which the rubber is mixed in order to render it susceptible to vulcanization. The chemical composition of the materials is not the sole indication of the character of the finished tube. The skill and the honesty of the maker are very large features in the production of a stomach tube which will remain smooth and flexible for months or years.

The molding of a stomach tube begins with the forming of long sections of hollow tubing. The plastic rubber is placed in a hopper in which a screw revolves and forces the rubber through an outlet whose diameter is that of the outside of the finished tube. Projecting in the center of the

outlet is a pin whose diameter is that of the hollow in the tube. As the rubber is forced through the opening, it emerges as a tube whose length is dependent on the amount of rubber placed in the hopper.

The second process in the manufacture of a stomach tube consists in cutting the tubing in the proper lengths. The end of each section is then moistened with carbon bisulphide in order to increase its adhesiveness, and is pinched together and rounded with a snip of a pair of scissors Each section of tubing is now a closed tube consisting of plastic rubber which is ready for vulcanization

The rubber section, if the tube is of the best quality, is now inserted in a glass tube whose bore has the diameter of the outside of the finished rubber tube. The glass tube is a mold in which projections have been formed corresponding to the depressions in which the apertures in the distal end of the rubber tube are located.

The glass mold containing the rubber tubing is then sealed with a cap of flexible rubber, and is placed in a vulcanizer whose temperature is raised to about 500°F. The heated air in the tube expands and forces the plastic rubber firmly against the sides of the mold so that the vulcanized product is the shape and smoothness of the glass tube

The process of the manufacture is completed by cutting the holes in the depressions of the tube A soft rubber catheter is made the same way as the stomach tube

Practically all stages of the manufacture of stomach tubes and soft catheters are done by hand, and the skill and care of the workmen are great factors in determining the perfection of the product

The skill of the maker of the glass molds also enters into the uniformity of the completed tubes

The production of a high grade stomach tube or catheter requires skill in manufacture and knowledge of the materials of which they are made. These elements cost money, and account for the apparently high prices of the first class product. There is probably no other medical ware whose quality is so variable as that of goods made of soft rubber.

It will always pay the physician to purchase those made by a reliable firm whose products have been manufactured according to the highest standards of skill and knowledge

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BOOKS RECEIVED



Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review, as dictated by their merits or in the interests of our readers.

- SELECTED PAPERS ON INJURIES AND DISEASES OF BONE.
 By Sir William Ireland de C. Wheeler, B.A., M.D.
 Octavo of 148 pages, illustrated. New York, William Wood and Company, 1928 Cloth, \$400
- A TEXT BOOK OF INFECTIOUS DISEASES Being the Third Edition of Goodall and Washbourn's Manual of Infectious Diseases Revised and in large part rewritten by E W Goodall, O B E., M D Octavo of 718 pages, illustrated New York, William Wood and Company, 1928. Cloth, \$1000
- THE SIMPLE GOITRES BY ROBERT McCARRISON, CIE., M.D. Octavo of 106 pages, illustrated New York, William Wood and Company, 1928 Cloth, \$400
- Surgical Clinics of North America Vol 8, No 2 April, 1928. (New York Number) Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$1200 net.
- Gonococcal Urethritis in the Male. For Practitioners By P S Pelouze, M D Octavo of 357 pages, illustrated Philadelphia and London, W B Saunders Company, 1928 Cloth, \$500
- THE HEALERS By B LIBER. 12mo of 455 pages New York City, Rational Living, 1928. Cloth, \$3 00
- HEALTH AND WEALTH A Survey of the Economics of World Health. By Louis I Dublin, Ph D Octavo of 361 pages New York and London, Harper and Brothers, 1928 Cloth, \$300
- THE MIND OF THE GROWING CHILD Edited by VISCOUNTESS ERLEIGH 12mo of 229 pages New York, Oxford University Press, 1928 Cloth, \$1.75
- A Text Book of General Bacteriology By Edwin O Jordan Ph D Ninth Edition revised. Octavo of 778 pages, illustrated. Philadelphia and London, W B Saunders Company, 1928 Cloth, \$600
- THE PRINCIPLES AND PRACTICE OF OBSTETRICS BY JOSEPH B DE LEE, A M, M.D. Fifth Edition, revised Octavo of 1140 pages, illustrated. Philadelphia and London, W B Saunders Company, 1928 Cloth, \$1200
- MANUAL OF SURGERY (Rose and Carless) For Students and Practitioners By Albert Carless, C.B.E., M.B. and Cecil P. G. Wakeley, F.R.C.S. Twelfth Edition. Octavo of 1544 pages, illustrated New York, William Wood and Company, 1927 Cloth, \$11.00
- THE EXAMINATION OF PATIENTS BY NELLIS B FOSTER, M D Second Edition revised Octavo of 392 pages, illustrated Philadelphia and London, W B Saunders Company 1928 Cloth \$4.50
- Physiology and Biochemistry of Bacteria Volume I Growth Phases Composition, and Biophysical Chemistry of Bacteria and their Environment, and energetics By R E. Buchanan Ph D and Ellis I Fulyer Ph D Octavo of 516 pages Baltimore, The Williams and Wilkins Company 1928 Cloth, \$750

- Folklore of the Teeth By Leo Kanner, M.D. Octavo of 316 pages, illustrated New York, Macmillan Company, 1928 Cloth, \$4.00
- A HANDBOOK OF HISTOLOGY By A McL. WATSON, M.A, Ph D 12mo of 207 pages, illustrated New York, William Wood & Company, 1928 Cloth, \$3.75
- THE INTERNATIONAL MEDICAL ANNUAL. A Year Book of Treatment and Practitioners' Index. Forty-sixth Year, 1928 Octavo of 574 pages, illustrated New York, William Wood & Company, 1928 Cloth, \$6.00
- THE NEW YORK ACADEMY OF MEDICINE LECTURES ON MEDICINE AND SURGERY [First Series, 1927] Octavo of 319 pages, with 39 illustrations New York, Paul B Hoeber, Inc., 1928 Cloth, \$500
- EPILEPSY COMPARATIVE PATHOGENESIS SYMPTOMS, TREATMENT By L. J. J. MUSKENS, M.D. Octavo of 435 pages, illustrated New York, William Wood & Company, 1928 Cloth, \$8.00
- LABORATORS MANUAL FOR THE DETECTION OF POISONS AND POWERFUL DRUGS By DR WILHELM AUTENRIETH Authorized translation by William H. Warren, Ph D Sixth American Edition from the Fifth
 German Edition, completely revised with extensive additions Octavo of 698 pages, with 60 illustrations
 Philadelphia, P Blakiston's Son & Company, 1928.
 Cloth. \$600
- MEDICAL CLINICS OF NORTH AMERICA. Vol 11 No 6 May, 1928 Index Number (Mayo Clinic Number) Published every other month by the W B Saunders Company, Philadelphia and London. Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$1200 net.
- BED-SIDE MEDICINE. A Hand-Book of Medical Diagnosis—Symptoms, Physical Signs, and Laboratory Methods—From Indian Standpoint. By AKHIL RANJAN MAJUMDAR, MB 12mo of 443 pages, illustrated Calcutta, The Book Company, Limited, 1928. Cloth, Rs 6-8
- EAT, DRINK AND BE HEALTHY An Outline of Rational Dietetics By Clarence W Lieb M.A., M.D. 12mo of 180 pages New York, The John Day Company, 1928 Cloth, \$1.50
- THE GLANDS REGULATING PERSONALITY A Study of The Glands of Internal Secretion in Relation to the Types of Human Nature. By Louis Berman, M.D. Second Edition, revised Octavo of 341 pages. New York, The Macmillan Company, 1928 Cloth, \$3.50
- URINARY ANALYSIS AND DIAGNOSIS BY MICROSCOPICAL AND CHEMICAL EXAMINATION BY LOUISE HEITZMANN, M D Fifth revised Edition Octavo of 366 pages, illustrated New York, William Wood and Company, 1928 Cloth, \$500

LABOR OR MEDITATION

Preachers and physicians and social workers all deplore the hurry and haste of modern life, and University Deans try to arrange the curricula in order to allow the student more time for reflection. The philosophers of India have demonstrated the uselessness of reflection and meditation unaccompanied by action, while the intensely active business man has little use for the dreamer of dreams. The busy doctor, called

"Man first devised the water-wheel
To free himself from toil,
He made the river grind his meal
And irrigate his soil
Since Adam's day, when man has not
Been flourishing the saber,
He's spent his time on plan and plot
To saye himself from labor

Because he'd rather drowse and dream
Than plod o'er hill and dale,
He utilized the power of steam
And made his trips by rail
When lifting stones by might and main
Fatigued his brawny shoulders,
The slothful wight devised a crane
Which hoisted even bowlders

to an emergency case, has no time for reflection,—he must "Do something" quickly Still there is a time to act and a time to think, and the wise doctor takes time for both

The following verse by James Montague, in the Department of "More Truth Than Poetry" of the New York Herald-Tribune, of June 18, expresses the balance of labor and meditation better than a prosy scientific article could do

Because he did not want to yell
To make his wishes known,
He sat and pondered for a spell
And built a telephone
But stringing poles is no light job,
And man is far from tireless,
So soon he set the air athrob
By sending calls by wireless

In youth we've bidden not to shirk,
Our noble leaders state
That only hard and wearing work
Will ever make us great
But though in economic lore
I own I'm pretty hazy,
It seems to me we've done far more
Than if we'd not been lazy"

TRASH-BASKET CIRCULATION

Every Journal, the New York State Journal of Medicine included, receives an astonishingly large amount of press notices which are sent by propagandists. Now and then an article is worth printing, but most of the clippings go into the waste basket. If every item were printed the Journal would burst with that kind of matter. It is a simple example in arithmetic to calculate how much of the propaganda material can be used. Five per cent would be a high figure. The New York Times of May 30 commenting editorially on the condition says.

"Of the 'more than \$227,000' which publicutility propagandists told the Federal Trade Commission was spent in New York State since 1922, it is probable that nearly all was wasted Part of the sum was expended for public school textbooks, when principals were credulous enough to accept them Some of the money was expended on a periodical bulletin 'which attained a circulation of 196,000 among newspapers' etc

"If the Federal Trade Commission will circularize any fifty editors in the country, it will discover that the first duty of their day is to chuck away clip-sheets of this kind. Yet business interests with a special tale to tell will continue to

nourish publicity departments engaged in just such wasteful absurdaties, and their executives will continue to be told of 'more than 196,000 circulation'. That kind of circulation is comparable to the marksmanship involved in discharging a battery of machine guns at the ocean.

"Much that is interesting and important has been revealed in the commission's inquiry, and there are always instances to be found where direct contact has been made by special interests with purveyors of public information in a way not salutary to the general welfare. But clipsheets and textbooks are important only in that they give employment to the sharpshooters of the trash-basket brigade."

In answer to the editorial, it is true that press notices and clip sheets are used widely by newspapers. When this Journal subscribed to a press clipping bureau a dozen identical clippings would be received whenever the State Charities' Aid Association issued a press notice. Granting that only five per cent of the notices are printed, the total is an impressive amount of publicity and advertising.

Propaganda notices are useful as space fillers, as well as for building fires

A TREATISE ON ORTHOPEDIC SURGERY By ROYAL WHIT-MAN, MD 8th Edition, revised Octavo of 1051 pages, illustrated Philadelphia, Lea and Febiger, 1927 Cloth, \$9 00

Eight editions of Dr Royal Whitman's Orthopedic Surgery have been published since 1901, an average of almost one edition every three years. In view of the fact that this work is the product of one mind and not a system of medicine or the work of several authors and that it has maintained its position as a standard text from the first edition to the present one renders it conspicuous in medical literature. This book is the outstanding text for orthopedic surgery in the English

language and is recognized generally as authoritative.

The general character of the book is unchanged and many of the illustrations are familiar. Here is a work that was so well done in the first edition twenty-five years ago that the author never has had to completely rewrite it and change its basic character The classifica tion under functional disability of the pathology considered still persists and is probably the best form in

which to present the subject to the student

However much has been added as the scope of or-thopedic surgery has increased and the chapter on collateral orthopedics has been amplified and enlarged For example the section on ratings for amputations fractures and their sequelae has been added and will be found of great value to the industrial surgeon. The be found of great value to the industrial surgeon figures given are a compilation of the ratings in Europe and America.

Both Dr Whitman and the publisher are to be congratulated on the production of the eighth edition

MINOR SURGERY BY ARTHUR C HERTZLER, M.D., and VICTOR E. CHESKY, A.B., M.D. Octavo of 568 pages, with 438 illustrations St. Louis, The C. V. Mosby Company, 1927 Cloth, \$10.00

One gets the impression after reading this book that the author writes from first-hand knowledge of most of the topics There are many points of differential diagnosis gained by him through long experience, which are of great value to the man in general practice who sees first many pathological conditions but whose opportunity

to see many similar cases is naturally limited.

The chapter on Diseases of the Tongue is well worth perusal. The chapters on Affections of the Scalp and Cranium, Diseases of the Nose, Mouth and Jaws, Face and Neck contain much information not found in text books The other chapters are also replete with information and contain many suggestions of value. Perhaps the discussion on the treatment of Flatfoot had better been left for the orthopedic surgeon.

The book deserves careful reading. The author has made a real contribution to medical literature.

S LLOYD FISHER

EVOLUTION OF PREVENTIVE MEDICINE. By SIR ARTHUR NEWSHOLME, K.C.B., M.D. 12mo of 226 pages Baltimore, The Williams & Wilkins Company, 1927 Cloth, \$3 00

Sir Arthur Newsholme gives us an interesting brief outline of the most important steps in the development of preventive medicine. Sir Arthur has well-arranged his work in this book. He leads us from the obsessions and supernaturalism controlling the Medical World of old and the emancipation from the old authorities Hipvesalius and others He shows us how medicine, through its alliance with science in the realm of physics and chemistry, has progressed up to the twentieth century, the history of which he has wisely left for another volume Before us is clearly displayed the progress made in preventive medicine from the first control of leprosy in the eleventh and twelfth centuries to the control of plague, cholera, small pox, typhoid fever and also the control of the food deficiency diseases

This book makes such interesting reading that we are

left waiting with great impatience the appearance of the subsequent volume. WILLIAM RACHLIN

A Sound Economic Basis for Schools of Nursing AND OTHER ADDRESSES By MARY ADLLAIDE NUTTING RN, MA Octavo of 372 pages New York and London, G P Putnum's Sons, 1926 Cloth, \$250

This is a collection of addresses by Miss Nutting and may be considered as an interesting compendium of the doctrines which have actuated the present leaders of nursing. In its pages one may clearly trace their wanderings in pursuit of the will-o-the-wisp of theory, a progress now rapidly leaving to other hands the actual care of the sick. A little more naive, a little less com-promising and a little less hampered by doubts or fears, the female of the species is in no marked essential different from her brother, the physician when matters of education are concerned. The book should be read and studied. It is an illuminating document full of high idealism, intellectual snobbery and of impractical bunk.

TONIC HARDENING OF THE COLON BY T STACEN WILSON, M D Octavo of 210 pages London and New Oxford University Press, 1927 (Oxford Medi-York cal Publications)

This book of two hundred pages is devoted to a long discourse on a condition of the colon, supposed to be an exaggeration of a normal "Static Fixation of the protoplasm of the muscular fibers of the colon," which the writer considers a part of normal colonic peristalsis is recognized by palpating the colon and feeling it to be thickened and hard and at times tender. This hardening according to the writer, is very frequent, and may be caused reflexly by many abdominal conditions and may be the cause of a long list of symptoms. The treatment recommended consists of giving atrophine, sedatives, rough diet, mental suggestion and what have you Fortunately books of this type, devoted to a consideration of symptoms, with no scientific explanation of their cause or treatment, are becoming fewer and fewer

DEMONSTRATIONS OF PHYSICAL SIGNS IN CLINICAL SUR-GERY By HAMILTON BAILEY, F.R.C.S Octavo of 217 pages, with 261 illustrations New York, William Wood and Company, 1927 Cloth, \$650

In an age when the laboratory is over-stressed, it is refreshing to be able to say a word of commendation for

a simple text with the above title.

The chapters may be perused one by one without a feeling at any time that the waters are getting too deep The technique of laboratory tests today has become so involved that the average reader is lost in the maze of reactions unless he is of the initiated No such complaint can be made of these chapters. They give a resume, both general and regional, of the basic physical signs so valuable in clinical surgery

The usefulness of the text should earn for it an important place in the library of the active surgeon or gen-ROBERT F BARBER. eral practitioner

PIUM By JOHN PALMER GAVIT Octavo of 308 pages New York, Brentano's, 1927 Cloth, \$3.50

To most of us, the word opium suggests something as vague and unknown as the very lands from which the product comes But Mr Gavit lifts a curtain upon the immensity and vastness of the horrible menace of opium No longer is it a danger to only the far-off Orient -it is a danger in civilized lands where those who enter into the difficult task of solving the problem of its traffic become lost in a fog of hundreds of questions which come up under this one head, which to the average person seems so simple and but a question of prohibition of sale. This is a book for everyone to read and-we strongly feel that once one has perused its pages, no longer will the word opium mean danger in lands across the seas but it will open a new trend of thought and become a far-reaching topic of personal significance M L. A



BOOK REVIEWS



SURGICAL CLINICS OF NORTH AMERICA Vol 7, No 1, February, 1927 Cancer I

Vol 7, No 2 April, 1927 Cancer II Vol 7, No 3 June, 1927 Cancer III

(Chicago Number)

Published every other month by the W B Saunders Company, Philadelphia and London, Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$1200 net.

Vol 7, No 1 A very interesting and well illustrated contribution on the subject of cancer written by men associated in research work in the City of Philadelphia with an added paper by W Sampson Handley, MS of London, England This volume covers the subject of bone deposits in Cancer, Cancer of the Face, Metastatic Tumors of the Nervous System and the rest is given over mostly to presenting the superficial forms of Cancer and their Radium treatment. The final chapters deal more particularly with the preparation of Radium Seeds, etc, which is very interesting. The chapters dealing with the Angiomata, Facial and Tongue Cancer brings the treatment up to date in a very clear cut manner

Vol 7, No 2 A small but very interesting report on the Cancer problem furnished by the Philadelphia General Hospital based on the series of cases coming under their care in recent months. The volume covers a variety of types of Cancer in the various Organs in connection with which are many valuable hints in diagnosis and treatment. The use of Radium and X Ray is carefully outlined by those who have had much experience in these The Cancer problem is well covered in a very readable manner

Vol 7, No 3 This volume covers a multitude of subjects—Fractures of the Skull and Tumors of the Brain Tumors of the Parotid Gland, Bone Surgery together with various phases of Abdominal and Chest Surgery, as well as those of the Specialties They are all well written, with a sufficient number of illustrations to make easy and well worth while reading

MEDICAL CLINICS OF NORTH AMERICA Vol 11, No 1 July, 1927 (Chicago Number) Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$1200 net

This volume covers a wide field of medicine illustrating important conditions as seen by the Chicago physicians. All of the papers presented uphold the reputation and qualities of the contributions to the Medical Clinics. The most important conditions of pediatrics are given here, and Syphilis with its varied manifestations is treated. The influence of the glands of internal secretion is clearly explained in an article by Hutton. The diseases of the digestive tract such as peptic ulcer, cirrhosis of the liver, carcinoma of the pancreas, simple illcerative colitis, amebic dysentery, and obstruction of the duodenum by bands of adhesions, are thoroughly reviewed in these articles

Medical Clinics of North America Volume 11, Number 2 September, 1927 (St. Louis Number) Published every other month by the W B Saunders Company, Philadelphia and London. Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$1200 net.

In this issue by the physicians of St. Louis, we find much in pediatrics, and abnormal conditions of the nervous system The subject of peptic ulcer is carefully presented Coronary thrombosis in the milder forms is illustrated in this number. The subjects are varied and wide in range and present an excellent volume

MEDICAL CLINICS OF NORTH AMERICA. Vol. 11, No 3, November, 1927 (Tulane University Number) Published every other month by the W B Saunders Company, Philadelphia and London. Per Clinic Year (b Cloth, \$1600 net, paper, \$1200 net.

This is an excellent volume of these Climes The subjects of Measles and Scarlet Fever are presented with the most recent findings. An article on Plague gives a clear description of the methods used to keep this disease out of the United States and the care which these patients receive Purpura, as a cardiologic problem, is the title of a presentation of ten cases of purpura due to different causes—a paper of unusual interest All of the other papers are well-written and instructive This is a valuable volume

HENRY M MOSES

ASTHMA Its Diagnosis and Treatment. By WILLIAM S THOMAS, M D Octavo of 279 pages, with 20 illustrations New York, Paul B Hoeher, Inc., 1928

This book could well be read by all general practitioners to their advantage. During twenty years of practice, hospital and private, the reviewer knows of no group of patients who have received worse treatment than those suffering from asthma. This book describes the new way to diagnose and treat asthma It describes asthma as an allergic reaction, due to the entrance into the body of a foreign substance, probably a protein, to which the patient is sensitive. This sensitivity is inwhich the patient is sensitive. This sensitivity is in-herited, not acquired. The substance enters the body through the respiratory system, as an inhalent, or through the gastro-intestinal system as a food. He describes in detail the method of skin testing, using the scratch method, through which this sensitivity is established

A group of asthmatics who do not respond to skin tests for inhalents or foods is the bacterial group His chapter on testing against bacteria, and treating with the same, will find many opponents among allergists All will agree, however, that there is such a group, some of whom do respond to some form of vaccine therapy

The doctor stresses the importance of taking a complete history in each case. His schematic history card is sufficient. He also stresses the importance of doing a complete physical in each case, especially noting the condition of the nose, throat and sinuses to a thorough chest examination an X-ray of the chest is often advisable. He dismisses the drug treatment of asthma in a few words, adrenalin, ephedrin and morphine, however, are very valuable. The latter, however, should rarely be used because of the danger of forming the habit. His results from the use of ephedrin are much better than we seem to get. It is, however, a valuable was the first than The book is well gotten up, has a good able drug index and bibliography, and is not too long It can easily be read in two hours GAM

SURGICAL DISEASES OF THE GALL-BLADDER, LIVER AND PANCREAS AND THEIR TREATMENT By Moses BFHREND A.M., M.D. Octavo of 278 pages, illustrated Philadelphia, F. A. Davis Company, 1927 Cloth, \$4.00

This book contains 250 pages, about 100 of these are occupied by illustrations many of which are devoted to diagrammatic representation of anomalous biliary vessels and ducts. The paper is good, the print is large and such ideas as it contains are far apart.

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OUR NEIGHBORS



MICHIGAN CONFERENCE OF COUNTY-SECRETARIES

The secretaries of the county medical societies of Michigan hold yearly meetings at the expense of the State Society after the plan of a similar conference in New York State, the last one of which was reported in this Journal for October 1, 1927, page 1094. But the scope of the conferences in Michigan has been broader than that of New York State, a greater variety of subjects has been covered and the sessions have lasted longer. The Michigan meeting of 1927 was reported in this Journal of July 15, 1927, page 816, and that of 1925 was reported in the issue of August 1925, page 880.

The report of this year's meeting fills over forty pages of the June issue of the Journal of the Michigan State Medical Society. The meeting was held on May 14, 1928, in Detroit, and began at 215 o'clock and ended at 925, with two

hours' intermission for a social supper

Dr H E Randall, President of the Michigan State Medical Society, in opening the conference, said

"A state society has four functions to perform

"(1) To educate the doctors, to educate each other by exchanging experience, by reading papers, (2) Education of the public. These two are related, because the more you educate the public the more they have confidence in the doctor. At the same time it stimulates the doctor to live up to the confidence the patient has (3) To protect the welfare of its members. Of course that is done in your legislative work and also through your medico-legal committees. (4) To keep doctors together, to keep them friendly to each other.

"That medical organization has been a success in America is evidenced by the fact that a few years ago the average income of doctors in the United States was \$700 a year. The last figures we had showed that the average doctor's income is something like \$3,000 a year. At the same time, the doctor has received more, but the public has also received more.

"No man, no matter how much he can possibly contribute to medical organization or to medical knowledge, can repay the debt that he owes to medical societies and to the men who have given him this knowledge"

Dr F C Warnshuis, Secretary of the State Medical Society, speaking on the subject "Organized Activity", said —

"Two types of duties are ours First, those pertaining to the professional side and professional features of our work, second, those pertaining to our relationship to the public and the public's relationship to us

Regarding the Journal Dr Warnshuis said

"Dr Dempster is editing the scientific end of the Journal up to and through the editorial pages. The Council, however, still has placed upon the shoulders of the Secretary the burden of the management of the Journal, the printing of the Journal, the advertising business of the Journal, and also that section of the Journal that is devoted to the County Society reports or purely organizational activities

"You also know about the medico-legal defense of our Society, which has been in existence for a good number of years. The success of that feature of our organization is so well established that none of us would think of abandoning it. Many of us little realize the value and the protection that it gives. It is not until a man is sued for malpractice that he commences to appreciate that value of medical defense in the manner in which he is defended in his malpractice suit.

"The Joint Committee on Public Health and Education is constituted of a representative from our State Medical Society, the University of Michigan State Tuberculosis Society, the Michigan State Dental Society, the Michigan State Nurses' Association, and one or two other wel-

fare organizations of the state

"The object and work of this Committee is to disseminate to the lay people of our state the truths of scientific medicine. It has enrolled some 300 or 400 speakers from among our membership of the state who are able to go and are ready to go out to any lay organization and talk upon any subject of scientific medicine. The enrollment of these speakers is compiled in a program, and the assignment of places and appointments are made through the Extension Department of the University of Michigan

"This program, containing the list of 300 speakers, together with the topics upon which they talk, has been sent and is sent each year to every Parent-Teachers' association in the state, to every Grange organization in the state, to every noon-day luncheon club, and to many of these little community clubs, literary societies, and welfare organizations that are in existence. They are advised that they may select one or as many as they want of these speakers for any meeting that they may sponsor, and that the speaker will come and talk to that audience upon these subjects that are enumerated in the program, without expense to

(Continued on page 826, adv r)

(Continued from page 826-adv x)

"Some questions may be raised, especially on this chauffeur's examination license bill, that was passed requiring every chauffeur to have a physical examination and wherein the law set the fee at \$3 We will agree with you that \$3 is not a proper compensation for a physical examination of a chauffeur, but when you look at the degree and extent and scope of that examination, it is a part compensation, and it was a darned sight better as an agreement to accept the \$3 clause than to have the state appoint one or two medical examiners to make these examinations on an annual salary basis Sometimes compromises have to be made I believe that was one of the compromises that was made, not with the intent of appraising the value of the doctor's service in making the examination, but to defeat the institution of state officers who were going to make the examination

Dr Warnshuis also described the work of the committee on Post Graduate Education and said

"Some years back we started with the idea of sending to County Societies teams that conducted scientific programs. This, for several reasons, did not prove very satisfactory. Though it was realized that their services were of value, the application in that form did not serve the purpose that was being sought.

"Then instead of county meetings we started the post graduate conferences in the Councillor Districts—one-day sessions. These have proven to be very successful, they have proven to be very acceptable to the men, and they have been eager and anxious to have them. They have been conducted every year for the past four years, to the number of fourteen and eighteen, and in one year twenty-two, throughout the state. They are being so conducted this year.

"In addition to the post graduate conferences, arrangements were made two years ago, you will recall, for a post graduate clinic at the University Hospital for two and a half days. It was repeated last year and had a splendid response in attendance

Dr Warnshuis said that the post graduate clinic plan "Tends and leads to the establishment of an all-year post graduate school to which our members may come and pursue a course of post graduate study, spread over the year, according to the time that they can devote to it during the year For illustration, a man may come for a couple of days and take a course in heart conditions, we will say, and take a couple of days' work this week, then two weeks later he may come back to take a couple more days, and two weeks later a couple more, so through the year he may spend a definite amount of time and pursue a definite course of study at this post graduate school"

The subject of securing attendance at county

(Continued on page 828-adv x11)

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CHESTER FORD DURYEA, MD. DIRECTOR

(Continued from page 824)

them except that they are to bear the expense of

their communities

providing the meeting place
"That is a wonderful opportunity to convey to the public some of the truths of scientific medicine and to combat the misleading allegations and statements and claims of those who attempt to practice medicine or who attempt to treat the ills of humanity through the various schools of cults that are in existence. It has been felt by those who have sponsored this work that if we can edu cate the people as to the truths, then in their own judgment and wisdom they will no longer seek the administrations of those who are ill prepared to take care of them

"I said I was afraid that many of you did not know what was being done, because these meet ings are not being held as often nor in as great numbers in the various counties of the state as It is one of the things that the State Council would like to have the County Secretaries do To cause some of their local lay organi zations to secure some of these speakers and to conduct some of these public health meetings in

"In addition to that, the same Joint Commit tee believes in teaching the young and converting them to the truths before they are misled and misguided by these cult organizations first in a couple of our cities, and extending to most of our high schools-not all, but as rapidly as possible—this Joint Committee is conducting a series of six to eight talks at a general assem bly of the high school students of the high schools of our state, talking to them on such subjects as Pasteur, his life and his influence, and conveying to them through that subject of Pasteur, the story of bacteriology, Lister, and conveying through Lister's life and what he accomplished the story of surgery, and through similar topics they are conducting in the high schools of our state a series of six to eight lectures in the year for the education of the high school students I think you perceive the benefits and the educational features that are being obtained from that type of public health education

"The President of your State Society, your Secretary, the members of the Frecutive Com mittee of the Council, have been at Lansing dur ing the session of the legislature, not once, but all the time In addition to that, your State Society employed, without anyone's knowing he was there for that purpose, a well known attorney who represented our interests, who sat in on committee hearings, and who had individual and personal conferences with members of the legislature, who interviewed the Governor, the Lieutenant Governor and the Speaker of the House, and who obtained in that way their assistance for the defeat of undesirable legislation

(Continued on page 827-adv x1)

(Continued from page 828-adv \11)

bers take a more personal interest in community activities, and we feel that the influence of the Society is being felt, because of the frequency with which our officers are called upon for their opinion, on matters concerning the public welfare

"Our members feel that one of the most effective means of securing community support is

through newspaper publicity

"Following our meetings we have provided the newspaper with a summary of the papers presented, together with such other information relative to the meeting that we think may have some news value

"In the final analysis, the support of the community toward the organized medical profession is dependent largely upon the physician himself. In many communities the public has lost faith in the doctor because of a false idea of his duty to the public—possibly because of a lack of sympathetic understanding toward the patient."

Dr Harry B Knapp, in discussing attendance at society meetings, said

"The salient point in getting attendance, it seems to me, is to have an evening dinner preceding the meeting. Since that has been instituted, I notice that our attendance records have been better. We invite everybody, of course, to get in on these meetings, they don't all come. One dollars and fifty cents for the dinner looks pretty big to some, but the dinners at least afford a place for social contact, and I think more and more the men are taking advantage of the dinner meetings.

"The programs begin at eight o'clock A careful check is made on everybody who attends I keep an attendance record just as strictly as an old maid school marm does of her children I believe that is a very important thing After a meeting, a letter is usually sent out to those who did not attend, telling them that we missed them If we did not, we tell them that anyway, that gets under their skin pretty well A good many of them feel that we really missed them, at least we have noticed they were not there.

"Some come and sit and listen, some come and sit. When they sit and we notice their chair is occupied, we give them credit for attendance"

Dr Knapp also described a bill collecting plan as follows

"I have tried to render a little service to our Society also in the organization of a Bureau of Credits and Collections

"We have organized a bureau in our county, and we are undertaking to find out and list the kinds of people who are undesirable, not to keep them from getting service, but to find out who they are and then refer them to the poor commissioner for attention, where they belong

"Our bureau is simple. We get a collecting (Continued on page 830-adv viv)

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(Continued from page 827-adv xi)

society meetings was summarized by Dr R G B Marsh of Tecumseh, as follows

"In conclusion, I believe that attendance at County Medical meetings can be increased by the following methods

Hold the meetings every month at the same time each month

Choose an attractive place for the meeting

Have the meetings in different towns in the county This evens up the distance the men have to travel It also keeps the public informed of our existence

Obtain the best possible speakers the man the more quickly will he consent to come.

Have a dinner at each meeting. This is good for the speaker as well as the local men

Have at least four combined scientific and so-

cial meetings

Have the scientific program and the speakers published in the Journal at the beginning of the

Have an annual banquet with a non-medical program Invite to this meeting some other professional group, such as the Bar Association or the Dentists of the County

The Secretary should, I believe, be one of the younger members and his term of office should

be for at least two years

Invite to one of your meetings each year, and see that he gets there, your district Councilor, the State Secretary, and if possible the State President Also keep these men informed of your activities because they will help you when you need help most

Last of all use plenty of different kinds of bait to lure the men to the meetings and then do not forget to show them a good time and send them home feeling that the effort to attend was well worth while

The topic "Securing Community Support" was presented by Dr Charles A Neafie of Pontiac who said

"To secure community support there are two factors of the utmost importance, the first, that the members of the society take an active part in the life of the community, and the second, that the society arrange for suitable publicity, in order to furnish the general public with information regarding the activities of the society, and reliable information as to the progress of medicine.

"The work of our physicians in connection with the lectures given as a part of the Health Education Program, under the auspices of the Joint Committee on Public Health Education, has been of great value and it should be the aim of each County Society to encourage its members to take part in this important phase of health

"It is the aim of our Society to have its mem-

(Continued on page 829 adv xm)

(Continued from page 830-adv xiv)

quarter or a half million dollars invested in good securities that will yield on an average of five, possibly five-and-one-half per cent, which will give us an annual income of somewhere in the neighborhood of \$30,000 to \$40,000 which will enable us to carry on the work of our state organization. When that foundation has been completed and that investment made, I think then we can reduce our state dues to a minimum."

The practice of medicine by institutions came in for criticism Dr Woodward of Detroit said

"One of the most serious problems confronting the larger societies of medical centers is the endeavor to combat medical service by institutions. We are in the throes of that in the city of Detroit. There is no question but that this problem becomes more or less acute, depending upon the size of the community in which you practice. It seems to have simmered down to a battle between big business and small business, the small business being represented by the general practitioner, the man around the corner, and the big business being represented by various state institutions that are being run as the result of foundations that have been endowed."

The University of Ann Arbor was mentioned

by Dr Warnshuis as follows

"Much criticism has been raised also regarding some of the methods of the University Hospital That is a criticism that has existed, I guess, ever since the University Medical Department has been in existence, and it may continue to exist It has an interesting linking, impinging contact with not only the doctors, but with everybody in Michigan, with the legal profession in Michigan, with the County Charity Boards, and the Health Departments It is a problem that has grown as the years have advanced, and has attached to it many tentacles that are hard and barnacles that are difficult to tear off. It cannot be accomplished or wrought in one night, one week, or one year."

Dr Warnshuis also said

"The problem of the hospital practice of medicine is becoming extremely acute, especially so within the last year or two, and especially so since the movement that was instituted by the American College of Surgeons The American College of Surgeons started what I believe was a most pernicious move, in writing and communicating with the hospitals of our country, asking them to set aside a department in the hospital to which the public may come and receive a periodic physical examination at a flat fee, conducted by the staff, who are to be remunerated by the hour If you read the Journal, you have probably seen that we opposed that We registered a vicious protest against promulgating such a move, causing or inspiring hospitals to practice medicine"

The principal speaker in the evening session

(Continued on page 832-adv xv1)

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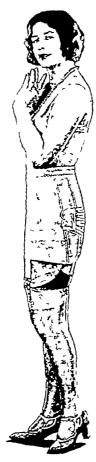
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CHICAGO

(Continued from page 829-adv xiii)

agency man experienced in this kind of work to undertake it for us as a side line. He has put a man in charge of medical collecting in our county He furnishes a form letter to send out.

"That collects pretty nearly fifty per cent of the hard bills If they don't respond we turn it over to the Bureau of Credits, and they use their usual method of collecting"

Concerning finances of County Societies Dr Moore of Cadillac said

"One of the strongest things I think we have had in our Society to hold our members together has been our county contract for the indigent I have answered many letters and questions in regard to it from different societies over the state I think it has been a wonderful thing

to hold our Society together

"We have a Tri-County Medical Society made up of Missaukee, Kalkaska and Wexford Coun Our county contract for the indigent poor is for Wexford County This is taken at our regular price for the year, and the doctors are rotated monthly in the territory in the city, and the country is assigned to the doctors in the coun-This gives something in return As long as they are members of the Society they are entitled to compensation for taking care of the indigent poor of their territory, and when they get their little check every three months, as they do, it sort of keeps them in touch with the Society

(A somewhat similar plan is described in this

Journal of June 1, 1928, page 693)

Concerning the payment of bills Dr Warnshuis said

"I think it is just a lot of old fogey ideas to make the Secretary secure one, two or three counter-signatures upon any voucher for the expenditure of funds As a rule, the money is not sufficient to make one desire to abscond, and secondly, the individual is usually honest when he is a Secretary because he couldn't be a Secretary if he were not honest"

On the subject of endowment for the State So-

ciety, Dr Warnshuis said

The solution that we are seeking is this endowment foundation, to which we hope to secure endowment contributions to the extent of \$250,000 or possibly \$500,000 given and so arranged that that endowment capital or principal sum will re-Under that plan that main intact in perpetuity endowment foundation has been incorporated and turned over to one of the large trust companies of this state After we get to a certain amount, we hope to branch out among some of our wealthier lay individuals and give to them tangible evidence of the work that has been and is being accomplished for the good of the people by the Michigan State Medical Society, and secure outside contributions so we can have a fund of a

(Continued on page 831-adv xv)

COUNTY SOCIETY PROGRAMS

The June issue of the Journal of the Medical Society of New Jersey contains the following editorial description of a new idea for the program of a county medical society

"For at least four years the Morris County Society has been devoting one or more meetings per annum to symposiums upon selected topics, different aspects of the subject being assigned to chosen members and a sufficient time allowed for each to work up his paper, and we have previously expressed admiration for the excellent results obtained. During the past winter the Camden County Society has employed a similar plan, the May Journal contains one of their symposiums, consisting of four papers on the subject of 'fractures,' and this month we present their symposium on 'arthritis'. In both of the counties mentioned the plan has worked advantageously."

ILLEGAL MEDICAL PRACTICE

The physicians of West Virginia are considering the problem of dealing with illegal practitioners and have planned the following procedure which is described editorially in the June issue of the West Virginia Medical Journal

"West Virginia does not need a new medical practice act. The present statute now in effect is very satisfactory and it covers the field of medicine even better than might be expected. But West Virginia does need enforcement.

"Our committee on public policy and legislation, together with the state health council, has worked out what we believe is a real and final solution of this perplexing problem of enforcement. The secret lies in the employment of a full-time attorney who has no other duty except that of ridding the state of illegal practitioners, quacks and pill peddlers. An appropriation for the employment of this attorney will be requested from the next legislature.

"The West Virginia State Medical Association has never been and never wants to be a political organization. But we must fight for certain things that will protect both ourselves and the public if we are to expect the advancement of scientific medicine in this great state. If we succeed in getting through an appropriation for the employment of a medical practice act enforcement officer, then will we lead down a new path over which our sister states will soon follow."

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(Continued from page 831-adv xv)

was Dr W H Ross, of Brentwood, N Y, one of the Trustees of the Medical Society of the State of New York, who described "Medical Legislation in New York State" His paper was published on page 707 of the June fifteenth issue of this Journal

The immediate occasion of the invitation extended to Dr Ross to describe the operation of medical laws in New York State was that the Medical Society of Michigan has a committee which is studying the needs of that state. This committee consists of Dr Guy L Kiefer, State Commissioner of Health, Chairman, Dr McIntyre, of Lansing, Dr John Sundwall, of Ann Arbor, Dr J B Jackson, of Kalamazoo Dr C F McClintic, of Detroit, and Dr W H Marshall, of Flint Conditions in Michigan are practically the same as those in New York The chiropractors have been defeated in their efforts for recognition, and both the physicians and the educated laymen are anxiously planning laws that will be acceptable to judges and district attorneys Dr Ross told how the New York Practice of Medicine Act of 1926 was enacted with the help of interested lay workers, and how its execution is in the hands of the State Department of Education and the Attorney General, but with a Grievance Committee to pass upon questions of ethics and medical practice

The comments of the Michigan physicians were almost exact duplications of those of the doctors of New York during the two years of intense agitation of the features of the new law. The feature which the Michigan doctors especially criticized was the fee for annual registration. Whatever the New York doctors may think of that fee, the legislators and administrators of New York State took the stand that a license to a physician was of exactly the same nature as that to a pharmacist, or architect, or accountant, and

the recipient should pay for it

The further fact remains that the legislators and administrators refused to provide state funds for administering the proposed law, but were willing to divert the license fees to that purpose

The physicians of New York State accepted the ultimatum of the law makers, and the law which they were willing to pass. The new law contains all the essential features which the physicians desired, and about the only objectionable feature is that of annual registration at a fee of two dollars.

Dr Ross took the attitude that the administration of the Medical Practice Act of 1926 had ac complished all that the promoters of the law had expected from it, and that the law was well suited to the State of Michigan

Altogether the report of the Michigan Sécretaries' Conference is of great interest and practical value

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"Through the courtesy of Dr A D Willmoth we were able to add a very thorough course in Physical Therapy The Victory X-Ray Corporation of Chicago, who for the past several years has carried a full page advertisement in the Kentucky Medical Journal, sent two of their most expert roent-genologists and over three hundred plates so that the students could have ample experience in taking pictures

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"Much praise should be given to Miss Frances L Wales, Mr E H Sandlin Dr L H South and the Dean, Dr A A McCormack, in giving the Kentucky girls and boys this course and securing such good positions for them Graduates of this School are now occupying prominent positions in thirty-two states of the Union, Hawaiian Islands and Shanghai, China

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NOTES ON ENDOCRINOPATHIES*

By THOMAS P SPRUNT, MD, BALTIMORE, MD

From the Medical Clinic of Drs Barker, Cross and Sprunt, Baltimore, Md

THE endocrine system with its close relationship to the nervous system and to metabolism is undoubtedly an important part of the human body, particularly in regard to its growth, its development and the co-ordination of its various activities

We know something of the details of the physiology and of the pathology of these ductless glands, and gradually new bits of knowledge are being added. But such is the glamor shed over these glands by zealous enthusiasts and by commercial exploiters that I feel sure we are apt to assume a much greater knowledge than we really possess. Certainly the layman who has read much about glands very often attributes to us a knowledge and a therapeutic power far beyond that to which we may reasonably lay claim

I propose this morning to exchange views with you concerning the clinical manifestations of disorders of some of the endocrine glands and with this in mind will indicate the method by which we are accustomed to study endocrine cases, summarize briefly with the aid of lantern slides some of the well defined clinical pictures of ductless gland disorders, point out the difficulties we often experience in classification, and say something about the relationship of endocrine glands to the constitution

Some of the patients going through the diagnostic study in the Clinic are referred to me for a Special Endocrine Note. The choice of patients is determined at the first examination if there are features suggesting a possible endocrine disorder or if the patient himself manifests a distinct interest in "glands". This note is made for several reasons first, as an aid in diagnosis, second in order to insure a uniform method of recording the data for subsequent study, and third, to assure the interested patient (a psychotherapeutic procedure) that everything possible is being done to demonstrate any glandular participation in his malady. In making this note

each of the important endocrine glands is considered in turn and under the heading of that gland the positive and the important negative data in each system of the body are recorded Thus, under the heading of the Thyroid Gland, the possibly pertinent data are noted in (1) The Endocrine System, (2) Metabolism, (3) Bones, Muscles, Joints, (4) The Respiratory System, (5) The Cardiovascular System, (6) Blood and Hematopoetic Organs, (7) Digestive Apparatus, (8) Urogenital Apparatus, (9) The Nervous System, including the psychic, the organic neurological features, the autonomic nervous system, the integument and its appendages Similarly, in the consideration of Hypophysis, Gonads, Adrenals, etc., the possibly pertinent data are arranged systematically. Necessarily by this method there is a good deal of reduplication of data, but at the conclusion of the examination an impression from the standpoint of this general survey of the endocrine glands is recorded When the general diagnostic study has been completed the integrator of the study attempts to place the proper valuation upon the endocrine data as well as upon those obtained by other examinations and to weld the several essential features brought out by this study into a more or less harmonious whole

The special endocrine examination may have demonstrated that the patient presented one of the so-called classical endocrine syndromes

THE CLASSICAL ENDOCRINE SYNDROMES

Thyroid—The thyroid has always been the leader among the endocrine glands. It is one of the most important, one of the most accessible, the most thoroughly studied. In its diseases we feel rather surer of our ground than is the case with other endocrinopathies.

We may divide disturbances of the thyroid into (1) Those associated with overactivity of the gland (hyperthyroidism exophthalmic goitre, toxic goitre), and (2) Those associated with under-function of the thyroid gland (hypothyroidism myroidem and the problem.

roidism, myvedema, cretinism)

^{*}Read before the Lake Keuka Medical and Surgical Associa

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or by the Trousseau phenomenon, in which the hand assumes the tetany position from a carpospasm, when pressure is put upon the upper arm, as in the measurement of the blood pressure and maintained at a pressure higher than that of the blood for several minutes The crucial test, however, lies in the determination of the galvanic excitability of the motor nerves intermediary metabolism in tetany has been extensively studied. It is known that calcium and magnesium ions are sedative and potassium and sodium ions irritative in their effect upon the nervous system It has been demonstrated that in tetany, there is a diminished quantity of calcium in the blood and in the nervous tissues, and it has also been demonstrated that the hyperexcitability of the nervous tissues can be made to disappear by the administration of calcium tany, too, there may be very marked variations in the acid-base equilibrium, either in the direction of acidosis or of alkalosis Indeed tetany may supervene in the alkalosis that can be caused in any normal individual by prolonged and deep breathing It has been further suggested from experimental analogies that there may be a relationship of tetany to the intoxication by xanthin or by guanidin bodies

Clinically, tetany is observed in cases where the parathyroids have been removed (tetania parathyreopraeva), in association with certain gastrointestinal disturbances (tetania gastrica), in association with pregnancy or the puerperium (tetania gravidarum, tetania lactantium), in association with the so-called spasmophile diathesis in children (tetania infantum), and in the so-called idiopathic tetany of workmen, common in epidemic form in certain cities in Europe. It has not, however, by any means been demonstrated that all these forms of tetany are actually related to the parathyroid glands. There is here an opportunity for study with the new active principle recently obtained from the parathyroids

Although we have no real knowledge of any states of hyperactivity of the parathyroids, there have been a very few cases that present interesting contrasts to the findings in tetany. A few years ago, Drs. Thomas and Wentworth of Clifton Springs showed us the records of such a case. This was in a young man, who during his life time, showed an arterial hypertension, arteriosclerosis, marked calcification, not only of the arterites but of the cartilages and fibrous tissues throughout the body, high calcium content of the blood, and, at autopsy, a marked hyperplasia of the parathyroid glands.

The Hypophysis Cerebri or Pituitary Body The hypophysis is a composite gland that may be divided into parts which are different in histology, in embryology and presumably in physiology Clinicians have been accustomed to divide diseases of the hypophysis as they do diseases of the thyroid into states of overactivity and states of un-

deractivity The state of overactivity (acromegaly) is well substantiated. We are now less certain about the so-called states of underactivity since it has been shown experimentally that the hypophysis may be removed without the production of these clinical pictures (adiposity, genital dystrophy, diabetes insipidus) and that they may all be produced experimentally by lesions in the nervous tissues adjacent to the hypophysis.

The anterior part of the hypophysis is of glandular histology with two different types of cells, the chromophile cells and the chromophobe cells. Adenomata developing from the former variety result in acromegaly. Those composed of the chromophobe cells do not show acromegaly but merely the signs and symptoms of hypophyseal tumor, together perhaps with some of the features that suggest a lack of secretion of the hypophysis. It is from the posterior portion, derived from the nervous system and composed chiefly of neuroglia and from the thin intermediary portion, that the active principle (pituitrin, hypophysin, pituitary liquid) so much used now as a pharmaceutical agent is derived

Acromegaly is a most interesting disease but fortunately a rare one Those who are especially interested will wish to read the splendid articles now being published from the Peter Bent Brigham Surgical Clinic in the analysis of a hundred cases observed during the past twelve The disease is a chronic one, beginning usually in the third decade and characterized by a marked bony overgrowth, involving the facial portion of the skull, the hands and feet, and indeed all the bones in the body There is also an increase of the soft parts with coarseness of the features to the point of marked deformity Gigantic stature of six feet or more is common Diminished libido sexualis and irregularity or complete lack of menstruation are common symp-There is an increase, usually, of the basal metabolic rate, though not to the same extent as in exophthalmic goitre Involvement of the skin is shown by its coarseness, by the large pores, by the increase of sweat and sebaceous material, and coarseness of the hair The growth of the pituitary tumor gives rise to enlargement of the sella turcica, headaches, drowsiness, failing vision and optic atrophy Asthenia and paraesthesias are Later in the disease there are evidences of enlargement of the viscera and widespread disturbances throughout the body, especially in the endocrine organs Glycosuria appeared in twenty-five per cent and diabetes mellitus in twelve per cent of the Boston series It is an interesting fact that all those patients belonged to the white race and that twenty one per cent were Jewish

Other clinical pictures have been found associated with different types of pituitary tumors as has already been indicated. In some of these cases, the contrast to acromegaly is quite evident We see in these two different states a very striking contrast of symptoms

By reason especially of the toxic effect exerted upon the cardiovascular system, upon the nervous system and upon the metabolism, exophthalmic goitre presents a striking and dramatic picture. The facial expression is one of fear, apprehension, The eyes are prominent, sometimes with marked protrusion, there is a peculiar restlessness, over-alertness and quickness of movement The patient may be thin, even to the point of emaciation, he may have lost weight rapidly, the basal metabolic rate is found to be decidedly in-The thyroid gland is moderately enlarged, vascular and pulsating, there may be a high degree of tachycardia, and after prolonged intoxication other evidences of damage to the heart muscle, in dilatation of the heart or auricular fibrillation with a continually irregular pulse There is a large appetite with wasting in spite of it and often a profuse watery diarrhea Among women patients amenorrhea is common The skin is thin, moist, soft and sweating may be profuse, the hair is apt to be fine and silky. In addition to the restlessness and apprehension there are among the nervous features the marked fine tremor that is so characteristic, insomnia that may be very troublesome, the numerous autonomic nervous signs and symptoms besides those already mentioned, and not infrequently mild psychic disturbances, with phobias or obsessions and even outspoken psychoses

The typical case of exophthalmic goitre will be rarely missed by any physician, but the milder, atypical cases, the so-called formes frustes may very readily be overlooked. The possibility of a mild hyperthyroid state should be considered in any case where there is a persistent tachycardia, rapid emaciation otherwise unexplained, watery diarrhea, excessive sweating, marked fine tremor or some of the characteristic eye signs. A consideration of other features of the case and a test of the basal metabolic rate may aid in establishing the diagnosis

On the other hand, and strikingly so, in cases of under-function of the thyroid gland there is a lack of the usual stimulation that the thyroid exerts upon the rest of the body Patients with myxedema show a mental dullness and torpor with slowness of thought and of movement, sunken eyes, narrow lid slits, a thickening and drying of the skin with lack of sweating, falling out of the hair, obesity, perhaps a rapid gain in weight, constipation, a marked slowing of the metabolic rate, a sensitiveness to cold in marked contrast to the sensitiveness to heat shown by so many hyperthyroid patients. In myxedema there may be a goitre or there may be an extremely small, scarcely palpable thyroid gland The puffiness of the eye lids, the thickness of the subcutaneous tissues (myxedema) may give rise to a suspicion of nephritis Autonomic reactions are

sluggish The temperature as well as the pulse rate may be subnormal and the blood pressure is usually low

The clinical picture of hypothyroidism is less dramatic than that of hyperthyroidism and is apparently much more often overlooked. Publications from some of the larger clinics of the country indicate that most of their patients with hypothyroidism have not been recognized as such before coming to the clinic. Features which should lead the physician to suspect the possibility of hypothyroidism are

- 1 In children keep in mind the following as suggestive
 - (a) Retarded growth
 - (b) Habitual constipation
 - (c) Dullness at school
- 2 In adults keep the following in mind as suggestive
 - (a) Persistent constipation
 - (b) Endogenous obesity
 - (c) Dry, harsh skin
 - (d) Subjective feelings of cold
 - (e) Recurring drowsiness in daytime
- 3 In doubtful cases try therapeutic test (thyroid feeding)

In sporadic cretinism or congenital myvedema due often to a thyro-aplasia although sometimes associated with a goitre, the symptoms may appear within a few months after birth tongue is large, month open and drolling, the lips cyanotic, there is obesity with coarsely wrinkled, thickened skin, sleepiness, retardation of growth, constipation, anaemia, pot belly and mental re-In older children, the failure of the tardation ossification centres to develop and persistent dwarfism are additional signs. It is well known that cases of cretinism and idiocy are much more commonly found in regions where endemic goitre is prevalent. This is an added incentive to the interest in the prophylaxis of endemic goitre by the use of small quantities of iodin

We have here no clear Parathyroid Glands cut distinction between cases illustrating hyperfunction and those indicating a hypofunction of There is a well defined clinical picthe glands ture associated with the complete removal of the parathyroid glands that we naturally attribute to a lack of function of these glands drome has for its presenting symptoms, attacks of intermittent tonic spasm in certain groups of muscles, particularly of the hands and feet (te-Such attacks may occur tania parathyreopraeva) spontaneously and then they are spoken of as manifest tetany Between the attacks, they may be brought out in a susceptible person by certain procedures and these procedures are tests of this so-called latent tetany Such hyperrritability of the peripheral nerves may be demonstrated by means of the Chvostek phenomenon, the twitching of the facial muscles on tapping the facial nerve,

childhood as a part of their religious cere-Castrated men are spoken of as eunuchs and they belong, as a rule, to one of two different types, the tall, thin type or the short, pudgy, fat type that resembles the dystrophia adiposo-genitalis of hypophyseal origin both types, the pelvis is broad, the skin smooth with a tendency to hypotrichosis and frequently with many fine wrinkles especially about the angles of the mouth that give to the patient a look of premature senility Eunuchs lack the aggression and courage of normal men but may retain a high degree of intelligence and of artistic ability In the tall type, the arms and legs are unusually long compared to the body height. Usually there is a complete loss of libido and potentia sexualis but libido may be retained to some extent and a modified potentia is rarely present

Not infrequently there are seen patients that resemble in many respects the eunuchs but that have small hypoplastic gonads. Such patients are spoken of as eunuchoids. Less is known about such conditions of hypogenitalism in the female sex, but in women we do see patients with hypoplastic internal genitalia with dysmenorrhoea or oligomenorrhoea and very frequently evidences of a constitutional inferiority of the nervous sys-

tem, such as migraine

Pancreatic Syndrome The discovery of insulin has strengthened the opinion that diabetes mellitus is due to a lack of function of the internal secretion of the pancreas or of the Islets of Langerhans that are scattered throughout that organ You are all familiar with the essential features of diabetes, with the inability of the body to handle the starches and sugars, with the occurrence of hyperglycaemia and glycosuria, the loss of this important source of food to the body, the rapid loss of weight, the polydipsia, polyphagia, and, in the absence of sufficient oxidation of glucose, the abnormal metabolism of fat that may lead to the poisoning of the body by the intermediary products of fat metabolism

LESS WELL DEFINED ENDOCRINE SYNDROMES

Even in the presence of obvious endocrine disturbance the special endocrine examination does not always reveal one of the clear cut clinical pictures outlined above There may be a great mixture of signs and symptoms, so that one is in grave doubt as to where the emphasis should be placed. It is true that one frequently finds in a classical endocrine syndrome, such as acromegaly or Addison's disease, evidences of the involvement of other ductless glands but in such cases the preponderance of the evidence is sufficient to make the classification clear In certain other cases one must be satisfied to give the impression of a multiglandular endocrinopathy, mentioning the glands that seem to be chiefly at fault

In some cases the special examination results in the impression that there is "no evidence of en-

docrine disorder" Still other impressions might read "mild endocrine involvement probably of no practical significance" or "marked autonomic nervous disturbance without evidence of endocrinopathy" For example, it is not unusual to find in both men and women of somewhat nervous temperament, who have worked too hard and played too little, a train of symptoms that has troubled them sufficiently to cause them to seek They may show fatigability, medical advice bradycardia, arterial hypotension, gastrointestinal symptoms with gastric hyperacidity, a spastic colon, perhaps with mucous colitis, all evidences of a disturbance in the autonomic nervous system, but there may be no other indication of an endocrinopathy

Then one may encounter peculiar clinical syndromes with associated endocrine disorders not apparently in etiological relationship but rather as coordinate or subordinate constitutional phe-One may find a mild endocrinopathy in a case of otherwise typical arterial hypertension but one is not therefore justified in assuming that the arterial hypertension is necessarily due to the endocrine feature Dercum's disease, adiposis dolorosa, is uniformly associated with some endocrine dyscrasia In some cases, the thyroid has seemed to be chiefly involved, in others, definite pituitary lesions were found. Lyon has insisted that the various lipomatoses can not be sharply distinguished from each other, that there are transition cases for instance between Dercum's disease and the diffuse symmetrical lipomatosis with which endocrine features are not regularly found A still more striking example to illustrate this point is found in the peculiar condition known as lipodystrophia progressiva, which in its full blown form presents the grotesque contrast of complete emaciation above the waist and obesity below the waist. A number of such cases have been described. One author describes in association with his case a thyroid disturbance, another some evidence of adrenal involvement, still another a gonadal disease, so that when one has an acquaintance with the literature of the subject, it is obvious that the endocrinopathies described could not have stood in etiological relationship with the lipodystrophia but were merely associated constitutional features Bauer has emphasized the fact that some of the physical traits often ascribed to the influence of the gonads are evident in the developing organism long before these glands could possibly have been This leads us naturally to a general consideration of the constitution and while no one can claim that the endocrine glands are the sole determiners of constitutional traits, yet one must keep in mind the strong probability of their great importance in constitutional pathology

THE CONSTITUTION

Practitioners of medicine have always been in-

in the moderately retarded basal metabolic rate, a tendency to obesity, a smoothness and softness of the skin and a type of infantilism especially marked in the genital sphere. When such cases appear before the age of puberty a typical Frohlich syndrome results. In these cases we have

Symptoms directly due to the brain tumor

(a) General symptoms of intracranial pressure headache, mental disturbance, vomiting, etc

 (b) Neighborhood symptoms due to local pressure—visual disturbances, bitemporal hemianopsia, optic atrophy,

changes in the sella turcica

2 Symptoms referable to loss of function of the hypophysis — adiposity, increased carbohydrate tolerance, genital dystrophy, polyuria, trophic changes, involvement of other endocrine glands

The Supi arenal Glands In the suprarenal or adrenal glands we have again composite structures with two distinct parts, differing from each other in their anatomy, embryology and physiology. The medulla of the adrenal is closely related to the sympathetic nervous system and is a part of the chromaffin tissue of the body. From this part is derived the potent drug, epinephrin or adrenalin, on the other hand, the cortex is a part of the interrenal tissue, closely related to the sex organs, and is the portion of the adrenal that is essential to life

The lesions of Addison's disease, as a rule, involve the entire suprarenal gland and hence this disease is generally considered to be due to an underfunction of the gland as a whole well recognized syndrome, a chronic, progressive, fatal disease that is fortunately not very common Its chief features are the marked asthenia, the bronzing of the skin, the gastrointestinal disturbances, the very low blood pressure, with perhaps a general vascular hypoplasia. The spleen is often enlarged and perhaps lymphatic struc-Anaemia of a secondary type tures generally The basal metabolic is an outstanding feature rate may be retarded The pathological lesions in Addison's disease are usually tuberculous caseation of the adrenalin glands or syphilitic disease It is generally believed that these of the glands lesions do not develop in persons who have not already a constitutional hypoplasia of these structures

Less sharply defined clinical pictures have been described as due to a hypoadrenia in view of the asthenia, low blood pressure and gastrointestinal disturbances. It is difficult to be sure whether these cases are due to a disease or defect of the adrenal glands or to disturbance of the autonomic nervous system independently of the chromaffin tiesure.

It is not definitely known whether there are states of overfunction of the chromaffin system

Under this heading, there are described cases that resemble the hyperthyroidism of Graves' disease but that do not respond to iodin therapy and are not improved by thyroidectomy

States of overfunction of the interrenal tissue or cortical portion of the adrenal gland are interesting, but rare, conditions. They are illustrated chiefly by abnormalities in the sexual sphere. It is believed that when the process begins in intrauterine life, a faulty development occurs with the formation of a pseudo-hermaphrodite with the gonads of one sex and the external genitalia of the opposite sex. Young women who masquerade successfully as men are usually of this type. We saw one case where the patient was raised as a boy and sent to a boy's school, but when later operated upon for undescended testes, it was found that this boy was really a girl with ovaries and an infantile uterus.

When the hyperinterrenopathy occurs in child-hood, precocious puberty may develop. A boy of six may show well developed external gentalia and the trichosis of an adult and exhibit the usual instincts and sexual functions of an adult. Similarly, quite young girls may show well developed secondary characters and may menstruate more or less regularly

When the condition occurs during adult life in women there is usually at first menstrual irregularity, a gradual increase in the trichosis of the body, till it becomes hetero-sexual in character and an assumption in general of male characters and traits. Such patients are said to exhibit virilism and hirsutismus

Lesions of the interrenal tissue encountered in such cases may be adenomata, a marked hyperplasia of the cortical cells, or even large hypernephromata. Other important clinical features in young people are rapid growth and marked increase in fat. In older women the process may go on to destruction of the suprarenal glands with evidences of insufficiently of these organs.

The Gonads Clinical pictures due to states of overfunction of the gonads are usually related to disturbances in the interrenal tissue like those mentioned above States of underfunction of the gonads differ somewhat in the two sexes women we are familiar with the changes that occur at the natural menopause, with the tendency to obesity due to a lack of physical activity as claimed by some investigators or perhaps to a real metabolic retardation. There are, of course, the cessation of menstruation and the disturbances of the nervous system, particularly of the autonomic portion Somewhat similar clinical pictures often ensue after an artificial menopause has been induced

The state of underfunction of the gonads in males has been very thoroughly studied, especially by German clinicians, among the Skopzi, a religious sect in Central Europe Among these people castration is often performed during

SOME ABDOMINAL DISEASES FROM THE GENERAL PRACTITIONER'S VIEW-POINT*

By JOHN B DEAVER, MD, PHILADELPHIA, PA.

HAVE selected the above title because I thought I may be able to offer some useful suggestions to the general practitioner before proceeding, it is a great pleasure to me to say that in a fairly large consultation practice I generally find that the doctor in attendance has a good grasp of the situation, from the viewpoint both of diagnosis and treatment. It is my custom always to inquire of the doctor how he has reached his conclusion and rarely do I have occasion to disagree with him. If there is any discussion it is usually as to the opportune time This applies particularly to acute for surgery abdominal diseases, especially the more common ones, such as appendicitis, cholecystitis, acute perforating ulcer and intestinal obstruction

The appendix and the gallbladder, as we know are also the most common sites of chronic abdominal conditions and to these may be added duodenal and gastric ulcer and visceroptosis

I shall confine my discussion to these more common conditions Although, as I have already said, the general practitioner usually correctly approaches the diagnosis before the consultation takes place there are occasions when he is confronted with an obscure or atypical set of symptoms which may well baffle his diagnostic acumen Strange to say this happens as often in so common a condition as acute appendicitis as in any of the less frequent abdominal disorders have repeatedly pointed out, the confusion or if you prefer, the uncertainty is mainly due to the anomalous position which the appendix may oc-This point I have emphasized on numerous occasions, nevertheless I feel justified in again calling attention to the role played by the position of the appendix in the diagnosis of appendicitis

The position of the appendix in about 70 percent of the cases is behind the cecum or behind and to the outer side of the cecum and the colon In about 25 percent it is in a pelvic position, and in the remaining five percent it lies beneath the terminal ileum and the mesentery and points to the left either upward or downward, or above the terminal ileum when it points to the left and upward, very rarely it may lie medial to the cecum and the colon Any of these positions may be fairly well determined by gently palpating the abdominal wall with the tips of the index and middle finger, the palpation being directed from the point corresponding to the base of the appendix, ie, the junction of the lateral and intermediate thirds of a line extending from the anterior superior spine of the ileum to the umbilicus

These are practical points that should be borne in mind by the general practitioner and should

*Read before Lake Keuka Medical and Surgical Association, Lake Keuka, N Y, July 14, 1927 be added to his viewpoint with regard to surgical diseases of the abdomen. They sufficiently account for the confusion of symptoms presented by what finally resolves itself into an acute appendicuts.

It will be readily seen that with an appendix directed upward or upward and lateralward, and lying behind or lateral to the cecum or colon, the local manifestations of suppuration may be in the loin and simulate renal abscess I have seen fecal fistula follow a retro-colic appendiceal abscess which pointed in the loin. If the inflamed appendix holds a pelvic position it can simulate tubo-ovarian disease (in the female), while in either sex it may suggest diverticulitis of the sigmoid, the pain usually is referred to the left side, and vesical symptoms will be complained of This suggests, in fact, makes obligatory digital examination through the rectum or vagina or both

Vesical symptoms in pelvic appendicitis are caused by involvement of the peritoneum covering the upper posterior surface of the bladder, when the appendix adheres to the bladder, and when the appendiceal abscess is in relation to the bladder Evacuation of an appendiceal abscess into the bladder and drainage through the urethra has been known to occur, resulting in Dr W W Keen an urethral fecal fistula reported such a case some years ago in which I made a cystoscopic examination and was able to reveal the fistulous opening in the bladder site of an appendiceal abscess then depends upon the position, the length of the appendix, and whether the terminal portion of the appendix or the base is the site of a perforation or the point of greatest inflammation

Both the general practitioner and the surgeon are often perplexed in arriving at a correct diagnosis in cases where the appendix is abnormally long, occupies a high position and its terminal portion is inflamed. In such cases the symptoms often suggest gallbladder trouble, and frequently also other conditions such as pyelitis, Dietl's crisis, subacute perforating duodenal ulcer or subacute or even acute pancreatitis when the inflammation of the appendix is a fulminating one In these cases the actual diagnosis is most often made at the operating table. One of the surprises of acute appendicitis is when perforation occurs at its base, close to its junction with the cecum, making the condition equivalent to a perforated cecum giving rise to a syndrome of symptoms and signs so closely simulating acute perforated duodenal ulcer that often only opening the abomen will reveal the diagnosis

The question of abdominal rigidity, by the way, is one that often may be misleading to the doctor Boardlike rigidity is present only in the stage of a

terested in their patients' constitutions, particularly in their bearing upon predisposition to disease. A great deal more was thought and said about the constitution in the days before the advent of bacteriology than there was in the following decades when men's attention was fixed almost exclusively upon the study of bacteria and other extraneous sources of disease

But there is now evidence of a recrudescence of interest in the constitution inaugurated by the psychiatrists and taken up by the internists of Europe and more recently of America

With the change in the trend of biological research from the study of the origin of the species (evolution) in the preceding century to that of the origin of the individual (heredity and development) in the present century, a scientific basis for a constitutional pathology is becoming apparent Biologists teach us that the general principles of heredity and development that have been and are being established through animal experiment are broadly applicable to man and may be used as foundations for medical studies From these experiments we learn that the fully developed organism (phenotype), in this case the realized adult person, is the resultant of a long series of interactions between the zygote (the fertilized ovum, genotype) and its environment that the "determination factors" (ids, genes) of development are contained within the germ and that the "realization factors" of development lie in the environment, that both factors are necessary for development, which is, however, governed mainly by heredity

Professor Conkin explains graphically by his figure of the shuffle and deal of the chromosomes the almost infinite possibilities of hereditary differences. Considerable variation in human beings is, of course, compatible with health, though each variation may be associated with some special predisposition to disease, and it is reasonable to believe that the study of such individual variants may lead to the development of special, as contrasted with general, prophylaxis. Such variants may manifest themselves by morphological distinctions, by physiological differences, by differences in the evolution or involution of development, etc.

Experimental studies on the influence of endocrine products upon growth in early stages of the development of certain larvae and clinical observation of the effect of endocrinopathies upon the physical and mental development of human beings make it seem probable that, in the developmental processes of both normal and abnormal phenotypes, the internal secretions may play an important role. It seems possible, as Barker has said, that the genes, or determiners, of hereditary characters may, to some extent, at least, operate through the mediation of the endocrine glands in the production of varieties among

phenotypes, including perhaps those pathological variants that fall victims to disease the etiology of which seems at present quite obscure. It is certain that the role of the internal secretions must be strongly considered in any systematized study of the pathology of constitution. It has been pointed out that the diseases of the endocrine organs, especially those that develop insidiously and give rise to the classical endocrine syndromes, appear to be usually of endogenous rather than of exogenous origin, that is to say, they develop as the result of special anomalies of constitution Endocrinopathies tend to run in families and perhaps inter-relationships between the glands may account for the fact that all the cases in one family need not be of the same general type. It is interesting that in the Boston statistics of acromegaly, twenty-one per cent of their patients were Jews Diabetes is another endocrinopathy to which that race seems particularly prone

ORGANOTHERAPY

Of the great number of endocrine products on the market, those of known potency in substitution therapy are (1) thyroid and thyroin, (2) insulin, (3) parathyrin (Collip)

Of known potency as pharmacodynamic agents in conditions other than those due to disturbance of the glands in question are products of the medulla of the adrenal gland (epinephrin, adrenalin) and products obtained from the posterior lobe of the pituitary gland (pituitrin, pituitary liquid, hypophysin)

There are very favorable reports of other potent agents developed in animal experimentation. One of these is from Evans, Smith and their associates at the University of California, who have secured an extract of the anterior lobe of the hypophysis which is protein free and sterile and which has caused a marked gigantism in rats when injected intraperitoneally. Allen and Doisy of St. Louis have demonstrated an ovarian hormone from the liquor folliculi of hog ovaries

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present in the common duct unless of course, jaundice and its concomitant acholic stools and dark urine are added to the picture. Jaundice indicates obstruction of the common duct as a rule due to stone or stones, although other factors such as cholangitis, tumor, or constriction may be the cause.

While the clinical diagnosis of chronic cholecystitis is made with comparative ease, there are times when an appendix in a high position will here also afford an element of doubt that, but gastric symptoms, such as pylorospasm are frequently due to a cholelithiasis In fact, a gastric or duodenal lesion may often result as secondary phenomena to infection of the biliary The combination of ulcer and cholecystitis is sufficiently common to confirm this fact In making the diagnosis it is well to remember that in the earliest stage of cholelithiasis the gastric symptoms predominate and the pain is usually more of a dull ache, confined to the epigastrium or possibly referred to the back. It may occur at any time, day or night, and as a rule shows a relation to the type of food rather than the time of intake. Here, as in nearly all abdominal diseases I lay much stress on the physical examination There is usually a tender spot about two and a half centimeters above the umbilicus and in a line between it and the right costal mar-This is almost as constant as the McBurney point of tenderness in chronic appendicitis can be elicited by thumb pressure under the ninth costal cartilage. In the more advanced stage the enlarged gallbladder can be felt, most easily by bimanual palpation. In patients who complain most of back pain, pressure over the gallbladder will aggravate it, or if the pain is absent at the time of examination the pressure will produce it

In the treatment of chromic cholecystitis nonsurgical drainage as I have already indicated, is a favorite measure. It has its uses and its limitations. The latter are indicated by the large number of cases that finally come to operation after more or less prolonged treatment has proved unavailing. In many instances the prolonged effects of infection from the presence of gallstones are seen in the complicated pathology presented at operation—pericholecystic adhesions, cholangitis, biliary cirrhosis, pancreatitis. The inference is plain and needs no further elucidation

A frequent acute abdominal crisis with which the general practitioner is confronted is perforated duodenal or gastric ulcer. It is not usually possible, nor is it necessary, to differentiate the two as both are such urgent surgical conditions that the important thing to do is to recognize that perforation has taken place, and to bring the patient to the operating table at the earliest possible moment. It is well known that operation within the first few hours after the rupture has taken place is, with few exceptions, successful. It is well if an ulcer history can be obtained, but as a

rule the patients are too sick to give any history at all until after recovery from the operation when the history can be obtained for the completion of the hospital record All that is necessary to know before operation is that a person in apparently good health has been suddenly stricken by a "knock out" acute abdominal pain immediately followed by board-like rigidity. This is so typical that the diagnosis can be made by any interne after he has seen a single case probably no type of acute and serious abdominal crisis in which operative results are more satisfactory, than in these cases of perforated peptic ulcer, provided they are seen and treated in the The late cases, on the other hand, early stage are among the most unsatisfactory ones, so that it is important for the general practitioner to adjust his viewpoint to recognize the imperative necessity for early surgery when the intra-abdominal cavity is still sterile, and to forego the satisfaction, to him, of an exact differential preopera-This applies with even greater tive diagnosis force to acute perforating marginal ulcer, because of the more extensive surgery required, and thus all the more demands the presence of a sterile field

With regard to acute perforating peptic ulcer, there is generally little difference in the viewpoint of the practitioner and the surgeon But with regard to chronic ulcer, it may be said that their respective attitudes clash more often than they The arguments of each side occupy much of the attention of medical and surgical meetings and fill the pages of our medical journals source of controversy, it reminds me of the story of the small boy aged four, whose father is a surgeon and his mother a doctor, actively interested in research work Little Bobby had been taken to the Zoo and was talking so much about his experiences that he often neglected to eat his food Finally one morning his mother said to him, "I wish you would eat your breakfast and stop talking about the Zoo" Young hopeful replied, "If I didn't talk about the Zoo, I wonder what there would be to talk about in this house except hospitals and operations?" What would we do for controversy without peptic ulcer?

While the diagnosis of duodenal ulcer is not very difficult, that of gastric ulcer is not so easily made. Gastric ulcer is diagnosed more often than it actually occurs. You are no doubt familiar with Sir Berkeley Moynihan's saying, "most gastric ulcers can be found in the appendix," to which statement I heartly subscribe

The X-ray demonstration of ulcer can usually be relied upon, but a negative result, when ulcer signs and symptoms are present, should not be taken too literally, and occasionally the positive demonstration of a filling defect indicative of ulcer has not been supported at operation. However, the question hinges on treatment. Here, more than in other abdominal diseases the advan-

high degree of peritoneal irritation, before an actual full-fledged peritonitis has developed the advanced stage of peritonitis, when distension occurs, the rigidity becomes less pronounced passing it may also be said that circumscribed or diffused rigidity is always significant of an intraperitoneal or rather an intra-abdominal lesion, usually an acutely inflamed perforating appendix or a ruptured viscus, and occasionally injuries of the chest wall and inflammatory disease of the pleura and lung. In abdominal injuries, for example, where the blood picture fails to show the presence of hemorrhage and the abdomen is rigid, it is a pretty safe guess to diagnose rupture of a Only recently I had one of many such experiences and insisted upon opening the abdomen, my guess proved to be a certainty

But let us return to our discussion den acute onset of appendicitis with the pain at first generalized and then localized to the right lower abdominal quadrant is so familiar that even the layman often makes the diagnosis doctor, however, the matter is not so simple when the pain shifts from the periumbilical or the epigastric region to both sides of the lower abdomen and is more marked on the left, with bilateral rigidity present. This indicates a pelvic appendicitis If the patient is seen early the position of the appendix can be determined by deep pressure low down over the abdomen lateral to the right rectus muscle and directed downward and to the Failure to properly interpret these symptoms and signs has done much to add to the shockingly high mortality of acute appendicitis

I wonder how often the general practitioner makes the diagnosis of acute non-calculous cholecystitis To my mind this is as often a matter of luck as of actual diagnostic acumen While it is the ubiquitous appendix that is most apt to befog the picture, such confusion is also caused when the patient is seen several hours after the onset of symptoms and there is a right-sided peritoneal irritation or peritonitis that prevents satisfactory palpation, except for the detection of more or less diffused tenderness, according to the degree of

peritoneal involvement

In fact, it is in the presence of peritonitis with distension that physical findings are proportionately unsatisfactory From the viewpoint of the diagnostician, and I may add more particularly the surgeon, this is the strongest argument for early consultation By unsatisfactory examination I mean mainly the impossibility of ascertaining the point or area of greatest tenderness usually corresponds to the site of origin of the pathology, and where a mass or swelling is usu-The sense of touch is a great asset ally present and when handicapped by a more or less advanced peritonitis, there is an almost insurmountable difficulty to an exact diagnosis In my own experience I have frequently to confess that I cannot say what is wrong, especially if the next

reliable factor, the history, proves unreliable, which it so often does In acute uncomplicated cholecystitis it is almost impossible to make a differential diagnosis especially from an appendicitis in a high position, by physical examination alone where there is a wide area of circumscribed peritonitis and the history is indefinite cases a few hours or more of complete functional and anatonuc rest, gastric lavage, ice to the inflamed area, proctoclysis and morphia to control the pain and the hyperperistalsis, usually will lead to localization, and then by gentle manipulation it may be possible to palpate an inflamed gallbladder or a small appendiceal abscess. Where acute cholecystitis has advanced to the stage of phlegmon, gangrene or perforation, it is idle to attempt to differentiate the type of pathology The best we can do is to to direct our attention to saving the life of the patient and let the open abdo-

men reveal the cause of the trouble

Cholecystitis associated with calculi is a differ-Here the symptoms are more disent matter tinctive or pathognomonic of a lesion in the gallbladder Indeed, it is scarcely necessary to outline the picture, as each and every one of you is lamiliar with this ailment which ranks second to appendicitis in abdominal disease. The gallbladder and its rather close neighbor the appendix, are dependent upon free drainage for their func-When in the presence of intional well-being fection or a stone or stones that block the cystic duct, the interference with drainage sets the fire going in the gallbladder and when the appendix is blocked by fecal stasis or a fecal concretion it becomes red hot and inflamed In other words, dramage acts like a motor meter, masmuch as when it is reduced it sends the red line up to the danger point

It may be in order here to say a word in regard to a different kind of drainage of the gallbladder, -that is, non-surgical drainage This procedure, I am free to say, has made for itself a place in medical therapeutics and no doubt justly 50, with certain reservations Its principal limitation, I should say, would be where an obstruction to free drainage of bile is definitely due to stone formation I am free to say also that I consider it unwise if not unjust to subject such a patient to the loss of time and money which the prolonged treatment entails I will admit, however, that the method may be of some use as a preoperative measure in bringing the patient's condition up to a stage where operation may be less of a risk But it does not cure calculous cholecystitis

In chronic disease of the gallbladder the symptoms are usually clear enough to point to the site of the lesson, and with the aid of the dye test and the cystographic demonstration of the organ we now have quite a reliable diagnostic adjunct But even so it is not always possible to tell beforehand whether or not the real trouble is in the gallbladder and whether or not an obstruction is

frequent complications and sequelae of the influenza epidemics, to focus attention upon the differential diagnosis of tuberculous and non-tuberculous lung infection

What has become known as broncho-pulmonary suppuration is a non-tuberculous infection involving both the bronchi and lung parenchyma, but for the sake of discussion it is far simpler to consider the two separately, as bronchiectasis and lung abscess

In bronchiectasis the dilatation of the bronchus may be cylindrical or saccular in shape and be very small or attain to large dimensions. The cylindrical type constitutes a dilatation of the entire bronchial wall and often affects the larger trunks, while the saccular type may be found as a dilatation of the terminal bronchi or be on the side of the wall as a sacculated aneurysmal process.

The disease may be limited to a small portion of one lobe, may involve the whole lobe or may be present in extensive areas of one or both lungs

Except when occurring in chronic tuberculosis, the disease is much more frequent in the lower lobes

Accompanying bronchiectasis there are constantly present changes in the bronchial wall and the surrounding lung structure, infiltration, fibrosis or interstitial pneumonia. Ulceration of the bronchial mucosa is a common occurrence and gives rise to the hemorrhage so frequently encountered. Perforation of the bronchial wall produces a lung abscess or, if located near the periphery, an empyema results

No age is exempt from either condition and numerous instances of congenital bronchiectasis are reported in the literature

The causes of bronchiectasis are those which act from within the bronchus and those acting from without or as expressed by Fowler and Godlee, the intrinsic and the extrinsic causes. Of those acting within the bronchus, more of our cases have followed infection of the paranasal sinuses, with its attendant chronic bronchitis, than any other single condition. Next in frequency comes measles and whooping cough in childhood. Another but less frequent intrinsic cause is the aspiration of blood and infective material during operations on the upper respiratory tract.

A foreign body in the lumen of a bronchus is a not infrequent cause. Many are expelled spontaneously after a longer or shorter sojourn or, on the other hand, a foreign body may remain many months and greater or less damage result

Of the extrinsic causes traction or pressure from fibrosis following pneumonia, probably broncho in type, has been present in the larger percent of our cases. However, this is also seen following lung abscess, chest injuries, aneurysm, enlarged bronchial glands, new growths and pro-

longed compression of the lung by intra pleural

Probably it is most often a combination of the two processes acting together—the intrinsic and the extrinsic—which bring about the necessary changes in the wall of the bronchus with the inflammation of the mucous membrane, the retention of secretion and the accompanying cough acting with expansile force which produces the dilatation

Lung abscess is essentially an infection of the parenchyma of the lung. It may consist of a single pocket of pus or multiple single abscesses or there may be multiple communicating abscesses. They vary in size from microscopic lesions to enormous collections of pus—one which we have under treatment at present was approximately 3 x 5 inches in extent.

The abscess usually ruptures either into a bronchus when it may evacuate and a spontaneous cure result. If the drainage is not sufficient the abscess goes on to the chronic stage. Should the abscess rupture through the periphery of the lung there occurs an empyema

Both bronchiectasis and lung abscess may be either acute or chronic and in the chronic cases the two very frequently occur together, the one

giving rise to the other

The symptoms of bronchectasis and lung abscess are much alike—both are characterized by cough accompanied by copious expectoration. In the former the odor gradually becomes foul, while in the latter the rupture of the abscess into a bronchus is immediately attended by the expectoration of foul smelling, heavy pus, frequently in large amount.

The onset of bronchiectasis, as a rule, is gradual and usually one obtains the history of many attacks of winter cough, frequently beginning after some acute respiratory infection, but attended by improvement during the warm weather Gradually, however, the cough and sputum increase and the improvement becomes less marked until infection with the anerobic organisms occurs, when the foul odor appears and the cough and sputum become more or less continuous

The occurrence of blood streaked sputum is common in either condition and a frank hemoptysis, frequently of large amount, is not unusual Vinson of the Mayo Clinic reports a study of 100 cases each of tuberculosis, bronchiectasis and mitral stenosis with the following incidence of hemoptysis

Tuberculosis .29, 11 slight, 15 moderate, 3 severe.

Bronchiectasis 49, 20 slight, 15 moderate, 9 severe, 5 very severe.

Mitral Stenosis 18, 10 slight, 5 moderate, 2 severe, 1 very severe

(Case No 5, fatal hemoptysis)

The two clinical pictures differ considerably

tage of medical treatment of duodenal ulcer lies in bettering conditions for operation For strange as it may seem, the operative results are better in the long-standing cases than in the earlier ones But the risk, especially in gastric ulcer, is a great A recent distressing experience sadly emphasizes this point A young woman, 32 years of age, came under my care after a number of years of medical treatment for periodic attacks of digestive trouble, highly suggestive of ulcer tion revealed a cancer at the pylorus with involvement of the gastric glands, etc. Although there is a family history of cancer in this case, I am strongly inclined to believe that malignancy could have been forestalled by early surgery The subject is really too large for more than this short reference to it at this time

Acute intestinal obstruction is easily recogmized, especially when it is associated with a history of a previous operation But even when it occurs as a primary duodenitis its signs and symptoms are unmistakable and I believe that in either type the viewpoint of the physician generally is that of the surgeon also. In both types the crucial point is the history First it is important to know whether there have been any previous attacks, and next how the attack began intermittent pain followed by nausea, progressively increasing vomiting, complete failure to pass flatus and to move the bowels, the presence of coils of bowel visible upon inspection, will suggest the diagnosis and physical examination will Auscultation will detect loud perisconfirm it talsis coming and going in waves, each wave causing an active cramp-like pain Palpation between the paroxysms of pain will provoke the stormy peristaltic wave and the concomitant pain The patient often points to the site of pain which is frequently found to be the site of obstruction Although this sign is by no means a constant one, it works often enough, to be taken into considera-Surgery is of course, the only possible relief, but its mortality still remains high

No apology is needed for including visceroptosis in this discussion. It is so purely a medical condition that it has more than its proper place in this endeavor to present some diseases of the abdomen from the standpoint of the general practitioner. Unfortunately some practitioners insist upon surgical treatment for this disorder. All that I cay say is that with all due respect to the various ingenious operations that have been

devised for the correction of ptosis, I have never been impressed with the results Personally, I consider it a non-operative condition, in practically all instances

The diagnosis of visceroptosis can usually be made upon the history and the appearance of the patient and confirmed by physical examination ach or colon, or both The history is that of extreme nervousness, considerable mental depression, marked fatigue on slight exertion, pronounced constipation, frequently also a mucous colitis and epigastric distress which may suggest gallbladder disease, chronic pancreatitis or peptic One must therefore be on the alert not to yield too readily to the patient's demand for oper-In the more aggravated cases the fluoroscopic diagnosis is perfectly reliable, but in the milder ones, it does not always demonstrate the condition and it is in these particularly that skillful palpation, percussion, and auscultation will reveal the ptosed stomach with its splashing sounds, the transverse colon lower than normal, and the mobile splashing cecum, as well as movable kidney or kidneys, and oftentimes the posteriorly displaced and partially prolapsed uterus When the diagnosis has been made, the treatment that I have found most effective is postural and The patient is advised to take plenty of dietetic rest, to sleep with the foot of the bed elevated at least three feet, daily abdominal massage, the movements to be made from the pubic bone upward, to increase the weight by forced feeding of highly nutritious food, regulation of the bowels by one or other of the mineral oil preparations, and to wear abdominal support adjusted under the fluoroscope The belt should be put on in bed before the patient gets up, should be worn continuously and taken off after the patient is in Readjustment of the belt will be required from time to time as circumstances indicate. At best the progress toward a cure is a slow one but it is usually a sure one Sometimes the marked abdominal pain or discomfort complained of is due to the soreness caused by the mobile cecum This is corrected by the belt Oftentimes, however, the condition is associated with a chronically diseased appendix. In such instances removal The incision of the appendix will be indicated should be made somewhat higher than usual in order to avoid subsequent pressure upon the scar by the suprapubic pad of the abdominal support

BRONCHO-PULMONARY SUPPURATION FROM THE MEDICAL STANDPOINT* By JOHN J LLOYD, MD, ROCHESTER, N Y

THE antituberculosis campaign which began about a quarter century ago, stimulated tremendous interest in the early diagnosis and

*Read before the Keuka Lake Medical and Surgical Association, Lake Keuka, N Y, July 15, 1927

freatment of pulmonary tuberculosis. The result in countless instances was that pulmonary disease of every description was labeled and treated as tuberculosis. It required the urgent need of men which the world war brought about and the method, in certain cases, has a very definite field of usefulness and that it must be included unruptured lung abscess, centrally located, it has been successful in one case reported below Case No 4) and there are many good results reported by Tewkesbury and others

In the runtured abscess, if located near the hilum, it offers a possibility of closing the cavity, provided the walls are not too rigid (See Case

No 5)

In bronchiectasis centrally located and of not too long duration, it offers a means of temporary relief at least. (See Case No 3) I can see no good reason why permanent results should not ensue, provided the walls of the bronchi can be compressed sufficiently to prevent the accumulation of secretion and the compression does not produce a constriction of the lumen above the affected area

The cases suitable for artificial pneumothorax constitute only a very small percent and great care must be used in their selection The disease must be confined to one lung and no case is suitable in which the lesions are near the periphery the lesion is peripheral, there are probably present adhesions to prevent successful collapse and, in the second place, should one succeed in producing a collapse there is too much danger of a focus rupturing into the pneumothorax cavity with the production of a dangerously extensive infection of the pleural cavity

This latter accident occurred in one of our series not reported below and after a stormy three or four months, she is now not quite as well as

when the pneumothorax was begun

There is always the danger of a serious or fatal This applies more especially to air embolism the initial fill, but is possible during any refill Fortunately I have seen this accident only once in sixteen years, but once is enough

The compression must be continued for months, just how many I am not yet in a position to say and for this reason the treatment is suitable only to those who are willing to cooperate as long as

One of our cases, (See Case No 4) has been collapsed for fifteen months, is free of symptoms and leading an active life The only inconvenience is to have a refill every two weeks. We expect to keep her lung collapsed for two years, then let it expand gradually and watch develop-

The cases cited below are those who have either responded to so-called medical treatment as outlined above or who have been treated by artificial pneumothorax

Case No 1-FVI, Antrum Chronic middle lobe right First seen April 9, 1926 Occupation, Teacher Single

Family History Father died TBC when patient was 21/2 years old

Past History Acute Bright's at 19 Duodenal

ulcer, operated in 1916 1916-1917 colon infection in bladder 1922, grip, cough continued in spite of throat treatments Severe metrorrhagia following grip in 1922

Present Illness Cough very severe, large Unable to go out anywhere. amount of sputum Right middle lobe feeble breath sounds and many

moist rales persisting after cough

X-Rav Very heavy trunks lower part right Lipiodol intra laryngeal syringe, showed bronchi apparently within normal limits antrum very cloudy and pus found upon irriga-Following lipiodol at weekly intervals, five doses, and frequent antrum washings, cough gradually decreased until at present cough is slight and is in excellent health

Case No 2-K D, Pneumonia Bronchiecta-

Female sis right lower Age, 16

Admitted to Rochester General Hospital, Feb. 23, 1927 Discharged March 24, 1927

Past History None of usual childhood diseases Flu in 1918, in bed two weeks and felt badly for 3-4 weeks longer Had moderate cough at this time Pneumonia in February, 1926, St Mary's Hospital three weeks, at home in bed 5-6 weeks longer Has always had many colds and occasionally sore throat until T & A in 1923 tured clavicle and scapula three years ago

Present Illness Only complaint is cough with sputum, which has been constantly present since pneumonia in 1926 Sputum has increased in amount, cough is much less troublesome at night, small amount of sputum, but now raising all during the day, approximately ½ cup sputum, the amount varies from day to day, sputum yellowish, somewhat foul Is slightly short of breath on In the lower right there are numerous moist rales, increased whisper and slightly prolonged expiration No evidence of disease of the accessory sinuses

X-Ray Left lung normal Bronchial trunks very heavy in lower right. Bronchoscopic examination showed no evidence of foreign body Large amount of heavy pus from lower trunks on the right.

Lipiodol injected through bronchoscope, showed a large number of saccular bronchiectases

lower right, on X-Ray

June 30, 1927, Resting past two months and using postural drainage Gained ten pounds Sputum has reduced to from 20 to 30 CC and very little odor present. Feels much better than for several years

Case No 3 -Mrs T E, Foreign body Bron-

Cricothy roid Lipiodol

First seen, March 30, 1926 Age, 41 Married, 6 children, OK.

Past History Many acute illness but made good recovery from each In September, 1925, swallowed a slivver of bone, which lodged in throat and three days later, in a violent paroxysm, was expelled Four days later pneumonia develwhen first seen—usually in bronchiectasis there is a history of long duration, the chief complaint being the troublesome cough and profuse, frequently foul sputum. There is generally very little curtailment of the activity of the patient.

On the other hand, in lung abscess we most frequently have the history of acute onset twelve days following tonsillectomy or other operation, or 2 or 3 weeks after a pneumonia. The patient is acutely ill, prostrated, has considerable rise of fever and rapid pulse and the cough is usually brassy in type, occurring in paroxysms. Until the abscess ruptures into a bronchus, there is very little if any sputum. After this occurs, provided the drainage be good, the toxemia gradually diminishes and the picture becomes practically that of bronchiectasis described above.

Dysphoea on exertion is common in both conditions, particularly in the early toxic stage and again in the late stage after considerable fibrosis has occurred

The physical signs depend upon the location and extent of the lesion. If centrally located there may be very few signs of disease present, but if the lesion be near the periphery, one often finds evidence of consolidation or cavitation or both. Usually in bronchiectasis, rules are more numerous and extensive than in abscess. It is at times astonishing to examine a patient with the history of broncho-pulmonary suppuration and find practically nothing in the lungs. The sputum should, of course, be studied for organisms many times in order to rule out tuberculosis.

Bronchoscopic study of selected cases gives most valuable information. This is especially true in children when lipiodol is to be used or in any case when one suspects the presence of a foreign body or a stricture in the bronchus

The X-Ray study of the lungs is indespensable in arriving at a correct diagnosis and since iodized oil has come into use, many previously doubtful cases have been shown in their true light

The most frequent complications arising during the course of broncho-pulmonary suppuration are hemoptysis, which may occur at any stage of the disease and is often serious, recurrent pneumonias, perhaps bronchogenic in origin are fairly frequent and always serious, meningitis and brain abscess, metastatic in origin, are practically universally fatal. Amyloid disease following prolonged suppuration probably occurs fairly frequently

Strictly speaking there is neither an adequate medical or surgical treatment for these conditions, but each case should be studied by a group of doctors and treatment either medical or surgical instituted as becomes indicated. Few cases are alike in response to the various measures in use and each one must be handled individually if suc-

cess is to follow

However, there are some very definite indications for all cases, viz

• 1st Rest in bed saves the patient unnecessary expenditure of energy, lessens the absorption from suppurative foci and puts less work upon the heart and lungs. Rest in bed should be insisted upon if the patient has any evidence of toxemia.

2nd In bed he requires fewer calories for existence and therefore the food intake is proportionately greater at rest than when active. Extra food helps build up his fighting powers and are needed in the long struggle back to health

3rd Limitation of the cough is most desirable as it is one of the prime causative factors in enlarging the cavities of bronchiectasis or abscess and is also responsible for bronchogenic spread of the suppurative process into normal regions of the lungs. Postural drainage should be attempted in all cases and when successful should be used frequently enough and long enough to prevent most of the coughing. (See sputum chart, Case No. 7)

4th As sinus infection is so frequently a cause of broncho pulmonary suppuration and is also a source of toxemia, these areas should be cleaned up while the patient is going through this period of watchful waiting

If, after a reasonable trial with the above measures satisfactory improvement has not been reached, then some other course must be determined upon

In the treatment of both conditions one must remember that remissions in symptoms and physical signs are not at all infrequent and that time is the great factor in determining the result (See Case No 2)

Many cases of lung abscess heal spontaneously after they have emptied into a bronchus and drained, but one must be on the watch for many months lest a recurrence of symptoms occur

A spontaneous cure of bronchiectasis rarely occurs excepting in those cases of short duration due to the presence of a foreign body Frequently one sees a rapid cure in these cases after the foreign body has been expelled or extracted

In some chronic bronchitis cases as well as bronchiectasis, the instillation of small doses, 5 to 10 CC, of iodized oil into the affected area offers considerable hope of benefit. The lipiodol remains in the smaller bronchi for some days and in one of our cases was apparently helpful in bringing about a satisfactory result. (See Case No. 1)

In cases having spirochaetes in the sputum, arsphenamin has been warmly advocated, but in our hands it has not proven beneficial

The measures, other than those defined above, to be considered are bronchoscopic drainage, compression of the lung by artificial pneumothorax or rib resecting operation, cautery drainage and finally lobectomy

Of these I shall discuss only compression of the lung by artificial pneumothorax We feel this

at 4 a m 6 ounces Refill given with plus 4 plus 12 pressure At 10 45 a m April 14th, fatal

hemorrhage occurred Autopsy denied

This case, with two diagnoses of carcinoma from different regions of the body, is most unusual. In the serial X-Ray study of this chest there was a very definite thickening in the lower hilum region of the right lung which gradually increased in density and in November, 1925, there appeared in the outer edge of an adhesion in the 2nd anterior interspace, a circular density 2½ cms in diameter, which remained about the same size until the end. The continued cough and repeated hemoptysis would make one suspicious of malignancy, but the duration of eight years is, to say the least, most unusual

The laboratory report of carcinoma in the prostatic urethra was most probably a mistake in the specimen for there was never any clinical evi-

dence to support the diagnosis

Case No 6—J C, Italian Shoemaker Age, 28 Married. Admitted to the Rochester General Hospital March 30, 1927, complaining of productive rough, loss of weight and weakness

Past History Irrelevant

Present Illness Eight days following mastordectomy under ether anesthesia on Feb 28, 1927, developed cough, more troublesome in early morning Has lost 15 pounds during past month No history of hemoptysis or night sweats one week before admission, cough became productive of foul smelling sputum which has increased until on admission was raising 150 C C daily Temperature and pulse elevated On physical examination, marked duliness with bronchial breathing, increased whisper and rales from the 4th to the 8th ribs, most marked inside the angle of the scapula, was heard X-Ray showed dense mottling of central portion of the right lung Blood count with multiple abscess cavities showed leucocytosis of 15,000 Urine normal Sputum negative for tubercle bacilli, many specimens On bed rest and postural drainage, condition improved rapidly and patient left hospital on April 13, 1927, against advice on discharge showed marked improvement in the Patient has been watched in the OPD and on July 7th his general condition was excellent, has gained weight, now weighing more than he ever did in his life Cough and sputum practically disappeared and there were no signs of disease heard in his chest

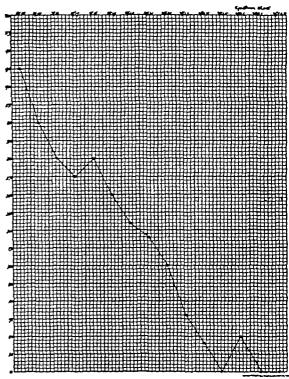
Case No 7—Mrs L S, Italian Housewife Age, 44 Admitted to the Rochester General Hospital April 12, 1927

Past History Had been under treatment for

ulcer of stomach for past two years

Present Illness Five weeks before admission began coughing and raising foul sputum, became short of breath and had high fever. The night before admission raised blood with very foul sputum. Upon admission appeared critically

ill, much prostrated, temperature 101, pulse very rapid, cough and sputum excessive 450 C C sputum in 24 hours Physical examination showed marked dullness with distant bronchial breathing and rales inside angle of right scapula X-Ray showed very large, mottled shadow in lower lobe of right lung, with several areas suggesting small cavity formation Patient was kept lying on left side and showed marked improvement and by the end of two weeks, temperature and pulse were normal, cough and sputum had entirely ceased and on April 30th she left the She was seen in the hospital against advice O P D on May 5th, at which time she said she had no cough nor sputum and felt perfectly well, but the right lower lobe was still very moist. This was the most spectacular drop in the sputum we (See illustration) X-Ray on have ever seen discharge from the hospital, showed marked clearing of the process



Case No 8—Mrs C M, age, 23, housewife Admitted to the Rochester General Hospital October 17, 1926

Family History and Past History unimportant Present Illness Following the wholesale extraction of 25 teeth, developed swelling in floor of mouth which proved to be Ludwig's Angina Incision and dramage on October 17, 1926, and discharged cured October 23, 1926 Shortly after returning home from hospital began with night sweats, loss of weight and strength and began cougling On December 23rd, raised about two ounces of blood mixed with foul pus On January

oped, in bed 3 weeks. Cough was very trouble-some and began raising whitish sputum at end of attack. In bed again during parts of Jan and Feb About March 1st had hemorrhage of six ounces. In March was seen by a physician and referred to me re collapse of right lung. Sputum was now very foul and large in amount. Signs of consolidation right lower axilla and X-Ray showed dense shadow in lower right lung. Sputum 150 C.C. W.B.C. 13,300, 82% polys.

Lipiodol April 3, 1926. In outer part of right

Lipiodol April 3, 1926 In outer part of right lower lung, at level of 6th rib in axilla, a triangular area with base at periphery, did not fill with lipiodol, but the lung both above and below filled perfectly. We therefore diagnosed the condition as a bronchiectasis, probably secondary to the foreign body which she expelled. Given one dose of Arsphenemine, violent reaction with dermatitis lasting about one week.

Pneumothorax started April 23, 1926 and on might of the 26th, after first refill, coughed and raised a sharp piece which she thought was bone, this was lost in the laboratory Sputum reduced from 150 CC very foul, to 5 CC no odor, after six injections of air Lung still collapsed, July 12, 1927, and has no cough, very little sputum since June, 1926

Case No 4—Mrs F J B, Age, 29 Housewife

Past History Irrelevant

Present Illness Six days following normal childbirth, on Nov 19, 1923, nipples became cracked and very tender and temperature became elevated and continued from 100-102 ing cough began at this time and became gradually more severe and heavy night sweats occurred On Dec 15th was diagnosed as postpartum flare up of an inactive pulmonary tuberculosis and seen in consultation on December 16th left lung above the 4th anterior rib showed slight dullness with broncho vesicular breathing and many fine rales following cough An X-Ray made at this time showed a dense, rounded shadow in the left upper lung field. The sputum was scanty in amount and was negative for tubercle bacilli, the white count 12,000 Urme normal On January 6, 1924, artificial pneumothorax was begun, before the abscess ruptured Temperature and pulse became normal, appetite returned and patient felt practically well after January The lung 28th, when the 7th refill was given now showed a satisfactory collapse and was kept collapsed until in June it was allowed to expand almost to the periphery, for X-Ray study, which still showed heavy linear markings in the abscess The lung was again collapsed and on August 15th the last refill was given On September 8, 1924, the lung was fully expanded and was apparently normal upon physical and X-Ray She has since continued in good health and in November, 1926, her second child was born, with no ill consequence

Case No 5—H C P, Lung abscess accompanying malignancy? Age, 56 Physician Seen March, 1919

Family History and Past History uneventful, always very strong and healthy In December, 1918, came home from Camp, was ill on trip with flu followed by pneumonia in lower right lung Very slow recovery with paroxysmal cough and prostration, sweats and irregular fever In March, 1919, was X-Rayed and diagnosed as probable lung abscess and referred to me At this time there was slight dullness with few large rales in the middle lobe, very severe paroxysmal cough with raising of glairy mucus X-Ray showed a mass located centrally in the middle lobe of the right lung Artificial pneumothorax was refused Condition continued about the same until in August, 1919, consulted Dr Howard Lilienthal who had him bronchoscoped and a section taken from the bronchus was diagnosed as adeno-car-Colis Vaccine was then advised and administered with quite severe reaction following each dose until October when the abscess ruptured, discharging about 1/2 pint very foul pus Vaccine was discontinued and pneumothorax was again refused The next year small hemorrhages 1-3 ozs occurred several times, but he was free of fever and the general condition was very good —the cough, however, remained troublesome and sputum varied from 100 to 150 C C daily, at times very foul In October, 1920, hemoptysis became so frequent and so copious that artificial pneumothorax was agreed upon Very good collapse obtained with marked improvement in cough and expectoration On January 27, 1924, in Tucson, Arizona, had acute appendix and gall bladder removed under local, by Dr Gore. Never regained back to previous condition, lost weight and strength, cough still troublesome, glary mucus In January, 1925, 3 ozs hemorrhage occurred but was controlled by plus 14 plus 18 intrapleural pressure in the pneumothorax. Beginning in November, 1925, had much trouble from frequent, painful micturation which culminated in a series of three operations for removal of the prostate by Dr D M Davis A specimen from the mucus membrane of the prostatic urethra was reported as carcinoma Cystitis persisted and in September, 1926, Dr Davis, through a suprapubic incision, removed several large and small vesicle stones, one from the prostatic urethra and no evidence of cancer was discovered Chronic cystitis persisted for several months, then gradually disappeared In May, 1926, while driving auto, had head-on collision, steering wheel striking epigastrium, no severe injury gust was much better and able to be around more Cough still troublesome but not so intense, was markedly dyspnoeic on exertion Bladder symptoms persisted, Dr Davis reported prostatic region and bladder apparently normal April 13, 1927, during the night raised about two ounces blood,

correct position of the tube, any rotation or movement of the head or lack of sufficiently penetrating roentgen ray will make interpretation difficult or impossible. Other special positions may sometimes be resorted to when it is desired to show the presence of fluid or opaque media in any particular sinus cavity.

Close cooperation between the clinicians and roentgenologist is requisite if accurate diagnosis is desired. May I remark here that I think it is without the province of the roentgenologist to give an opinion with regard to the condition of the structures in the nasal chamber itself, as those anatomical parts are readily visible to the rhinologist by direct observation.

The structures of the thorax are admirably adopted to roentgen examination, although we now know that before the introduction of the use of Lipiodol by Forestier in 1922, we overlooked many things, which, through the use of this medium, are now clearly visible

Lipiodol is a chemical combination of iodine and poppy seed oil containing forty per cent iodine, it is a clear, pale yellow oil, heavier than water, and non-irritating. There is a similar Merck product, Iodipin, but it is apparently not as readily available as the French compound. This oil can be safely introduced into the lungs in most chronic pulmonary affections, the most notable exception being a progressive pulmonary tuberculosis.

In our work there has been no untoward effect from the use of Lipiodol and we have used most of the various methods of introduction into the lungs Experience has shown the supra-glottic method of introduction to be the method of choice in adults and the bronchoscopic method the one of choice when cooperation is not obtained or when the patient is a child Whenever possible, Lipiodol should be introduced in a dimly lighted room with the patient sitting or reclining as close as possible to a fluoroscope, so that examination can be made at any moment, as oftimes the fluoroscopic examination is most important, the Lipiodol is shown clearly, one can judge as to the amount necessary to introduce and too often, the patient will cough before films can be made, thereby displacing the Lipiodol from the desired posi-Stereoscopic films should always be made, even though the patient coughs, as invaluable information is often obtained, with regard to the position and extent of the pulmonary disease in Lipiodol is eliminated spontaneously from the lung by coughing, although a small amount of it often remains in the lung structure many weeks or months Strangely enough, this substance remains longest in a normal lung, evidence of its non-irritating quality Affected portions of the pulmonary structure are emptied quite rapidly, especially in bronchiectasis

Roentgenologically, Lipiodol is one of the most recent and important additions to the armamen-

tarium of the roentgenologist, ranking in importance with the use of sodium tetraiodophenolphthalein in the examination of the biliary tract Previous to the use of Lipiodol we were able to see in good detail both lungs as far down as the level of the diaphragm. Now we realize that that portion of the lung field below the level of the highest segment of the diaphragm is the portion which is often extensively involved in bronchiectasis and which could not be shown were it not for this extremely important contrast medium

Bronchicciasis -It is often difficult and in some cases impossible to make a diagnosis of bronchiectasis from the ordinary stereoscopic pair of roentgenograms, yet diagnosis is positive after the introduction of Lipiodol In this affection the bronchi and smaller terminal branches of the lung structure show as tubular or sacculated dilatations, the normal appearance of the terminal branches resembling tiny bunches of grapes, is entirely lost and the dense masses of Lipiodol are seen in their place, running at times to the lowest extremity of the lung The study of this disease requires careful consideration with regard to the amount of Lipiodol which should be introduced into the pulmonary structure—too little of the substance will make the diagnosis difficult and too much confuses, especially in the normal lung when the smallest branches are massed and may appear pathologic

Lung abscesses —Single or multiple lung abscesses can be very well shown following the administration of Lipiodol only in case the abscess or abscesses communicate freely with the bronchus and thus admit the Lipiodol Stenosis of a main bronchus can be readily demonstrated by Lipiodol, but it should be kept in mind that the appearance of stenosis or atresia of a bronchus may be due to the fact that the bronchus is filled with thick pus and consequently cannot admit the contrast medium to its lowest extremity

In the fluoroscopic examination, views should be made from every possible angle amination should be made as rapidly as possible because the patient, on the slightest irritation, is liable to have a severe coughing attack, changing the position of the Lipiodol and rendering further examination unsatisfactory In making the stereoscopic films of the chest the ordinary position is satisfactory, the patient stands in the erect position with the roentgen tube at the back and pointing slightly downward toward the feet, the central ray being about at the level of the fifth dorsal verebra In the case of multiple lung abscesses or even of single lung abscess it is often of the very greatest advantage to make two flat films one in the postero-anterior direction and the second in the antero-posterior direction when these two films can be carefully compared, very definite information may be obtained with regard to the location of the abscess or abscesses by means of the comparative size and sharpness of

9, 1927, a second hemorrhage of about 3 ounces occurred and she was readmitted to the hospital

Physical Examination showed marked duliness at base of left lung with broncho vesicular breath sounds below the 3rd anterior rib and 5th v s. The bronchial character of the breath sounds was more marked inside the scapula. Postural drainage and rest instituted. X-Ray showed small, multiple abscess cavities in lower lobe at the level of the 6th and 7th ribs, just outside mediastinal shadow. Improvement was rapid and on February 10th cough was much reduced and she had gained 5 pounds.

The signs in the apex of the left lower lobe gradually cleared and she was discharged to the O P D on April 16, 1927 On June 1st she

raised about an ounce of blood. She has continued to rest and use postural drainage and cough and sputum are practically gone, now raising only once or twice in the morning. X-Ray made July 7, 1927, shows cavities still present, but probably smaller. She will be kept under close observation and she may yet have to come to some surgical procedure to complete the cure.

The cases reported above constitute some of our successes obtained under so-called medical care. The failures constitute quite a large percent and if, after a reasonable length of time, they do not make satisfactory progress, they are then treated by bronchoscopic drainage or some surgical procedure to be described elsewhere in the

symposium

BRONCHO-PULMONARY SUPPURATION FROM THE ROENTGENOLOGIC STAND-POINT*

By E FORREST MERRILL, M D, ROCHESTER GENERAL HOSPITAL, ROCHESTER, N Y

IN the discussion of broncho-pulmonary suppuration, the relation of infection of the nasal accessory sinuses to the broncho-pulmonary involvement must be considered and for this reason it will be well to review briefly the roentgenologic aspects of the normal and pathologic states of the pneumatic structures connected with the nasal chamber Roentgenologically, these structures are not easily accessible on account of the dense bony structure of the skull and for this reason many different methods of examination have been devised These various methods all have their particular advantages, but after all the method for any roentgenologist to use is the method which has proven to be the most satisfactory in the hands of that roentgenologist and his associates In our work we have adopted as a routine method of examination of the accessory sinuses, that method which was described by Van Zwaluwenburg in 1921 and which was used for many years in the clinics of the University of Michigan Hospital

The technique for the examination of these pneumatic structures is as follows the patient lies in the prone position with the arms folded comfortably under the chest and the head resting with the forehead and nose on the film tunnel which is inclined at an angle of twenty-three degrees from the horizontal. A Coolidge roentgen tube of the radiator type is used and a cone ten inches in length and three inches in diameter is adjusted below the tube. For the first exposure of the stereoscopic pair the central ray is directed in a straight line through the external auditory meatus and external canthus of the eye, the end of the cone being as close as practicable to the

The technical details of this examination must be strictly adhered to, for any deviation from the

skull and centered carefully in the sagittal plane of the body, this should make the target-film distance approximately twenty-four inches, the second exposure is made after the tube is moved cephalad two and one-quarter inches and tilted back to cover the same area included in the first The resulting roentgenograms will exposure give a satisfactory stereoscopic view of the nasal accessory sinuses, the dense occiput does not interfere, the odontoid process of the second cervical vertebra is thrown out of the field and the shadow of the petrous portion of the temporal bone, the most dense interfering structure is seen to be in the lower portion of the shadow of the orbit, where it does not interfere materially with the visualization of the air-containing structures

The interpretation of findings in films of the accessory sinuses is probably one of our most difficult problems, but there are certain characteristics which experience has taught us to be indicative of disease Chronic sinusitis with thickening of the membranous walls, polyoid disease, chronic sphenoid sinusitis, acute sinusitis with empyema and associated conditions exhibit certain charac-The frontals, anterior and posterior teristics ethmoids, sphenoids and maxillaries can be differentiated in a good stereoscopic pair of films and much can be told concerning their condition Some characteristics which are pathognomonic of sinus disease are fuzziness of the sinus walls, lack of differentiation in the ethmoid region where cell structure is usually quite distinct, increase in density in the shadow representing the sinus cavity, increased density in the walls of the sinuses, evidence of fluid and sometimes even perforation of the bony wall of the sinus

*Read before the Lake Keuka Medical and Surgical Association, Lake Keuka, N Y, July 14, 1927

the bronchial lumen by stricture, compression or new growth. In children the bronchoscopic method in proper hands is unquestionably simpler and more satisfactory than intratracheal methods. The usefulness of the bronchoscope in the accurate diagnosis of pulmonary suppurations therefore seems beyond question

BRONCHOSCOPY AS AN AID TO TREATMENT

Lung Abscess—In discussing any phase in the treatment of lung abscess, it is important to emphasize from the onset our appreciation of the fact that cases vary widely in their therapeutic Some (as for example those folpossibilities lowing bronchopneumonia) will inevitably carry a high mortality, whereas others (as a certain number of post tonsillectomy abscesses) will clear up spontaneously The etiology, position and duration of the abscess, the virulence of the infection as well as the general resistance of the patient are all variable yet important factors in We heartily agree that the basic prognosis treatment in acute lung abscess in general is absolute bed rest combined with postural drain-In cases communicating with a bronchus, however, early bronchoscopic treatments, carried out at weekly intervals and consisting primarily in thorough removal of secretions by suction form a valuable adjunct to these measures stagnation of secretions deep in the lungs which so frequently persists in spite of conscientious Postural drainage is thereby effectively prevented A striking feature of the bronchoscopic treatment is the rapidity with which the amount and odor of the secretions decrease and the general condition of the patient improves Bronchoscopy, however, should not be employed in abscesses not communicating with a bronchus nor in the peripheral type of abscess where rupture into the pleural cavity seems likely In cases of abscess secondary to a foreign body bronchoscopy of course is the only method worthy of con-Even in cases of foreign bodies of many years sojourn, removal of the invader usually results in rapid cure without subsequent treatments In this respect such abscesses differ markedly from abscesses of other causes, which although grossly similar often resist months of treatment This fact illustrates in a striking way the diwculty of pyagenic invasion by the endobronchial route Finally, in cases of chronic abscess bronchoscopy, by improving drainage will often cause surprising amelioration of symptoms and in this way add to the comfort of the patient or prepare the way for successful surgical intervention

Bronchiectasis—From the clinical point of view, we may divide bronchiectasis into three groups First, early cases, usually occurring in childhood involving the smaller bronchi and bronchioles, and characterized by mild or intermittent symptoms. Second, well established forms, mostly in older children or adults with definitely dilated

and thickened tubes and with continuous and severe symptoms. Finally, those cases where brochiectasis is an accompaniment of abscess formation, the result in many cases of aspiration of a foreign body. The indications for bronchoscopy in this group of cases demand no comment

We have been particularly interested in those early cases with mild symptoms because we feel that it is in this group that bronchoscopy will prove of great usefulness As McCrae says so aptly, "Bronchoscopy is of great value in the treatment of bronchiectasis if used early, but We may be able to early should be stressed prevent advanced bronchiectasis by early recognition and prompt bronchoscopic treatment" have seen a group of children, clinically suspected of having bronchiectasis, but whose pneumonograms showed essentially normal or slightly altered bronchial trees In these patients the prevention of stagnation of secretions by postural and bronchoscopic drainage seems the best prophylaxis against possible progression into well established bronchiectasis

We have treated a rather large series of older children and adults whose pneumonograms showed well marked bronchiectasis. It has been gratifying to note the often striking improvement in certain of these patients after a regime of postural and bronchoscopic drainage had been instituted. Not only have the amount and odor of the secretions diminished but definite improvement in the general condition resulted. Such a course often offers the only hope of amelioration in these patients. Cure, however, is rare except in those cases which are secondary to a foreign body,

successfully removed

The frequency with which a chronic sinusitis accompanies bronchiectasis has been striking in our own as in other series. No improvement in the lung condition can be expected from any form of treatment until such infection has been thoroughly eradicated. This is obvious when we recall the tendency of postnasal drainage to enter the trachea especially during sleep, as well as the indirect lymphatic drainage from the sinuses to the lungs which Mullin (3) and others have demonstrated. The cooperation of the rhinologist, thereore, is essential in the management of these cases.

In conclusion, then, bronchoscopy constitutes not only an important aid in the diagnosis of lung suppurations but in selected cases a most valuable adjunct to other fundamental methods of treatment

1 Graham, E A. The Treatment of Abscess of the lung Ann of Clin Med 1926 May IV 932
2 Jackson, C. JAMA 1926 87 729-736
3 Mullin, W V, JAMA 1926, 87, 739-741

LANTERN SLIDES

1 Normal bronchial tree outlined by lipiodol injected through the bronchoscope, A man of 35 with a chronic basilar infection suspected of being bronchiectasis

outline of the cavities The last feature is often of value in the case of cavities which are partially filled with fluid, even though no Lipiodol has been introduced Another special position in examination of the lower left lung follows the patient faces forward with the film at his back, the tube twenty-four inches to the left of the mid-line of the patient and the central ray directed toward the fifth interspace in the nipple line, in a horizontal direction This technique is responsible for a quite satisfactory visualization of the lower left lung field The advantage of this position hes particularly in the examination of the lower left lung which is obliterated by the cardiac shadow

Conclusions

(1) In all cases of chronic broncho-pulmonary suppuration careful roentgenographic and roentgenoscopic examinations will add much to the clinical investigations. The accessory sinuses should always be included in the roentgenographic examination, especially in the investigation of basal lesions.

(2) Lipiodol is of the greatest advantage in the demonstration of bronchiectatic cavities and abscess cavities both above and below the level of the upper portion of the diaphragm

(3) Special position should be resorted to in the accurate localization of lung abscesses and in the roentgenographic study of the base of the left lung

BRONCHO-PULMONARY SUPPURATION FROM THE BRONCHOSCOPIC POINT OF VIEW*

By CLYDE A. HEATLY, M D, ROCHESTER, N. Y

HE growing recognition that the management of pulmonary suppurations necessitates the close cooperation of internist, surgeon, roentgenologist and bronchoscopist marks a long step forward. The variety of etiological factors and pathological conditions involved make it at once apparent that it would be utterly unjustifiable for anyone of this group to undertake alone the diagnosis and treatment of these cases.

Bronchoscopy to be useful must first of all be This is not a field for the occasional bronchoscopist Our experience, during the past year, during which nearly three hundred diagnostic and treatment bronchoscopies have been done. many of them in young children, without fatality, confirms the opinion that in proper hands this procedure can be done without risk to the patient † Proper selection of cases is of course important / Bronchoscopy is contraindicated in the presence of fulminating suppurative pneumonitis, in cases where the abscess has extended to the periphery with imminent danger of rupture into the pleural cavity and in moribund cases where it could be of no conceivable value It is inadvisable after recent pulmonary hemori hage and must be undertaken with great caution in the presence of marked cardiovascular disease All examination should be conducted without anesthesia except in adults where local anesthesia to the pharynx, larynx and trachea is necessary have found the Jackson instruments and methods more satisfactory than the proximally lighted instruments in this work

Bronchoscopy as an Aid to Diagnosis

In suppurative diseases of the lungs bronchoscopy by permitting direct inspection of the central bronchial tree offers a most valuable diag-It gives accurate information connostic aid cerning the portion of the lung involved enables us to study the condition of the adjacent bronchi disclosing dilatations, strictures or Specimen of secretions obstructing granulations uncontaminated by mouth organisms can be ob-Neoplasms of tained for culture and vaccines the trachea or bronchi simulating or complicated by lung abscess may be discovered is not a rarity may be judged from Graham's series (1) of 178 cases of lung abscess in which 10% were associated with malignancy of the Foreign bodies unsuspected from the clinical or X-ray studies may be found as the real cause of suppuration Jackson (2) alone reports a series of 200 cases of overlooked bronchial foreign bodies and emphasizes the necessity of excluding a foreign body in "every case of acute or chronic pulmonary suppuration" He further calls attention to the possibility of overlooked oesophageal foreign bodies producing similar suppuration Finally, the bronchoscopic introduction of nonirritating radiopaque substances such as bismuth subcarbonate powder and lipiodol has made possible truly marvelous pictures of any portion of the bronchial tree, which often enable us at a glance to reach a diagnosis otherwise difficult or uncertain. While other simpler methods of introducing lipiodol have of necessity come into popular use, they cannot compare with the accuracy of introduction possible through the bronchoscope and will often prove inadequate in cases where the bronchi are obstructed by thick pus, granulations or actual narrowing of

tWe have had but one severe reaction—the development of marked dysphoea in a boy of five with a postdiphtheritic partially stenotic larynx necessitating reopening of an old tracheotomy wound for 72 hours Foreign body cases present more serious problems and cannot properly be included in this group

^{*}Read before the Keuka Lake Medical and Surgical Association, Lake Keuka, N Y, July 15, 1927

I believe, should be observed as rules and not broken except for some very good reason Localization Physical signs, the X-ray, lipiodol injections and bronchoscopic study must be used to determine the exact location and nature of the lesion and the condition of the remainder of the (2) Exploratory puncture with a needle, in search of intra-pulmonary suppuration, is dan-Fatal infection of the pleural cavity or (3) Multiple chest wall may follow aspiration stage operations have done much to reduce operative mortality I believe that the one-stage drainage operation, in lung abscess, is not safe (4) Use of local anesthesia whenever possible Frequently, multiple rib-resections can be performed upon children under local We have operated upon the chests of a fairly large series of children under local alone (5) Operation with the head low, as pointed out by Lilienthal, may prevent cerebral air emoblism (6) Cavities should be carefully emptied by postural drainage before the patient is sent to the operating room (7) Transtusions should be freely used in the chronic cases with impoverished blood pictures

Lung Abscess — The surgical principle involved in the treatment of parenchymatous lung abscess is drainage There is very little place for use of compression other than artificial pneumothorax Fortunately, the abscesses that are less likely to recover spontaneously are located at the periphery of the lung where they are more accessible to surgical approach Lockwood says that 75% are peripheral A lung abscess may rupture into the pleural cavity Occasionally, it will rupture into an unwalled off pleura, producing an acute pyopneumothorax which is almost invariably fatal The abscess, however, is much more likely to rupture into a plenral cavity protected by adhesions, with a resultant empyema In our experience, simple drainage of the empyema has resulted in the curing of these cases This does not occur, however, with empyema complicating bronchiectasis and more radical surgery, directed toward the intra-pulmonary focus, is necessary to cure the patient

drainage operation A window is made down to the parietal pleura by resection of one or more ribs—usually two Packing gauze against the pleura for a period of five to seven days will insure adhesions between the layers of pleura Attempts at approximating visceral and parietal pleura by suture are likely to result in the needle passing into infected tissue, under the visceral pleura, with contamination of the pleural cavity, especially from the contents of a lung abscess, is a frightful infection. I have had two such experiences, in one of which the infection was mainly anaerobic. Both cases died very quickly.

adhesions have formed, the abscess may be

located by aspiration with a needle and the cavity

opened by knife, blunt instrument or cautery It

The simplest form of treatment is a two-stage

is advisable to make a wide opening through the overlying lung tissue, so that drainage will not be through a narrow tract The tract should be kept open until the lung cavity has obliterated Drainage is usually prolonged for several weeks For simple, uncomplicated parenchymatous lung abscess, I see no reason for more extensive surgery than I have described The marsupialization operation, described by Lockwood, seems to me unnecessary and is bound to carry a greater The utilization of a long skin-muscle pedicled flap, reported by Butler, although having a very useful place in thoracic surgery, should be reserved for cases requiring more extensive surgery over a longer period of time than is necessary for the cure of a simple lung abscess

Suppurative Bronchiectasis—The types of this disease which are considered surgical are the long standing, extensive lesions which can be offered only slight palliation by medical treatment fore we consider a case for extensive surgery, it must go through the various treatments outlined Lloyd and Heatly If there is enough improvement to satisfy us, we must balance the misery of the patient, his inability to be other than a nuisance to himself and others, because of the severe cough and foul sputum, and the dangers of spreading infection, hemorrhage and metastatic infection, against the dangers of operation and the probabilities of cure or marked 1mprovement Three surgical principles are in use in the atack on this problem (1) Drainage (2) Compression (3) Extirpation

Dramage —Dramage will not cure bronchiectasis, but it will relieve the patient of much of his cough and expectoration With good aeration, the nature of the drainage changes and the pus rapidly loses its foul odor and becomes more A permanent fistula, conecting the bronchus or bronchi to the surface, remains, this necessitates the wearing of dressings tient must not submerge himself in water so that the fistula is under water, because of inhalation of water into the bronchial tree through the com-There is danger of hemorrhage, munication which may be severe, and of cerebral metastasis There is very little with abscess or meningitis to recommend this type of surgery, but there are cases so reduced physically that any surgery, more

Graham says he has never seen a patient made well by simple drainage Cases have been reported where the fistula eventually healed spontaneously and the patients remained well. However, these were reported before the use of lipiodol and it is quite probable that a parenchymatous abscess, instead of bronchiectasis, existed

radical than drainage, will be too severe To this

class of patient, simple drainage offers some

Artificial Pneumothorax —This surgical procedure has become a part of the medical treatment and Lloyd has taken up this valuable method of therapy

2 Abscess in the right lower lobe (lateral view, outlined by lipiodol injection through the bronchoscope after removal of obstructing granulations and thick pus which filled the cavity in spite of postural drainage immediately preceding bronchoscopy. In the AP view the abscess is partially obscured by the heart shadow. Such a picture could not be obtained by simple intratracheal injections.

3 Stricture of the left main bronchus outlined by lipiodol injection through the bronchoscope Successful introduction of lipiodol into the left lung after dilatation of the strictured

bronchus No evidence of foreign body

- 4 Carcinoma of the right main bronchus in a man of 55 discovered by bronchoscopic examination. History of productive cough, recurring small hemoptyses and vague substernal distress following an attack of "grippe" 6 months before Clinical and X-ray studies show increased retromanubrial dullness to the right. Pathological report on specimen excised confirmed the diagnosis of carinoma.
- 5 Well marked cylindrical bronchiectasis of the left lower lobe Woman of 41 with history of cough and purulent expectoration for past 21 years History of small hemoptyses on two or three occasions Clinical and plain X-ray studies essentially negative
- 6 Child of 3 with paralysis of the intercostals and both legs following birth injury Bronchiectasis suspected Bronchoscopic studies including pneumonogram show essentially normal bronchial trees
- 7 Italian girl of 8 with cough and mucopurulent expectoration, suspected of having bronchtectasis Pneumonograms shows essentially un-

changed bronchial tree Evidently a case of purulent bronchitis

8 Acute lung abscess in a boy of 7 coming on 11 days after tonsillectomy. Complete recovery after 3 bronchoscopic treatments at 6 day interval. No evidence of recurrence after 8 months observation and all signs have disappeared. No cavity demonstrable in pneumonogram although plain plate shows increased density in the right hilum region.

9 Pneumonogram showing well marked bilateral bronchiectasis in a girl of 14 with history of cough with foul expectoration since age of 3, following pneumonia. Bilateral maxillary sinusitis. Treatment of sinusitis combined with postural and bronchoscopic drainage has resulted in striking improvement in general condition. Very little cough remains and expectoration has been reduced from 250 cc to less than 40cc daily

an Italian girl of 16 Symptoms date from pneumonia at age of 1 1-2 years Bilateral maxillary sinusitis Treatment of the sinus infection followed by a regime of postural drainage and weekly bronchocopic treatments has reduced the expectoration from over 200 cc to less than 50 cc daily and has produced great improvement in the general condition

11 Well marked bilateral saccular bronchiectasis in a boy of 11 Symptoms since 10 months of age Bilateral maxillary sinusitis Treatment has been carried on at weekly intervals since last September but expectoration, while decreased, is still profuse Improvement in this patient has

not been as striking as in the others

12 & 13 Pneumonograms of other children with well marked bronchiectasis now under treatment

BRONCHO-PULMONARY SUPPURATION FROM THE SURGICAL STANDPOINT* E W PHILLIPS, MD, ROCHESTER, N Y

NFORTUNATELY, all cases of bronchopulmonary suppuration do not get well under medical management It is probable that somewhere in the neighborhood of 50 per cent will eventually require external drainage or other type of operation The great part of the mortality in lung suppuration comes in the group needing surgery In a series of 105 operative lung suppurations reported by Lilienthal, there was a mortality of 45 per cent. This does not include lobectomies I think that Miller and Lambert, with their team-work, have done much to reduce the mortality in lung abscess, in delaying operation in the acute stages, very much as the work of Graham and others lowered the mortality in acute empyema by show-

*Read before the Keuka Lake Medical and Surgical Association, Lake Keuka, N Y July 15, 1927 ing that operation should not be performed during the formative period of an empyema

Before we are in a position to outline a surgical attack on a case of broncho-pulmonary suppuration, a very careful study of the nature of the pathology and its location is absolutely essential. As a surgical problem, broncho-pulmonary suppuration must be divided into the lung abscess or parenchymatous group and the suppurative bronchiectasis group. We realize that it is improbable that disease of long standing, beginning as either group, remains entirely a parenchymatous lesion or a bronchiectasis, but one element so predominates that our surgical attack is directed toward it

Before taking up these groups separately, I want to speak, briefly, of a few general principles in the surgery of pulmonary suppuration which,

coughed up large pieces of clotted blood. Since that time has had a chronic cough and sputum, sometimes a cupful in amount. Raises 4 to 10 oz in 24 hrs lying on right side or back, coughs and raises more. Has had frequent night sweats recently. Has always been thin but thinks he has lost weight recently. Frequent attacks of prin in left chest Heart palpitates and is short of breath on exertion. Frequent frontal headaches Eight specimens of sputum negative for TBC.
11-25-25—Discharged from R G H
2-25-26—Readmited 3-2-26 raising 12 oz sputum

during 24 hrs -very foul

Physical Examination -Left upper lobe breath sounds very feeble, flat Rales heard throughout entire left chest, especially numerous at the angle of the scapula, posteriorly, where the sounds were amphoric On account of duration of disease, artificial pneumothorax not considered advisable

3-10-26—Phrenectomy 3-15-26—Stereo chest 3-15-26—Stereo chest right lung clear, left showed modement in the upper third, lower two-thirds showed obliteration of the normal lung structure by dense and irregular mottling which was quite characteristic of bronchiectasis Heart and mediastinum displaced to the

4-13-26-After lipiodol through the cricothyroid membrane, the bronchi are well outlined on the right, apparently normal. Not enough lipiodol in the left-expelled through cough before plates could be made.

3-20-26—First stage thoracoplasty Second stage 4-4-26 First rib 4-28-26 After third stage, raised 12 oz daily Thoracoplasty did not diminish sputum very

materially and he was allowed to go home.

10-7-26—Re-entered hospital 12-9-26 anteriorthoracoplasty done, 2nd, 3rd and 4th ribs resected on left under local anesthesia Was unconscious and cyanotic when leaving table but, on stimulation and oxygen, condition improved temporarily Respiration became more shallow and he died 3 hrs after operation. Had a high leukocytosis all along-30,000

Death probably due to cerebral embolism

Externation of the Diseased Lung

Lobectomy

Cautery pneumectomy

Lobectomy —Were it not for the mortality attached to such operative procedure, this would be the ideal surgical treatment. It is to be hoped that, with the progress that is being made in thoracic surgery, within a few years we will have developed a method of extirpation that will not have a prohibitive mortality. It has long been the aim of surgeons to remove diseased lung tissue It was successfully done, experimentally, in 1884 by several workers In the early work on the Surgery of Tuberculosis, extirpation was thought to be the ideal and successful resections were reported by Stretton, Tuffier, Doyen, Lawson, Sonnenberg and McEwen In bronchiectasis, lobectomy has been studied by a host of observers Heidenhain, Halferich, Murphy, Friederich, Sauerbruch, Muller, Kummel, Meyer, Robinson, Lilienthal and others The largest series has been reported by Howard Lilienthal, with a mortality of 47% for single lobe removal and about 70% mortality when more than one lobe has been Only 24% of the whole are cured The operation is a tremendously severe one and is attended by severe complications. The description of the operation and post-operative period

There is too much leaves much to be desired operative shock The inevitable pleural infection and the dangers of hemorrhage and tension pneumothorax which go with an operation that leaves the infected bronchial stump deep in the pleural cavity, demand that some less dangerous method Garre and Archibald have suggested be devised a preliminary thoracoplasty of the lower chest to an extent that will permit delivery of the bronchial stump outside the pleural cavity

The brief report of the following case of left lower lobe bronchiectasis represents my entire experience in lobectomy, except with the cautery method, and although it ended in a fatality. I believe it is a step in the direction of a safer lobec-

A Case of Bronchieciasis-Modified Lobectomy Female. Age 29 Admitted 6-10-26

Cough and expectoration of large amount of sputum

Past History-Two children living and well Still birth May 1926 One 3 mos abortion after first child and one at 4 mos after second child Influenza when

19 yrs of age. No other diseases No operations

Present Illness—Two years ago "czught cold." Cough
started which has persisted Some night-sweats No
hemoptysis 1 yr ago began to expectorate foul smelling sputum. At first small amounts Increasing gradually until now about two cups full a day Usually brings this up after spell of coughing in the morning, after which she gets considerable relief from pain in mid-chest and left apex.

Finger tips have been enlarging for past year

No appreciable loss of weight

About 3 wks ago was admitted to Monroe County Tuberculosis Sanatorium Study there was negative for nosis of lung abscesses

Physical Examination—Italian 29 yrs of age. Well nourished Is more comfortable sitting in the diagnosis of the diagno

Breathing fairly comfortable.

Head normal

Pupils equal, react to L&A

Teeth fair

Tonsils not enlarged, no evidence of infection

Neck negative.

Heart not enlarged, no thrill, regular, sounds of good quality, no murmurs

Lungs Right lung is essentially negative Left Vocal fremitus about same as on right Duliness from angle of scapula down Over this area, there is bronchial breathing-in places approaching amphoric, especially low down in back near vertebral column. Over the dull area, there are numerous bubbling and crackling

Fingers Marked clubbing

Sputum Greenish—foul smelling Urinalysis 6-12-26, 7-23-26 and 7-28-26 negative Blood R. B C 4,400,000 Hemoglobin 78% C. 7,000

Sputum Pneumococcus Gram-&+ Bac Negative

Wassermann Negative 6-16-26

6-22-26—Liliodol injection. X-ray stereoscopic films of the chest, after injection of lipiodol, show a quite normal broncho-vascular structure on the right side. On the left, the broncho-vascular structure is distinctly not normal but the normal structure is replaced by numerous irregular areas which, apparently, represent cavity formation.

Started postural dramage 6-26-26—Phrenectomy, left Local 51/2" of nerve avulsed with practically no pain

Sometimes we are asked to supplement a pneumothorax by an intra-pleural pneumolysis. It is probable that there are cases where satisfactory compression is prevented by adhesions or bands that are readily relieved by endoscopic approach or open thoracotomy. However, I fear that, when adhesions do prevent a good pneumothorax, they will be so extensive, in the majority of cases, as to rule out this form of treatment. The X-ray may be very unreliable as to the number, size and position of adhesions between the lung and the chest wall. The following case illustrates this point.

Female, Age 21 Admitted 10-10-26

Past History—Married One child 4 yrs ago, following extraction of tooth, had pneumonia and has had troublesome cough—productive. General health very good 4 mos ago became worse and sputum became foul and increased in amount. Paroxysms resembling whoming cough have persisted in to present

whooping cough have persisted up to present Physical Examination—Height 61½" Weight 111½ lbs—loss of 11 lbs past year Temperature slightly elevated—99 plus Pulse 70-80 Sputum on admission 200 cc, very foul, negative for TBC, many mixed micro organisms found No reduction in sputum with postural drainage. Heart apparently normal B P 105-65 Feeble breath sounds confined to left lower lobe, with numerous moist rales persisting after cough

X-ray Dense shadows, lower left, after lipiodol, shown to be saccular bronchiectasis in lower lobe

11-15-26—Pneumothorax begun and being continued Lower lobe was adherent to diaphragm over inner two-thirds and laterally to chest wall, at level of 6th to 3rd ribs, preventing complete collapse of lower lobe. Thoracotomy done under local 1-22-27, resecting 7th and cutting 8th rib in anterior axilla. Adhesions freed as much as possible and chest closed and refilled with air with positive pressure. Small amount of bloody fluid aspirated several times, each time replaced with air. Sputum did not reduce and thoracoplasty preceded by phrenectomy was urged. Patient refused, is now pregnant and artificial pneumothorax will be continued until we can persuade her to have further operation.

In our zeal to collapse the lower lobe, we gave a positive pressure refill immediately after adhesions had been cut in the chest. Fortunately, no air embolism occurred

and we will not again make this mistake

Phrenectomy — The lung compression resulting from paralysis of the diaphragm has led several to use this simple procedure in hopes of obtaining cavity obliteration There is no doubt but that it will cause obliteration of some cavities, but it is probable that the stiff-walled cavities, associated with bronchiectasis, will yield very little to so mild a compression I believe it is worth trying bronchiectasis, we have seen very little dimunition in the amount of sputum and that only tem-However, we have not allowed any great interval of time to elapse after phrenectomy before adding further compression believe it is a good supplement to thoracoplasty and also to artificial pneumothorax, especially when the lower lobe is involved and partially adherent to the diaphragm

Thoracoplasty—Compression of the diseased lung by extra-pleural thoracoplasty has its ardent advocates and has also been quite as ardently criticized as being an unwise operation. Most of

the criticism arose at a time when an incomplete operation was being performed. It is now generally admitted that a much more extensive thoracoplasty than a posterior resection, such as is generally used in pulmonary tuberculosis, is This must be supplemented by an anterior resection or, better still, a complete decostalization in several stages, leaving only the anterior portion of the first and the twelfth rib The operation should be carefully graded so as not to be more than the patient can stand. At least three stages are needed, at eight to ten day It is better to use five stages than to intervals crowd the sick patient too much. The sequence of stages, as described by Harrington, seems logical to me Begin with the upper posterior from first to seventh inclusive Second stage, eighth to eleventh entirely Third stage, the anterior ends of second to seventh inclusive It is desirable to add a phrenectomy to this operation acoplasty, if not successful, may be followed by lobectomy or cautery pneumectomy Harrington advises no surgery after thoracoplasty for nine to twelve months, because the maximum improvement after decostalization does not come for several months

The selection of cases for thoracoplastic operations must be rigid. The disease must be unlateral and preferably one lobe. It must be bronchiectasis without parenchymatous involvement. It will do no good in patients who have had a good pneumothorax without relief. It would be ideal where an artificial pneumothorax had produced complete absence of sputum. I would not advise it in this case, however, unless for some imperative reason, artificial pneumothorax could not be kept up.

Compression, such as I have described, rarely results in a complete cure Hedblom, to whom we owe a great deal for keeping at this method of treatment in the face of criticism, can only show three cases, that are completely free from symptoms, out of a group of fourteen followed for three years One case died of pulmonary hemorrhage and the remainder have some sputum, varying from 30 to 90 cc Harrington reports thirteen cases—three have expectoration, varying from 15 to 30 cc, two from 30 to 90 cc, three from 60 to 120 cc and two from 180 to 240 cc All of these cases are very markedly improved and carrying on normal lives-this as a result of surgery that carries a very low operative mortality

The following case is shown to demonstrate how inadequate a compression by posterior thoracoplasty and phrenectomy is, in a long-standing bronchiectasis

Male. Age 30 Jewish Admitted 11-16-25

Past History—Cough, with a good deal of mucopurulent sputum since childhood No history of childhood diseases Operated in Russia for hernia 16 yrs ago Cough dates back to early childhood No illness preceding development of cough. Mother told him he in the chest, carries an almost prohibitive mortality. The removal of the diseased lobe by cautery, as suggested by Graham, carries a considerable mortality and requires prolonged surgical observation. The combined thoracoplasty - lobectomy, reported by Archibald, seemed the most logical procedure that has been suggested. I thought that a two stage lobectomy would allow adhesions to form so that, upon removing the lobe, several days after it had been delivered from the chest, one might have very little infection with which to deal

Phrenectomy preceded the thoracoplasty because I felt that less rib-resection would be required to cause obliteration of the space that remained after delivering

the lobe from the chest

This case was selected for this type of surgery because it was limited to one lobe and because we felt that no measures, other than eradication of the diseased tissue, would cause a cure. We were correct in our localization and I believe also in our second supposition.

Although the patient was never strong, progress seemed satisfactory until the first stage of the lobectomy was performed. The immediate shock was frightful—it seemed, for several hours, that she would not rally. This shock, apparently, was beyond what would be expected from the trauma or hemorrhage, of which there was considerable from the many adhesions. Reading Morrison's recent article in the British Journal of Surgery, wherein he tells how, in experimental animals, blocking of the vagus, prior to complete pneumectomy, changed the mortality from 100% to zero, makes one wonder if a considerable part of this shock may not be vagus trauma. It surely would be a simple procedure to block the branches of the vagus, where they cross the lobe pedicle, with novocain or alcohol and I believe it might be well worth trying

The main object of this operation was defeated during this stage when, in cutting through an adhesion, between the lobes, I entered limg tissue and again in suturing the pleura and intercostal muscles around the pedicle, the needle probably entered infected areas. In all probability, this was the origin of the pleural and wound infections

A suggestion from my surgical chief, H L. Prince, seems logical and probably will permit this operation to be carried out without this danger. He suggests that no sutures be used about the lung pedicle, the wound in the chest wall to be carefully sutured on both sides of the extruding lung and then very carefully pack gauze all about the lung pedicle—this gauze to remain in place until after the lobe has been removed by the cautery

Some form of "closed drainage" of the pleural cavity is essential, if other cases are going to have as much exudation into the pleura as there was in this case.

Death occurred rather suddenly in this patient at a time when we had almost given up expecting it. When seen, during morning rounds on the day of her death the patient looked better than she had for days. Her pulse was slower and of better quality. I do not know the cause of death but presume it was a myocardial exhaustion.

Cautery pneumectomy This offers a safer method of removing the diseased lung than lobectomy Graham reports forty-five cases so treated with a mortality of 25%, and 75% of the surviving showing improvement. It is not ideal, the mortality is too high in proportion to the percentage of cures. It is not as precise as lobectomy, as one must do considerable guessing in the amount of lung tissue to be cauterized.

The operation is performed in several stages. The preparation of the window through the chest wall requires considerable thought. It should be placed so that access to the diseased lobe is easy and of such an extent that too rapid closure will

not interfere with subsequent stages Usually the resection of four to five inches of three or four ribs is sufficient. After subperiosteal resection of the ribs, the intercostal bundles, nerves and vessels are carefully dissected away from the parietal pleura and excised. This makes it possible to accomplish the next stages without anesthesia and with little danger of hemorrhage from the intercostal vessels. The operation described by Butler—a large skin-muscle pedicled flap with incision on three sides of a rectangle and the skin edges sutured back out of the wayseems to me an admirabe approach for cautery pneumectomy When the window has been prepared, gauze is packed against the parietal pleura and we wait an interval of five to seven days before proceeding with the cauterization can be performed with the hot soldering iron, electric cautery or as done by Archibald with the diathermy needle We have used the electric cautery and proceed slowly, burning in stages into the diseased lobe. Apparently the fear of severe hemorrhage has not been a real menace. Graham had one case die as a result of hem-We have seen no severe hemorrhage The blood pressure in the pulmonary circulation is so low that packing easily controls bleeding

The following case is an example of extensive cavitation treated by cautery destruction

Male. Age 5

Past History—T&A. operation 1925 In February 1926 pneumonia, lasting 2-3 wks. Cough has persisted and been productive at times. Numerous febrile attacks have occurred. Appetite very poor and has lost about 10 the consequence of the production of the consequence of the consequenc

10 lbs since illness began.

Present History—About 2 mos ago sputum became fetid and increased in amount. 2 wks ago, after rather violent exercise, raised a mouthful of bright blood. There was present marked dullness over entire right chest with distant breath sounds below and bronchial breathing over upper third, most intense at level of 3rd anterior rib around chest. The left lung appeared clear Heart normal. Xray at this time, November 1st, 1926, showed a dense shadow over entire right side with several more radiable areas above the 3rd rib, suggesting capits, formation.

cavity formation
11-5-26—Admitted to R. G. H. Temperature 100-102.
Bronchoscopy performed by Heatly and lipiodol injection into right main bronchus—no evidence of foreign body found. Lipiodol study showed numerous cavitations in upper chest. A tentative diagnosis of bronchiectatic abscess was made, with probably a pleural effusion, and it was decided to try to aspirate and replace with air. No fluid was encountered but a free pleural reading was obtained and 200 cc. washed air allowed to flow in, on December 2nd, 1926. Xrav showed a small pocket of air between the diaphragm and the lower border of lung. A second refill of 150 cc., made the next day, resulted in further descention of diaphragm and no compression of lung.

12-10-26—Local anesthesia. Resected 6th, 7th and 8th ribs, posteriorly, but did not open into pleura. In four successive operations, between December 16th and January 26th, cautery drainage was successfully obtained. The box made steady improvement and was discharged from the hospital.

A rather stupid mistake was made in not aspirating the air from the pneumothorax pocket before any operative procedure, with the result that an unnecessary empyema was added to the list of drainage operations

Xray 6-26-26, after phrenectomy, shows left diaphragm at level of 8th interspace. Under the fluoroscope, the

only motion in left diaphragm is slight paradoxical 7-12-26—Operation. Partial posterior thoracoplasty Local anesthesia Time 1 hr Resection of a total of 381/4" of ribs, 5th to 11th inc. Wound closed with one drainage tube.

7-26-26—The patient continues to run a temperature of 100-101 and is coughing up more sputum Postural drainage upon a table carried out but the most of the daily sputum is coughed up and not obtained at time Wound in good condition except at lower of dramage.

end, where there is a mild skin infection. 8-6-26-Operation Gas and local Lobectomy Incision Long intercostal, opening left chest widely section of about 3" of two ribs at anterior end of inci-Left lower lobe bluish color and Findings apparently not air containing Upper lobe pink and crepitant Many firm adhesions between left lower lobe and upper lobe, diaphragm, chest wall and pericardium Diaphragm Lax and motionless What was done Left lower lobe freed from surrounding structures by scissor The lobe was then brought out of the chest wound and because of the previous thoracoplasty, the pedicle of the lung without tension was on level of chest incision Wound sutured about the lung pedicle. Before closing the wound a "closed drainage" tube was

inserted through the chest wall at lowermost part (Note—On two occasions, during the operation, air bubbling wounds were caused, first, in cutting adhesions with scissors, from upper to lower lobe, and, secondly, when suturing the lung pedicle and pleura together all probability, this accounted for the wound infection that followed)

Immediate post-operative condition was very poor and it seemed certain that patient would not rally soon as the gas-oxygen was discontinued, the pulse became rapidly weaker until it was almost imperceptible. The patient was left upon the operating table until late afternoon, during which time she received 500 cc. salme intravenously and 1000 cc. under the breast Pulse

gradually became stronger 8-7-26—General condition improved Pulse 140-160 and better quality No fluid could be aspirated from closed drainage tube. Coughing up moderate amount of thick

sputum

8-8-26—General condition still improved Pulse 102 this A. M 140 cc. blood tinged fluid aspirated from "closed drainage" tube during the day

8-9-26-About 400 cc. fluid aspirated during past 24 hrs Has become foul smelling, dark, blood tinged and, upon culture, shows streptococcus, staphylococcus and gram negative bacilli W B C for past two days, 56,000 and 51,000
8-10-26—No fluid by aspiration Xray The upper

portion of the left lung is almost fully inflated with probably a small amount of fluid in the pleural cavity surrounding the lung. The lower portion of the lung field rounding the lung. The lower portion of the lung field is considerably distorted on account of the partial extraction of the lower left lung

8-11-26—Dressing changed and all packing about ound removed Lung very foul General condition wound removed is improving all the time.

8-12-26-Left lower lobe removed with cautery and

No bleeding whatever

8-14-26—The skin sutures were removed today and when this was done, the wound practically dropped open The stump of the left lower lobe has receded somewhat but is still within an inch of the chest wall. Thoracic cavity can be seen through wound. Wound packed with dichloramine-T gauze.

8-16-26—Temperature lower W B C. 16,800

8-24-26—For the past week the patient has at least not regressed and, in some respects, has improved Eats very poorly The wound is wide open and drainage is quite profuse with a good deal of odor W B C. 15,-000 R. B C. 2,400,000 Hemoglobin 45% Cough is

Sputum practically nil moderate. Pulse still ranges about 140 though temperature is down

8-26-26-Xray Right lung clear from apex to base. Heart somewhat displaced to right The portion of the left lung remaining is apparently air containing and is held by adhesions in the region of the 2nd, 3rd and 4th ribs, posteriorly, and by more adhesions in the region of the 3rd and 4th ribs in mid-axillary line. There



Fraure 1

Modified Lobectomy for extensive left lower lobe Shows scar of preliminary suppurative bronchiectasis posterior thoracoplasty

7-15-26—Xray does not show any appreciable displace-

ment of mediastinum or heart.

7-15-26—Increasing amount of sputum each day

is some pneumothorax surrounding the upper portion of the left lung. The detail in the lower part of left chest is confused on account of dressing and packing

8-27-26-Attempt made to make large open wound into closed drainage by covering with oiled silk through

which small tube passed into chest cavity

8-29-26-Patient has remained about the same. Pulse, however, was down to 120 this A. M and seemed better About mid-night became pulseless and quietly quality

died

No permission for post mortem examination was ob-Exploration of the thorax, through the chest wound, was carried out. The chest wound and lower portion of left chest were free from necrotic material The wound was open but showed evidence of healing The left lower bronchus was closed over by a knob-like mass of scar tissue. The left lower lobe was entirely mass of scar tissue The left lower lobe was entirely absent. The pericardium was thickened but there was no evidence of infection in the pericardial cavity collection of pus in mediastinum or any place else in the The right lung was pink and air containing from apex to base, with no evidence whatever of any pathology There were fairly dense adhesions about the left upper lobe. The lobe was air containing in upper portion Lower portion atelectatic. No bronchiectatic abscess in upper lobe

Discussion

For some time I have been thinking of a way to do lobectomy without encountering the almost innevitable virulent infection of the pleural cavity and mediastinum Lobectomy, as has been done, leaving the bronchial stump the physical changes which are the most easy to measure objectively, the condition of the skin is the most striking. Dry, brittle, scurfy, inelastic skin becomes glossy, moist, smooth and supple, in a word youthful. The hair also shows a striking change. On the head and face it grows much more rapidly and much more thickly on the trunk, limbs and pubes."

At the first International Meeting for Sexual Reform held in Berlin in 1921, Peter Schmidt demonstrated the case of a man of 34 whose bald head was distinctly covered with fine new hair only three months after the operation

In his book "The Theory and Practice of the Steinach Operation" (with reports on 100 cases), Schmidt came to the following conclusion many cases eczema and senile pruritus disappeared after the vasoligation, the skin's power of regeneration and resistance to the growths of old age were also noticed The case of the poodle,* for instance, confirmed the discovery made by Harms after transplantation The changes in the growth of hair proved to be a very constant symptom The rapid growth of the beard seems to be more frequent even than that of the hair of the head It was a matter of frequent observation that the new hair was more pigmented (darker) than before the disappearance of the pigment. In one case the growth of hair extended beyond its former limits, and in another case, the typical male extension of the public hair to the navel, first occurred after the operation"

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A case of Kauders 14 affords further excellent confirmation In his patient, age 25, the reinvigoration after ligation was general, with an increase in height and a luxuriant growth of beard and body hair

Norman Haire 15 describes in his book "Rejuvenation" four of his own cases and in two of them references as to changes in hair occur Case 1—one year after operation "His skin looks different, his ears have lost their parchment appearance. The head is free from sores, and much new hair has grown on it Case 3—The patient, a physician, reported three months po "There is not really any spectacular change, but the hair is perhaps darker, and the improved texture of the skin (this has extended to the hands) certainly gives a more youthful appearance"

Three months later he stated "There is much more vigorous growth of the axillary and pubic hair, and the latter is no longer grizzled Beard grows more rapidly" After one year he de-

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Otmar Wilhelm has seen and reported marked changes in the growth of hair in rats, dogs and human beings Decided improvements of complexion were noticed by Knud Sand in many cases

A number of authors who have published favorable reports with the Steinach operation, have not mentioned any specific hair changes. Some of them may not have seen any, having operated too few cases. The reports of others are not detailed enough, patients having been examined only superficially.

In other instances failure to discover hair changes is doubtless due to the fact that neither patient nor doctor have paid any attention to the possibility of such changes Furthermore, patients may not have been under observation long enough Conspicuous changes in growth and pigmentation of hair frequently appear only in the second year after the operation, as my own case report will show and these changes are not the only ones that may make a late appearance Other beneficial symptoms are known to appear not infrequently only months and months after the operation considerable number of cases of vasoligation actually reported as negative as to the result, I am sure would have been classified as positive, if they had been observed for a period of, for instance, two

In my own reports (17, 18) on 114 cases published in 1925, I have called attention to the observed changes in hair and complexion in about 10 cases out of 57 that were followed up for a sufficiently long period. I feel confident that these changes would have been noticed more frequently, if I would have had the opportunity to keep a larger number of cases under observation.

According to statistics of various authors (including myself), 75 to 80 per cent of cases operated for premature or physiological senility have responded favorably. Of these cases about 20 per cent, conservatively estimated, show influence on the growth and pigmentation of hair

Beard and body hair, most of which may be classed as "sex hair" (making its appearance at the time of puberty) seem to be subjected to these changes more often than the hair on the head. The latter is controlled by the function of the thyroid and while the stronger growth of beard and body hair can be readily understood by the direct influence of an increased gonadal function after vasoligation, the improvement occasionally observed on the hair on the head is probably due to indirect thyroid stimulation induced by greater gonadal activity. Since the adrenals are believed to control pigmentation, it may be due to their indirect reactivation that the new hair is more strongly pigmented.

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^{*} This is the case mentioned above

CHANGES IN HAIR FOLLOWING VASOLIGATION

By DR HARRY BENJAMIN, MD, NEW YORK

VERY conspicuous and by no means infrequent symptom appearing after a "Steinach operation" is the change in growth and color of hair. When Steinach' reported the result of his researches with vasoligation for the purpose of reactivation in guinea pigs and rats, the changes occurring in the furs of these animals were most striking and formed convincing evidence for a general reactivation having indeed taken place

Steinach summarized his observation in this "Places scantily covered with respect as follows hair and bald parts disappear Everywhere young The whole fur is again thick and hair grows glossy" Several well known photos* frequently reproduced confirmed the statement Steinach's animal experiments have been repeated by numerous investigators Different animals were used and Steinach's findings were frequently corroborated, although the explanation that some authors offered for the "rejuvenation" was not always Steinach's theory of the proliferation of the interstitial cells (his so-called "puberty gland") Among those who published confirmations of Steinach's observations, Macht & Teagarden² state after vasoligation several of the rats developed a new coat of fur, that is, "in place of the shaggy and scanty hair, the fur became more lustrous and heavier"

Regenerating effects were not only noticed in rats, but in other animals as well Knud Sand 8 described the striking changes in the hair of an old vasoligated dog (illustrated by several photos) Five months after the operation the dog was examined by Professor C H Hansen of the Agricultural High-School, who had also seen the animal before the operation and had pronounced him hopelessly senile Professor Hansen observed among other changes that "it was especially conspicuous that the hair covering had grown considerably smoother and more lustrous, the formerly extensive formation of scabs with bald parts had disappeared, the skin was more elastic and hardened spots in the skin had softened" While Professor Hansen had recommended to kill the animal before the operation, he said five months later, "that the undoubted change that had occurred in the dog was of such a character that it must be described as a peculiar sort of regeneration which could not be due to chance and that the destruction of the animal would be nonsensical at the moment'

O Wilhelm 5 found similar changes on dogs that he operated and he published many convincing photographs to that effect

P Schmidt o mentions the case of an old poodle

that he operated bilaterally

The dog was quite senile, with tremor of the hind legs, he slunk along with downcast head, the condition of the coat was bad, the skin covered all over with black warts, all interest in life and the sexual instinct gone Despite an earlier attack of apoplexy, double ligation was performed The Berlin veterinary surgeon, Dr R Kantorowicz, described the changes that set in after the opera-"Six weeks later the dog looked tion as follows healthier and the cardiac action at first rapid, had quieted down, the tremors of the hind legs had remitted very considerably. The weight increased A few weeks later the warts disappeared, later on they returned, but much smaller, less numerous and scarcely palpable through the new hair In the spring, a lively interest for bitches, which he ran after, erections occurred The growth of hair has become so beautiful and thick that it can now be clipped again in poodle fashion movements are lively and strong The tremors now occur seldom, only when excited, and then are very slight"

Others who observed changes of hair in dogs after vasoligation are Tiedje, Harms, West, Retterer and Voronoff 2 Voronoff's operations on goats and rams may be recalled here by which he produced a much thicker growth of wool, although these operations consisted of transplantations of testicles The principle, however, is the

same the increase of gonadal hormone

The number of authors who have seen changes in the fur of animals after vasoligation is much greater, and so are instances for changes in hair after transplantations. But the above examples may suffice

In man likewise vasoligation has frequently produced changes in growth and pigmentation of hair (together or without beneficial changes in the skin

and nails)

In his original publication in 1920, Steinach reported three cases which were operated by Dr Lichtenstern. In all three, changes in hair or skin were noticed. In case No. 1, Steinach reported "new growth of hair on thighs and especially in the region of the pubes. Also the hair on head and the beard was thicker. Patient has to shave more often." In case No. 2, the following report was made by the patient himself. "It seems to me a sign of my generally stronger condition that I have to visit the barber now every week for hair and beard trimming, while formerly I saw him every two to three weeks."

In his report on case No 3, Steinach said "the appearance of the patient was florid, the wrinkles

in his face were smoothed out "

Later on Lichtenstern 13 reported on 26 more cases He almost invariably noticed changes in the hair and came to the following conclusions "Of

^{*}Originally published in Steinach's "Verjuengung" 1920 (Springer, Berlin) Reproduced in Lancet, January 5th, February 2nd and February 16th 1924 in Kenneth M. Walker's article "Steinach Rejuvenation Operation" and in Kammerer's "Prolonga tion of Human Efficiency," 1923 (Boni & Liveright, New York), also various publications of Otmar Wilhelm (Santiago de Chile), etc.

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reported as case 78, the history of a physician, age 71, who was operated on March 25th, 1924, unilaterally The diagnosis was senility I may be allowed to repeat once more the report made at that time, which was based on a written report by the doctor, received in December, 1924, nine months after the operation The patient believed to be markedly improved then, improvement having begun within a month after the operation, the first symptom being a more cheerful outlook on He says, however, that some of that might have been psychological. Nine months after the operation, his improvement was objective weight had increased ten pounds. He had much more physical strength and endurance and he was "able to do things without undue fatigue that was entirely beyond his strength before the operation " He noticed a faster growth of hair and has to see a barber more often, no noticeable change in color Skin reported less dry Sexual ability 1mproved His mental strength and endurance are better He can "study for a longer period with more satisfactory results" He can concentrate better but has not noticed any change in his memory or ambition His vertigo is very much improved He concludes his letter with the following statement, "improved in almost every way to a considerable degree"

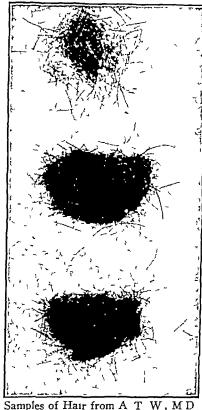
On March 29th, 1927, that means almost exactly three years after the operation, the doctor wrote me spontaneously as follows "You asked me a good while ago if my hair had darkened any At that time it had not to any considerable extent (Compare the report of 9 months p o) some of the next trimmings January 20th, 1925, again in 1926 and again yesterday, March 28th, 1927 You will notice a decided change I continue to feel fine There has been no material increase in weight for two years. I thought that you might be interested in the change that has occurred in the color of my hair" After an explicit inquiry as to the place from where the trimmings originated, the doctor stated that all samples were taken from the occipital region where the first darkening was noticed "From there," the doctor wrote, "it gradually advanced toward the front" (The samples of hair were photographed, a color-sensitive plate being used and from this photo the accompanying picture is reproduced)

The last report from the doctor is dated February 4th, 1928 (about 4 years po), in which he says, "As for myself, I believe I have nothing especially to report. There has been no material change since my last report. I continue to feel To sum up, the last three years have been infinitely more comfortable and cheerful, than the previous several"

SUMMARY AND CONCLUSIONS

In senile animals in whom the fur shows signs of old age, vasoligation produces in the majority of cases a renewed growth of hair and improvement in the appearance of the fur

In men this influence on growth and pigmentation of hair has likewise been observed in a certain percentage of those cases that have responded to the vasoligation While such a response was observed in about 75 to 80% of cases operated for the purpose of reactivation, I believe that in 20% of those an influence on the hair is effected



January 20, 1925

March 4, 1926

March 28, 1927

Operated at the age of 71 on March

The case here reported illustrates the following

It may take a year or longer until distinct signs of improvement after vasoligation may appear This applies especially to changes in the hair Inquiries or examinations for such changes should, if possible, be conducted over a correspondingly long period

Four years after the operation the patient still enjoys the benefits which he had derived fallacious idea still creeping into medical and lay literature that vasoligation causes a temporary stimulation and then a quicker decay, is again shown to be absurd

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UNUSUAL REACTION AFTER INSTRUMENTATION OF URETHRA

MAURICE MELTZER, MD, NEW YORK, NY

THE routine use of urethral bougies, sounds and cystoscopic instruments rarely accompanied or followed by any Occasionally mild bleeduntoward reaction ing or varying degrees of so-called urethral shock and fever set in, even when the instruments are passed with the utmost gentleness by experienced operators Even the relative infrequency of such secondary and undesirable sypmtoms emphasize the importance of extreme gentleness in manipulations of the genito-urinary tract An unusual and severe reaction occurring after the passage of a sound demonstrates forcefully the advisability of being prepared to meet unforeseen emergencies

The sudden and unexpected appearance of wheals over various parts of the body, marked swelling and purplish discoloration of both hands extending to both forearms, marked redness of both conjunctivae, rapid pulse, dyspnea, with a sensation of air hunger and impending death-such a clinical picture is not soon for-A perusal of urological text books gotten does not reveal such similar and severe reactions This case is reported to emphasize what may suddenly be in store for patient and physician

Mr J T, age 27, a well nourished and well developed male, had been treated intermittently for a chronic antero-posterior urethritis by several physicians He has been under my care for several months. At various times he received prostatic massages, posterior instillations, urethrascopic topical applications and dilatations by sounds and by the Kollman dilator—without ever encountering any ill effects On the evening of March the 17th, 1928, sound No 28 French was passed quite easily, the

bladder having been previously filled with 1-3000 acriflavine solution The patient left the office Within five minutes he returned thoroughly frightened His face was purplishred, the conjunctive were red, varying sized purplish-red wheals were scattered over different parts of the body, both hands were swollen and purplish-red, the pulse rate was 110, dyspnea was present and he complained of a sensation of air hunger and a feeling of impending The blood pressure was 130/70 He was placed on a cot, and assured that he would soon be well again Aromatic spirits of ammonia by mouth and an intramuscular injection of ten minims of solution suprarenalin, 1-1000 were given. In about ten minutes the dyspnea, air hunger, and sensation of impending death disappeared. Thirty minutes after the onset of this unusual reaction, he was able to leave the office Some of the wheals had vanished, while a few remained scattered over the chest, abdomen and upper extremities, the conjunctivæ were still red and the swelling of both hands still persisted. For the next twenty-four hours there was general malaise and the temperature rose up to 1001/2 F wheals and the swelling of the hands gradually disappeared Seventy-two hours later he reported back at the office and was apparently none the worse for his experience. Recently, with considerable trepidation the same sized sound was again passed. No reaction of any kind followed

So-called "urethral fever" is supposedly due to a small tear of the urethral mucosa, which releases into the capillaries either bacteria, pus The absorption of either of cells or mucus these produces the usual reaction



EDITORIAL



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100 Diam 1			

For list of officers of County Medical Societies, see May 15 issue Advertising, page xxviii

THE KEUKA LAKE MEDICAL AND SURGICAL ASSOCIATION

Some of the principal papers read before the Keuka Lake Medical and Surgical Association on July 14th and 15th last year are published on pages 837 to 861 of this JOURNAL The meeting was not only of great value and interest scientifically, but its social features make a strong appeal to the physicians of Central New York Two or

three hundred physicians with their wives come together for a two-day meeting which combined science with pleasure

The meeting this year is being held just as the JOURNAL goes to press, and it is hoped that the papers that are read may be secured for publication in a future issue

COMMITTEE ON THE ANNUAL MEETING

Opinions regarding the annual meeting of the Medical Society of the State of New York are as varied as those of the five blind men when they first came in contact with an elephant Each doctor is likely to judge the whole meeting by one feature in which he has been especially interested or disappointed

If he was a delegate to the House of Delegates and secured approval for a favorite scheme,

the rest of the meeting was rosy to him

If a member heard a scientific talk which impressed him deeply, he was happy through all the sessions as he discussed the paper with every friend whom he met

If some feature of the commercial exhibit appealed to his hobby, he personally spent his time

leading his friends to his favorite booth

If a member met a half a dozen of his classmates whom he had not seen for thirty years, he and they have vowed to return next year and the year afterward

If the skies were balmy and the golf courses green, the sporty doctor swore that he never had attended such a satisfactory annual meeting

This JOURNAL of April 15, 1926, carried an editorial entitled "Ideals and Actualities of the Annual Meeting," which showed that 360 participants were listed on the formal program of

that year

The direction and execution of a program in which 360 physicians participate is a task requiring both skill and effort. The number of those that take part in the program is over one-third of those who attend the meeting, and the number of participants and variety of activities have both considerably increased in the last two years. However, there is likely to be a one-sided interest in the meeting, for each of those who take part will be interested in that particular feature which he attends and will neglect the other features.

The number of those interested in the special features of the annual meeting varies from over two hundred in the scientific sections to less than a dozen in the exhibits. There is need of coordination and balance in making out the program and in arousing a greater number to take an interest in all features of the annual meeting.

The program of the annual meeting is in the hands of four groups

1 The officers.

2 The Committee on Scientific Work,

3 The Committee on Arrangements,

4 The Publication Committee

The officers have formal charge of the meetings of the House of Delegates, the Anniversary Meeting, and the Banquet, but the formal responsibility for most of the other activities of the meetings lies with the members of the other three groups

The scientific programs are in charge of the Committee on Scientific Work and the officers of the nine scientific sections. About 25 percent of those registering their attendance in the annual meeting take part in the scientific program, and the sessions are therefore popular and well attended, for every participant has his own circle of admirers. The result is that the scientific program is the most attractive feature of the annual meeting.

The physical arrangements for all the various meetings and features of the annual meeting are in the hands of the Committee on Arrangements Theoretically, the Committee cannot function properly until all the plans for the meeting have been made, but practically, the committee must be consulted in regard to each feature of the meeting. It must know how much space each section and feature requires, and when the space will be needed, in order that it may provide the proper accommodations and personnel to carry on the activity

The Committee on Arrangements usually consists of local men chosen from the city in which the annual meeting is to be held, and it is told what to provide after the program has been outlined. The committee often finds it difficult to provide the sections and exhibits with meeting rooms which are readily accessible. Experience has shown that when the places of assembly are scattered throughout a city, some of them will not be patronized. The place of each meeting and the adaptability of its accommodations must always be considered.

The fourth group consists of those who manage the exhibits The scientific exhibit each year has been conducted by a very few individuals. While they have always produced exhibits which are models of completeness and design, yet their work is often passed with too little notice because only a half dozen physicians have been responsible for its designing and execution. The problem of creating interest in the scientific exhibit is one which must be faced and solved.

The planning and management of the commercial exhibits have been in the hands of only about a half dozen persons, consisting of the advertising manager, the publication committee, and the editors of the JOURNAL When only these few individuals have a responsible interest in the exhibits, it is not strange that few doctors go out of their way to visit the booths, yet the commercial exhibits are of great importance to the Society not only for their intrinsic worth but on account of the income from the rent of booths There is great need that the commercial exhibits be given wider consideration in the plans for the annual meeting and for publicity regarding its features

When any one feature of the annual meeting

is considered, it is usually found to have been well planned and managed, and the results from it have been in proportion to the amount of publicity that has been given to it. No feature of the annual meeting will run itself. There must be preparation for it and wide publicity of its nature and objects. According to this standard, the scientific sections are well cared for, while the exhibits are in need of more publicity and of greater cooperation, with all the groups responsible for the annual meeting.

The members of the House of Delegates and the officers of the State Society have realized the need of coordination in planning and conducting the annual meeting. They, therefore, approved a special committee to study the needs of the annual meeting and advise the officers and committeemen who have it in charge. This committee consists of the President-elect, Dr. James N. Vander Veer, the Speaker of the House of Delegates, Dr. John A. Card, and the Secretary of the Society, Dr. Daniel S. Dougherty. It will doubtless receive the enthusiastic cooperation of all those who are responsible for the program, and the support of the members who will be stimulated to attend the annual meeting.

PREVENTION OF RICKETS

The controversy regarding the comparative value of sunlight and cod liver oil in the prevention of rickets can easily be settled by the advice to give both to every infant. Cod liver oil has the physical advantage of being always available and the physiological value of affording something to take. No matter how well educated people are, they still want to "take something" and feel that they have been neglected, if they cannot swallow something from a spoon. Then, too, cod liver oil is as nearly a specific as any drug which is classed under that heading

If sunlight were costly, the people would gladly pay large prices for it, but since it is free, its value is not appreciated. Mothers often suppose that fresh air is the therapeutic agent sought when they wheel their sleeping babies on to the front porch. Even when they place the carriage

in the sunlight, they cover the child's eyes and so exclude the very rays which bring health. It therefore happens that when sunlight is given, cod liver oil also is usually necessary

The active principle of cod liver oil, if there is one, has been eagerly sought and some observers think they have found it, and are putting it in the form of tablets having strange names which appeal to mothers because of their mysteriousness. The latest development is the preparation of an artificial anti-rachitic product consisting of ergosterol that has been exposed to ultra-violet light. But a most striking fact is that the use of old fashioned plain cod liver oil is enormously on the increase and manufacturers are showing their faith in it by putting up great additions to their plants.

LOOKING BACKWARD

This Journal Twenty Years Ago

This Journal for July, 1908, contains an editorial on Dr George Huntington, and says

"We have always been of the opinion that the best time to do honor to a man, who is worthy of honor, is while he is alive, the ears of the dead are deaf Neurographs, Vol 1, No 2, 1908, actuated by this principle, devotes a whole number to the discussion of hereditary degenerative chorea, commonly known as Huntington's chorea, and to the man whose name has been given to this disease

"It is good to know that the man who first gave the classic description of this disease, and whose name is now committed, for all time, to the nomenclature of science, is an honored general practitioner of medicine at Hopewell Junction, Dutchess County, New York, preferring the simple life of a country practitioner, with the advantages of rural life for his children, to the stress of the city—Born at Easthampton, N. Y.

where his father and grandfather had practiced medicine before him, he has continued the period of practice of three generations, which began one hundred and eleven years ago

"It is wise and profitable for medicine to take notice, now and then, of the men who have contributed the new things to the knowledge of our science. Among these is Dr. George Huntington to whom we wish long life and many more years of usefulness."

This JOURNAL for December 1, 1926, page 997, carried a brief note regarding the family in which a member of the fourth generation is now practicing medicine, Dr Edwin H Huntington, of Ossining If there is any other doctor of New York State who is of the fourth—or even the third—generation of medical practitioners, this JOURNAL will do honor to him and his medical forebears



MEDICAL PROGRESS



Rheumatoid Arthritis - Mary L H Arnold Snow, writing in Physical Therapeutics, May, 1928, Ivi, 5, defines rheumatoid arthritis as a toxic polyarthritis of gastroenteric origin, aggravated at times by other local infections Its outstanding characteristic is that it is usually bilateral when acute, but always affects both sides when chronic, which leads one to question its connection with the spinal cord duction of the fingers at the metacarpophalangeal articulation, due to muscular spasm attendant on pain, is distinctive of rheumatoid Bodily tone is improved by the use of radiant light and heat, preferably by the carbon arc lamp, these modalities promote circulation, increase elimination, and lessen pain Hepatic stasis, always present in rheumatoid arthritis is overcome by the static wave current or by diathermy Lymph stasis is relieved by the use of radiant light and heat, mechanical vibration, or the static sparks and brush dis-Muscular tension is treated with the static wave current followed by static sparks and mechanical vibration The d'Arsonval current may be applied over the fingers motor disturbances and especially blood pressure derangements are favorably affected by mechanical vibration In addition, regulation of the life, habits, and environment of the patient is necessary A properly balanced low protein diet should be prescribed according to the physical needs of the individual patient Frequent exercise short of fatigue is an important factor in the treatment. High colonic flushings should also be a part of the routine The use of the static wave current per rectum or the conical vibratode favors relaxation of a tight sphincter Gastroptosis and enteroptosis require a proper rigid support Kinks or malalignments are treated by the sinusoidal wave and the wave generator Under treatment with these physical measures, only the most advanced cases resist improvement, and even these are made more comfortable. All other patients are benefited or restored to the normal activities of life

Tonsillectomy in Hyperkineses—Dr Wichura, a laryngologist of Bad Oeynhausen, appears to have inaugurated a new phase of the focal infection problem, inasmuch as he claims as a result of years of observation that acute tonsillitis may be a decided factor in the causation of certain diseases of the central nervous system. In his historical development of the subject he characteristically almost ignores American authors. Many years ago Gerhardt

traced acute rheumatic infections to acute tonsillitis, but later Gürich showed that the acute attack of tonsillitis was merely an exacerbation of a chronic lesion In 1909 Pässler spoke of a permanent tonsillar infection as a cause of nervous and visceral disease and even counselled tonsillectomy for chorea This doctrine fell flat at the time, but a recent article by A Salomon shows by figures that in the great majority of cases of chorea a septic factor is responsible However the author with a few others has profited by this teaching and during the last 12 years he has enucleated the tonsils repeatedly for diseases of the nervous system, and he mentions several others who The diseases have followed the same course thus treated comprise chorea, sciatica, multiple sclerosis, myelitis, epilepsy, etc., but as the title of the paper indicates that the kind of nervous disease most likely to be benefited by treatment is the hyperkinetic which comprises especially chorea, myoclonus, epilepsy, etc. there appears to be no doubt that ablation of the infected tonsils can at least cause long remissions in these hyperkineses are not the only site of focal lesions for the same results may follow sinus infection and indeed any other septic focus -Munchener medizinische Wochenschrift, May 4, 1928

Meralgia Paresthetica — James H Huddleson, writing in the American Journal of the Medical Sciences, June, 1928, clxxv, 6, describes this clinical syndrome as combining paresthesias, pain and some objective sensory disturbance (hyperesthesia or hypesthesia) over the anterolateral surface of the thigh, usually extending nearly to the knee Subjectively, the patient complains of numbness, coldness, burning, tingling, or pain Trophic disturbances of the skin may occur, though less often than Meralgia paresthetica may result from sundry types of lesions that may be at one time both irritative and partially destructive, acting on the peripheral nerve, on the dorsal root or its ganglion, or within the dorsal horn on the cell bodies of the sensory neurone of the second order Among the etiological agents are trauma and pressure on the nerve, such as that exerted by intra-abdominal tumors, the pregnant uterus, or simple obesity Constitutional influences that may affect the sensory nerves in meralgia include vascular complications from local conditions, various intoxications, infection, and pelvic inflammatory The marked variations in the extent and exact location of the affected area are ex-

plainable by the fact that, besides peripheral anastomosing of the lateral cutaneous nerve with the anterior crural, genitocrural, and so forth, the former may itself arise from the first and third as well as the second lumbar root Treatment will of necessity vary with the eti-Where surgical intervention is not indicated, the following physiotherapeutic combination has proved effective in some cases Radiant light and heat to the thigh and leg, followed by massage of the outer side of the thigh, blue pencil (static brush) discharge along the course of the external cutaneous More radical measures are the Roentgen rays, alcohol injection into the sheath of the nerve, formalin injection, and excision of the nerve in obstinate cases The histories of two cases are cited one patient suffered from a bullet wound of the upper thigh, the other was exposed to pressure from the edge of a table while at work

Serum Treatment of Scarlet Fever—Prof U Friedemann and Dr H Deicher of the Infectious Disease Department of the Rudolf-V rchow Hospital, Berlin, in an article on this subject, state that the mortality in the severe and severest cases in which alone the serum was exhibited, amounted to 35 per cent, but if cases complicated by septic infection are excluded there was no mortality. This result must be regarded as extremely favorablemore so in fact than in the serotherapy of malignant diphtheria The total number of patients thus far submitted to serum treatment 18 455 As for complications the authors show that the serum treatment reduces not only the number but the severity of them, apparently by about one-third Serum disease is unfortunately common and the authors saw it develop in 132 out of the 455 cases no mortality nor severe morbidity but the urticarial rash which so often develops is very tormenting to the sick patient. A special analysis of the 16 deaths shows that 5 could not have been due to the scarlet fever organism, for in 2 cases death resulted from severe burns, in 1 from erysipelas, in 1 from grippe-bronchopneumonia, and in 1 from puerperal sepsis 7 other cases with complications the serum was applied at so late a period that a positive result was out of the question In the other 4 cases the patients might possibly have been saved by intravenous exhibition of the serum but as all 4 had recently received injections of diphtheria serum there was fear of anaphylaxis The patients who died were in extremis when admitted, almost pulseless, and the serum which was injected intramuscularly probably never reached the point of absorption -Deutsche medizinische Wochenschrift, May 25, 1928

Sodium Bicarbonate in Tetanus - Professor Paul Heim, a pediatrist of Pécs, discusses the influence of this salt given perorally and intravenously in tetanus. Our therapeutic resources against this malady are very modest as shown by the mortality The author sees an average of 6 or 7 cases a year and experience teaches that it is not the plan of treatment which decides the outcome but the length of the incubation period. He has not seen a single recovery when this was under 7 days, while in the recovered cases the period has always been longer than 7 days Despite the preventive value of the serum the author has not been able to convince himself that it has influence over the established disease might act on the toxin before the latter is anchored if this is possible If it succeeds in prolonging the disease a new fatal element is introduced for then numerous complications have a chance to develop, notably bronchitis Heim has tested the sodium and pneumonia bicarbonate treatment on 6 patients with 5 re-Evidently, according to his previous statement, the incubation period was favorable in the recovered cases and the claim for the sodium treatment is limited to shortening the hospital sojourn, for we read that all five recovered patients were able to leave the hospital in from 2 to 3 weeks. In two other patients (making 8 in all) who were adults, the first series of 6 having all been children, the sodium was tested but was unable to save life although it certainly appeared to benefit the spasms for some days. In the recovered cases the action on the spasms was much more manifest for the type of disease was milder Although there was no relaxation of the jaws some of the other muscles lost much of their But while certain, the action was rigidity transitory although by persistent use the duration of the disease, as already stated, was greatly abbreviated The doses were 30 to 40 grams of soda daily, or 40-70 cc of 10 per cent solution for infusion —Klimsche Wochenschrift, April 22, 1928

Bone Development and Age as Shown by Rontgen Studies—Professor E Stettner sums up an article on this subject as follows. The relationship between the actual age and stage of skeletal development may be considered as an individual problem and as a matter of averages. Rapidity of development and regularity of development alike have to be taken into account. Pathological experiences naturally may interfere with development and the rontgenograms often serve to throw light on past accidents. The author apparently is concerned only with the child, although forensic importance is, we believe, more attached to older periods.

pathological conditions and hardly alludes to rickets and other maladies involving the skeletal system The paper then is chiefly anthropological, dealing only with biological variation He insists that the stage of development of the skeleton is not a measure of the development of the organism as a whole Much space is given to the teeth, not so much in themselves as because the character of dentition everts a notable influence on skull shape. The round face of the nursling is the result of its narrow jaw and the defective development of the as-Development of jaws and cending ramus teeth changes the shape from round to oval so that maldevelopment here may cause extensive departures from the normal Hypertrophy of the tonsillar ring is quite distinct from malformation of the bones but each may react on the other, causing vicious circles close relationship between assimilation of food and calcification, the former being essential for the latter, so that general disturbances of nutrition may arrest dental development Caries, especially when precocious, should depend on some deep seated anomaly of nutrition of the references cited by the author are of recent date and suggest that rontgen control of skeletal development may ultimately prove of value in pediatric practice -Deutsche medizinische Wochenschrift, April 27, 1928

Demonstration of Electric Fields in the Vicinity of the Body -F Sauerbruch and W O Schumann announce that they have succeeded in demonstrating the existence of an electrical field in the vicinity of certain portions of the animal body, the maximum distance being more than two meters The original research, begun three years ago, had for its objective the discovery of a possible electromagnetic field in the vicinity of the body The results were submitted to physicists and physicians of Vienna who gave the benefits of their counsel The phenomenon is possibly due to differences of potential in the skin or contiguous structures In 1902 Heydweiller reported some phenomena, which differed from the present, in which he used a quadrant electrometer to detect what he assumed to be due to gradually originating and disappearing static charges The article is very brief-a preliminary communication in the interest of priority claim Several photographs of curves are given, the first of which is produced by tetanizing a rabbit with strychnine while the others proceed from the human body, the subject making rapid movements with the fingers while the arm is passive, the position being changed in various ways The so-called action stream must originate in the contraction of large muscle masses The very defective character of the report such as lack of all description of the apparatus used and how the results were obtained will perhaps be made good in a subsequent article. It is at present impossible to predict whether this discovery will have any practical importance in medicine—Munchener medizinische Wochenschrift, April 20, 1928

Influence of Hormones on Cell Chemistry -Professor J Wohlgemuth enumerates the three methods of studying hormone activity —by injecting the hormones into the subject and studying any metabolic changes, by extirpating the hormone-producing organ and studying the deficiency symptoms, and finally by bringing them into immediate contact with the living cells The two first methods have long been known, but it is only recently that Warburg has shown us how to carry out the third with scientific accuracy. Through his efforts we have learned how to measure cell The author has respiration and glycolysis for some years been studying the action of hormones on the cutaneous cells, and has been able to show that, with the exception of insulin and hypophysin, all hormones stimulate the respiration of these cells The thyroid hormone in one series of experiments was able to increase this activity 450 per cent same power was shown to exist in the case of Next in order came liver and kidney cells the gonads while adrenalin everted only a slight action Insulin which has no ability to stimulate the respiration of the cells of the skin, liver, or kidneys, was found to exert a positive action on the cells of the grey matter of Another field of study is the power of various hormones to change levulose into lactic acid which is carried out chiefly in the placental cells Thyroxin, adrenalin, and folliclin acted strongly in this respect, insulin was less powerful, while thymin was still weaker and hypophysin quite inert The author intimates that hormones act upon enzymes naturally present in the various cells to produce these diverse effects Apparently there is a reversed action when the hormones are exhibited in a certain excess, large doses inhibiting where small ones stimulate —Deutsche medizmische Wochenschrift, May 18, 1928

Postvaccinal Encephalitis—V Mikulowski of Warsaw sums up the results of personal experience and the most recent conclusions of others on the relationship of this encephalitis to the ordinary epidemic encephalitis of Economo The cases seen in England in 1912 antedated the outbreak of the latter malady by some years and when this did appear almost synchronously in various parts of the world it was not associated in any way with vaccination. It was not until 1920 that postvaccinal encephalitis was recognized on the Continent,

and several years elapsed before it was again observed, this time with some cumulative tend-In certain cases, especially in the one which has been followed up by the author, the clinical resemblance to the epidemic type was close and it is quite possible that some of these postvaccinal cases have belonged to this type It is not generally known that many years ago Heubner placed on record the fact that in rare instances vaccination seems to have precipitated attacks of acute anterior poliomyelitis when the latter was epidemic. In other cases, however, the disease which has followed vaccination has not corresponded to the epidemic form and we now realize that there are various affections of the central nervous system of infectious origin which form a group characterized by the presence of some unknown neurotropic virus. It seems to have been shown positively that the virus of variola has of itself no neurotropic action and can only cause encephalitis by arousing to activity some slumbering secondary virus, the eliciting factor being vaccination allergy As a practical measure the author would withhold vaccination in the presence of community cases of encephalitis, poliomyelitis, etc, as well as in children feverish from unknown causes, and in children showing evidence of scrofulosis and the exudative diathesis - Schweizerische medizinische Wochenschrift, May 19, 1928

Tar Anaphylaxis and Anaphylactic Migraine —W Berg of the internist clinic of Rostock University mentions several familiar forms of anaphylactic asthma, such as the ipecac sensitiveness of druggists and the sensitiveness of fur dyers to paraphenylaminediamine He next describes a form seen in asphalters in which both asthma and migraine are provoked by some constituent of the asphalt, this term being used here only in the generic sense, for several different substances are employed, such as ground bitumen and coal tar It became evident that the allergen was in the latter When the anaphylactic subjects were made to inhale the latter experimentally a pronounced eosinophilia developed with the clinical evidences of asthma and migraine, the latter associated with nausea, teichopsia, and other familiar accom-With repetition of tests the symppaniments toms increased in severity. It was possible to mitigate the severity of the attacks by previous intravenous injection of 10 per cent calcium chlorate, which fact may be placed in relationship with the subnormal proportion of calcium Control subjects who were not in the blood sensitive complained of nothing more than conjunctival irritation. Up to the present the actual allergen has not been isolated, but the fact that an affection like migraine has been shown to be anaphylactic in part at least is of much interest. The author claims that he is the first to make a complete demonstration of this fact, but is silent on cases which have been ascribed to food sensitiveness—we recall in this connection subjects who develop migraine after eating chocolate—but possibly the demonstration has been incomplete in these cases—Kluische Wochenschrift, April 29, 1928

New Data on Lipoid Nephrosis -Hans Knauer states of this relatively new disease that many authorities doubt its status as an exclusive renal affection Back of it there may be a general disturbance of the total metabolism affecting the protein, fat, and mineral interchange. In other words the accumulation of lipoids in the blood is not a secondary consequence of renal insufficiency In seeking for the source of this disturbance of metabolism the author has studied the liver function, despite the fact that this has always been thought of in association with carbohydrate metabolism alone He found from examination of the blood of patients that there was always hypoglycemia This suggests either an overfunction on the part of insulin or an insufficiency of adrenalin In the meantime the author starts off on quite a different tack, referring to the absence from the blood of lipoidnephrosis patients of the normal trypanocide This was constant for all patients principle examined and again points to an hepatic dys-In lipoid nephrosis there is a disturbance of diuresis and water retention and this in turn has been brought into association with disturbed liver function The patients, all of whom by the way appear to be children, showed an abnormally low blood pressure which was only slightly and temporarily increased by adrenalin exhibition studies have shown more and more that fats are formed in the body from carbohydrates, and it is even claimed that all excess of unoxidized carbohydrate becomes fat At a recently reported autopsy on a subject with lipoid nephrosis there was marked infiltration of the liver with fat The low blood pressure of lipoid nephrosis contrasts vividly with the high tention of acute glomerulonephritis. At the present time it appears that lipoid nephrosis represents a general disorder of metabolism of which the rationale is lacking -Khnische Wochenschrift, May 20, 1928



LEGAL



By LLOYD PAUL STRYKER, ESQ Counsel, Medical Society of the State of New York

THE POLICE POWER

HIS, the fifth in our promised series of editorials, has to do with that much used and frequently misunderstood term, "the police power" To those entirely unfamiliar with this term, it should first be stated that the term must not be confused with any mere power or authority of a municipal or local police. The police power is the power of government itself to promote and safeguard the public health, morals, safety, order and general welfare of its citizens "Police power," says Corpus Juris, "is the power inherent in a government to enact laws, within constitutional limits, to promote the order, safety, health, morals, and general welfare of society plied to the powers of the states of the American Union, the term is also used to denote those inherent governmental powers which under the federal system established by the constitution of the United States are reserved to the several states "1

The definition given by the highest court of Oregon has been widely accepted. The Oregon court declared. The police power is "The name given to that inherent sovereignty which it is the right and duty of the government or its agents to exercise whenever public policy, in a broad sense, demands, for the benefit of society at large, regulations to guard its morals, safety, health, order or to insure in any respect such economic conditions as an advancing civilization of a highly complex character requires"²

The Minnesota courts have defined the term as "The power to impose such restrictions upon private rights as are practically necessary for the general welfare of all "3" While the Supreme Court of the United States has declared that the police power means "Nothing more or less than the powers of government inherent in every sovthat is to say power to govern men and things"4 The Illinois courts have defined the term as "that inherent and plenary power in the State which enables it to prohibit all things hurtful to the comfort, safety and welfare of society"5 The interesting definition given by Sir William Blackstone has been quoted by our New York Court of Appeals with approval Blackstone's definition is "the due regulation and domestic order of the Kingdom, whereby the individuals of the state, like members of a well-governed family, are bound to conform their general behavior to the rules of propriety, and good neighborhood and good manners, and to be decent, industrious and inoffensive in their respective stations "6"

This inherent power of the government existed before any of our constitutions were adopted "All authorities," says our New York Court of Appeals, "agree that the Constitution presupposes the existence of the police power, and is to be construed with reference to that fact "7 While this is true, the fact remains that most of the law upon this subject was developed during the nineteenth century, and especially the latter half of it 8 The police power "may be put forth in aid of what is sanctioned by usage, or held by the prevailing morality or strong and preponderant opinion to be greatly and immediately necessary to the public welfare." The existence of this power, -a power which is always exercised by the legislature—has been held to justify the enactment of laws designed for the protection of the public to guard against some danger, real or anticipated, in our social or commercial life 10

There is one limitation upon the exercise of this power, however, which should not be forgotten, and that is that the exercise of this power is not a justification for the enactment of a law contrary either to the state or to the federal constitution. But in determining the question whether a given law is properly enacted under the police power, the general and long continued belief as to its desirability or necessity "must be considered in determining its constitutionality."

In one celebrated case in the United States Supreme Court, Chief Justice Waite declared "When one becomes a member of society, he necessarily parts with some rights or privileges which, as an individual not affected by his relations to others, he might retain 'A body politic,' as aptly defined in the preamble of the Constitution of Massachusetts, 'is a social compact by which the whole people covenants with each citizen, and each citizen with the whole people, that all shall be governed by certain laws for the common good' This does not confer power upon the whole people to control rights which are purely and exclusively private, but it does authorize the establishment of laws requiring each citizen to so conduct himself, and so use his own property as not unnecessarily to injure another This is the very essence of government, and has found expression in the maxim sic utere tuo ut alienum non laedas From this source come the police powers, which, as was said by Mr Chief Justice Taney in the License Cases,

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nothing more or less than the powers of government inherent in every sovereignty is to say the power to govern men and things' Under these powers the government regulates the conduct of its citizens, one towards another, and the manner in which each shall use his own property, when such regulation becomes necessary for the public good "13 In another celebrated case in the Supreme Court of the United States, it was said that "the police power extends to all the great public needs put forth in aid of what is sanctioned by usage, or held by the prevailing morality or strong and preponderant opinion to be greatly and immediately necessary to the public welfare "14

In the case of People v Mulford, decided in New York in 1910, the question before the court involved the constitutionality of the statute declaring it a misdemeanor for one to practice medicine without a license promptly declared that statute constitutional, and quoted the following language from the United "The power of the State States Supreme Court to provide for the general welfare of its people authorizes it to prescribe all such regulations as, in its judgment, will secure or tend to secure them against the consequences of ignorance and incapacity, as well as of deception and fraud. As one means to this end it has been the practice of different States, from time immemorial, to exact in many pursuits a certain degree of skill and learning upon which the community may confidently rely, their possession being generally ascertained upon an examination of parties by competent per-The nature and extent of the qualifications required must depend primarily upon the judgment of the State as to their neces-If they are appropriate to the calling or profession, and attainable by reasonable study or application, no objection to their validity can be raised because of their stringency or difficulty

Few professions require more careful preparation by one who seeks to enter it than that of medicine It has to deal with all those subtle and mysterious influences upon which health and life depend, and requires not only a knowledge of the properties of vegetable and mineral substances, but of the human body in all its complicated parts, and their relation to each other, as well as their influence upon the mind physician must be able to detect readily the presence of disease, and prescribe appropriate remedies for its removal Every one may have occasion to consult him, but comparatively few can judge of the qualifications of learning and skill Reliance must be placed which he possesses upon the assurance given by his license, issued by an authority competent to judge in that respect, that he possess the requisite qualifications consideration, therefore, for the protection of society may well induce the State to exclude from practice those who have not such a license, or

who are found upon examination not to be fully qualified "15

There can be no dispute among reasonable men as to the propriety for exercising the police power in regulating lawyers, doctors and other profes-Of late, however, questions have arisen strengthening the police power beyond anything heretofore imagined Thus, for example, in the recent so-called rent law cases, the constitutionality of the New York statute, which temporarily fixed reasonableness as the standard of rent, and suspended the property owner's right to invoke the remedy of summary proceedings for dispossess, came before the courts This legislation was upheld both by our Court of Appeals and by the United States Supreme Court The property owners contended that the law was unconstitutional in that it deprived them of their property without due process of law, denied them the equal protection of the law as guaranteed by the Fourteenth Amendment to the federal constitution, and took private property for a private use without compensation in violation of the New York State constitution Our Court of Appeals, and later the Supreme Court of the United States, overruled all of these contentions, Pound, J, of the Court of Appeals declaring "the state may establish regulations reasonably necessary to secure the general welfare of the community by the exercise of its police power although the rights of private property are thereby curtailed and freedom of contract The legislative or police is abridged power is a dynamic agency, vague and undefined in its scope, which takes private property or limits its use when great public needs require, uncontrolled by the constitutional requirement of due Either the rights of property and contract must when necessary yield to the public convenience, advantage and welfare, or it must be found that the state has surrendered one of the attributes of sovereignty for which governments are founded and made itself powerless to secure to its citizens the blessings of freedom and to promote the general welfare "16

Here was a broader exercise of the police power than any heretofore invoked. Here is the clear statement that this power under certain circumstances may be invoked, and when so invoked, is "uncontrolled by the constitutional requirement of due process". As to the impairment of contract by virtue of this legislation, Judge Pound further said. "The provision of the Federal Constitution that no state shall pass any law impairing the obligation of contracts puts no limit on any lawful exercise of legitimate governmental power. The rule alike for state and nation is that private

The full alike for state and nation is that private contract rights must yield to the public welfare, when the latter is appropriately declared and defined and the two conflict "IT Further the court declared "The field of regulation constantly widens into new regions. The question in a broad and definite sense is one of

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degree As no similar legislation has been construed by the courts, precedent is of little value and may prove misleading. The question comes back to what the state may do for the benefit of the community at large. The struggle to meet changing conditions through new legislation constantly goes on. The fundamental question is whether society is prepared for the change. The law of each age is ultimately what that age thinks should be the law.

Judge McLaughlin filed a strong dissenting opinion in the case just referred to, holding that the rent law violated both the federal and state "The police power,' he said, "is not superior to the Constitution, on the contrary, it is subject to applicable constitutional limitations "10 The safeguards of the state and federal constitutions, he continued, "cannot be overthrown by the exercise of the police power, a power which no one has as yet attempted accurately to define or state just where it commences or ends seems to me much better to adhere strictly to the Constitution, the anchor of good, safe and sound government, rather than to embark on the sea of paternalism, the dangers of which cannot be fore-seen or the perils foretold '20 To many lawyers, the dissenting opinion of Judge McLaughlin has seemed sound law To them, it has seemed difficult not to conclude that the court in the rent law cases held that the guaranties and safeguards of the constitution are subordinate to the legislature's exercise of the police power

When the rent law cases were before the Appellate Division in this case, Presiding Justice Clark dissented from the opinion of the court upholding "Recognizing," he said, "that such legislation the courts have never yet laid down the limitations of the police power, all of the cases which I have been able to examine dealing with the subject make that power subject to the Constitution my judgment, the acts under consideration in these cases violate the fundamental principles of the State and Federal Constitutions, in that the result is either to take private property for public use without due compensation, which is not permissible, or to take private property for private use, which has never been allowed "21

As we survey this great power of government, still vague and undefined, we may well pause to reflect as to what its ultimate limitations may be held to be "The field of regulation constantly widens into new regions," said Judge Pound in the case previously referred to 22 What new fields will be surveyed by state legislators where the exercise of this power, and to what extent this exercise may "widen," future chroniclers alone can tell us Will the time finally arrive when the legislature will be held immune from constitutional restraint in accordance with the English system? "We have arrived at a point," one court has said, "where in an emergency there are no

property rights which are not subject to the police power of the state. The legislature is the exclusive judge of the existence of an emergency. Every person who carries on a business emerges from his privacy and owes an obligation to the community in the conduct of his business." "To uphold private contracts and to enforce their obligations," declared the Supreme Court in a case previously cited, "is a matter of high public consequence, but the legislature has a wide latitude in doing what seems in accordance with sound judgment and reasonableness in order to bring about a great good to a large class of citizens, even at some sacrifice of private rights"²⁴

The police power may be well defined as the sleeping giant of the constitution. No doubt, its exercise, as in the rent law cases, was wise and for the public good. But is the time to come when the legislature may strike down our constitutional protections upon the theory that in so doing the good of the many is attained at the sacrifice of the few? If that time ever comes, constitutional government, as heretofore understood in this country, will have gone

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- 4 In re License Cases, 5 How (U S) 504, 583
- 5 Peo v Weiner, 271 Ill 74, 78
- 6 Village of Carthage v Frederick, 122 N Y 268, at p 273
 - 7 Village of Carthage v Frederick, supra, at p 273
- 8 Bouvier's Law Dictionary, Vol 3, p 2615
- 9 Noble State Bank v Haskell, 219 U S 104, 111
- 10 Peo Ex Rel Nechamous v Warden, 144 N Y 529, 535
- 11 Peo v Byrne, 99 Misc. 1, at p 4, Berthoff v O'Reilly, 74 N Y 509, Peo v West, 106 N Y 293, Eubank v Richmond, 226 U S 137, Chicago, etc, R. Co v III, 200 U S 561, 12 C J 928
- 12 Peo v Byrne, supra, at p 5, Muller v Ore., 208 U 5 412, 420, 421, Mutter of Viemeister, 179 N Y 235, 240
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- 21 Levy Leasing Co, Inc v Siegel, 194 App Div 482, at p 507
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LONDON LETTER



HARVEY TERCENTENARY CELEBRATION

May 14th to 18th, 1928

The Congress held in London, under the auspices of the Royal College of Physicians, to celebrate the Tercentenary of the publication of Harvey's immortal "De Motu Cordis," is over, and has left on all the delegates—both those attending from the Mother Country, and those from foreign countries—an imperishable England is at her best in conducting memory ceremonies where dignity and simplicity are the key notes, and from the moment of the gracious Reception of Delegates by His Majesty the King at Buckingham Palace, to the last gathering at the Rooms of the Royal Society at Burlington House, the proceedings were conducted without the vestige of a hitch, nor was anyone conscious of the working of the machine The interest of our Royal House was manifested by the reply of the King to the address presented to him at the Reception at Buckingham Palace, and by the delightfully informal presentations to His Royal Highness, the Prince of Wales, which took place at the hall of the Worshipful Company of Merchant Taylors on the following day It was characteristic of the Prince of Wales that he should mingle with the great throng of Delegates and their ladies, and Fellows of the Royal College of Physicians and their guests, and that he should chat in their own tongue with the foreign representatives, having a happy word and a smile for many of those known to him That was a wonderful evening spent in this beautiful old Hall in the heart of the City, a Hall decorated with crystal chandeliers which have no equal in the world One of the French Delegates said to me, "Ah! this is too wonder-We have nothing of this kind in our country" And indeed the City Companies are in a way peculiar to the City of London oldest of them were founded in the 13th century, and were known as "Gilds" or "Misteries' Their functions were analogous to the modern Trades Unions in that each governed its particular trade and formed a "middle man" organization In them one sees the rise of the middle classes, and at one time they wielded a great political power which was not confined They soon acquired to the City of London meeting places or Halls-generally by buying the mansion of a feudal family, or the buildings of a religious community Of the two Halls in which the Delegates were entertained, the Grocers' Hall was built in 1431, on the site

of the mansion of a member of the famous Fitz-walter family, who in earlier days had held Baynard Castle and had led the Civic forces to the field by hereditary right. The Hall suffered severely in the Great Fire of London in 1666, and although it was repaired at the time, another building (the present Hall) was erected in its place between 1798-1802

The Merchant Taylors built their Hall in 1331, on the site of the mansion of Sir Oliver de Ingham, who defended Bordeaux against the French for Edward III, but the present Hall dates only from 1671, five years after the Fire The City Companies have long ceased to govern their trades, but some of them are very wealthy and use their funds for education and for charities of many kinds Most of the Companies have Halls of great antiquity, which form oases of peace in the very midst of the hustle of London traffic, and in which can be seen priceless plate, pictures, and tapestries of unique beauty

Perhaps the most impressive ceremony was witnessed the first day, when the Delegates were received at the Royal College of Physicians by the President, Sir John Rose Bradford Academic costume was worn, and some wonderful robes were seen, and I fear that our British robes were in many cases outshone by those worn by some of the foreign Delegates To celebrate the occasion the Royal College of Physicians created, for the first time in its long history, four Honorary Fellowships, and conferred them with appropriate formality upon Lord Balfour (who was unfortunately unable to be present owing to a temporary indisposition), Sir Ernest Rutherford, OM (President of the Royal Society), Professor Pavlov of Leningrad, and Professor Dr K. F Wenckebach of Vienna Eulogies of Harvey were pronounced by Sir Charles Sherrington Professor Chauffard (who spoke in English), and Professor Dr Keibel, who delivered his address in German In the evening the Delegates were entertained to Dinner by the Grocers' Company in their Hall, the toast of the Delegates being in the very able hands of the Master of the Rolls I had the pleasure of sitting near Professor Dr Mondrakowski of Warsaw, who seemed to be as much interested in English Folk Songs as in the great scientific work upon which he is engaged!

On the mornings of the second and third

days, there were series of Demonstrations arranged by the Royal College of Physicians in the Physiological Department of University College Here was shown the "Harvey Film," a reproduction of Harvey's original experiments displayed by cinematograph. The film was demonstrated by Sir Thomas Lewis and Dr. H. H. Dale, to whom the greatest credit is due for an exhibition so dramatic that it became the talk of the Congress. Everyone was expressing the hope that the film may be "released" to a wider audience of medical men and students

On the second day the Delegates were entertained to luncheon in the Great Hall of St Bartholomew's Hospital (Harvey's Hospital), by the Governors and Staff, and to those of us who were Bart's men the occasion was most impressive The Hospital has been on its present site since 1123, but the Hall dates back only to 1730 It is approached by a wide staircase, upon the walls of which are two large paintings by Hogarth, representing the Pool of Bethesda, and the Good Samaritan dignified structure, rather dingy in its ornamentation to those who do not know it and love it, but it has some fine pictures, of which the best are the Perceval Pott by Sir Joshua Reynolds, and the well-known picture of Abernethy by Sir Thomas Lawrence, while among the more modern portraits those of Sir James Paget and Holden by Millais are the most noticeable A large painted window dominates the wall opposite the entrance, it is a representation of King Henry VIII delivering a charter to the Lord Mayor of London in 1547 and was made early in the Seventeenth Cen-In 1710 a wire frame was placed over the window and during the air raids of 1917 it was solely due to this 200-year old frame that this window alone escaped uninjured when all the others in the Hall were destroyed

To Sir Wilmot Herringham was given the honor of delivering the address on Harvey He spoke of Harvey's long connection with the Hospital, of his daily doings, and his home life, and included a tale of his parrot which he

eventually dissected How Harvey got into disfavour with his colleagues because he accompanied Charles I to the Wars, and how he was for the same reason deprived of the honour of election to the Presidency of the Royal College of Physicians, Sir Wilmot brought vividly before his hearers, and with many touches of humour paid tribute to this, the greatest of Bartholomew's men

The greatest function of all took place on the third evening, when the Royal College of Physicians gave a banquet in the ancient Guildhall, to the Delegates, Fellows and guests Some 500 sat down to a typical City banquet, and the evening was enlivened by some of the finest speeches that can ever have been heard in this great hall Perhaps the most eloquent speech was that of Professor Castiglione, representing Harvey's old University at Padua Replying to the toast of the Delegates, mostly ably proposed by the Minister of Health, Professor Castiglione made his opening remarks in English, and then concluded with a wonderful rush of oratory in his own Professor Welch of Baltimore, whom everyone was delighted to welcome here again, in quieter vein, but with great charm and beauty of diction, joined in thanks for the So great was the esteem shown for that wonderful veteran, Professor Pavlov, that when his name was mentioned, the applause lasted for many minutes, to the surprise and embarrassment of the aged Professor, whose modesty is proverbial Professor Wenckebach and Sir Ernest Rutherford replied for the Honorary Fellows, and the Archbishop of York proposed the Royal College of Physi-The outstanding figure in this week of celebrations seems to be that of Sir John Rose Bradford, the President of the Royal College of Physicians, whose quiet dignity and graceful oratory made a great impression on us all and made us feel that in him the Royal College has a worthy leader

H W CARSON



NEWS NOTES



THE COUNCIL

The Council of the Society of the State of New York is composed of thirty-one members consisting of elective general officers, the trustees, the chairmen of the standing committees, and the Editor-in-Chief of the New York STATE JOURNAL OF MEDICINE Its members represent every activity of the State Society, and they discuss all the various phases of work in which the Society is interested The Council functions as a legislative, executive, and also judicial body While the supreme power of the Society centers in the House of Delegates, composed principally of representatives from the county medical societies, the Council carries out the details of the matters which have been passed by the House, such as the appointment of committees

The Council meets only three or four times a year—once immediately after the House of Delegates, and a second time in about a month, and again nearer the winter, but it assigns eight of its members as an Executive Committee which functions largely as the cabinet of the Governor of the State This Executive Committee meets once a month and attends to details of business as they develop The system of organizing the Medical Society of the State of New York is logical and experience has demonstrated it to be both practical and satisfactory

The second meeting of the present Council was held on June 21 in the Headquarters of the Society in the building of the New York Academy of Medicine, 2 E 103rd Street The following is a general description of the proceedings of that meeting

The first business was reports from the Standing Committees Dr Frederick E Sondern reported for the Committee on Medical Research, and emphasized the point that the Anti-Vivisectionists were increasingly active and powerful in promoting laws forbidding the use of live dogs for surgical operations in the course of research The activities are directed principally against the use of dogs, and they make less objection to the use of other animals Physicians must consider this fact and do all they can to avoid giving the antis any ground for complaint Dr Sondern advised against the use of dogs as subjects except in investigations in which dogs are necessary, as in the investigation of heart con-The Council expressed itself in favor of the suggestions of Dr Sondern

Dr Thomas P Farmer, for the Committee on Public Health and Medical Education, gave a detailed report of the courses of instruction which his Committee had given under the auspices of county societies He outlined a new type of instruction in which an entire day would be devoted to clinics and talks in a hospital, conducted by eight or ten instructors. He said that the Committee was now studying the records of attendance at the courses that have already been held, and was endeavoring to find out the opinions of those in attendance in order to judge the value of the courses and the developments which should be made in order to increase their effectiveness

Dr Farmer announced that the personnel of his Committee would be the same as that of last

year

Dr Farmer also reported for Dr Britt that the Committee on Economics would adopt Workmen's Compensation as its major activity, and that the promotion of Periodic Health Examinations would be conducted by the Committee on Public Health and Medical Education

Dr J N Vander Veer, Chairman of the Committee on Arrangements for last year, reported in considerable detail on the Annual Meeting He emphasized the necessity that the Annual Meeting should be conducted in accordance with a permanent policy. He approved the action of the House of Delegates to appoint a committee to devise a plan and assign to it the responsibility for co-ordinating all phases of its execution.

The discussion of plans for the Annual Meeting brought up the subject of the exhibits, both commercial and scientific, at that meeting. The management of the Exhibits seems to have been confined to the bringing of the Exhibits together, while there has been a neglect of the essential duty of inspiring the members with a deep interest in the exhibits. The point is that the Exhibits were splendidly arranged, but that the members did not attend them in anywhere near the numbers which were expected.

Dr O S Wightman, Editor-in-Chief, discussed the relation of the New York State Journal of MEDICINE to the manufacturers and dealers taking part in the Commercial Exhibits that the Editors and the Business Manager compose almost the entire personnel which deals with the advertisers, and that the Annual Meting affords the only opportunity that the Society had of coming in contact with the advertisers goodwill and friendship of the dealers had been secured during the past two or three years, and the proof of this fact is the constantly increasing receipts from the advertisers in the Journal However, the Annual Meeting had shown that there was still very much to be done in order to increase the interest of the members of the State Society in the exhibits and advertising

to provide the incentive or the facilities for the securing of an audience for the exhibitors had resulted in an expression of dissatisfaction by the dealers and manufacturers. It would prevent the sale of exhibit space at the meetings, and it would be likely to effect the future of advertising in the JOURNAL.

Both Dr Vander Veer and Dr Wightman urged that steps be taken at once to put into effect the action of the House of Delegates in providing for a committee "to study the question of the Annual Meeting in all its phases, and to draw up certain general rules for guidance relative to the conduct of the Committee on Arrangements" (This JOURNAL, July 1st, page 805) The Council appointed as such Committee, Dr J N Vander Veer, President-Elect, Dr John A Card, Speaker, and Dr D S Dougherty Secretary

er and Dr D S Dougherty, Secretary
Mr Lloyd P Stryker, Counsel for the State Society, referred to the attitude of the American Medical Association in regard to the Advertising Department of the several state journals, in all of which, except those of New York and Illinois, the advertisements were secured and controlled by the Cooperative Medical Advertising Bureau of the American Medical Association Mr Stryker especially referred to the statement in the minutes of the annual Meeting of the A M A, published in the Journal of the A M A of June 23, page 2033, which reads as follows "It is to be hoped that the few State Journals which do not cooperate and which have different advertising standards, will make every effort to cooperate with this Bureau" There was considerable discussion over the advertising pages of the New YORK STATE JOURNAL OF MEDICINE and of the Journal of the A M A, and the consensus of opinion was that the New York State Journal OF MEDICINE was conforming to the spirit of the standards of the American Medical Association

Dr A J Bedell, Chairman of the Committee on Scientific Research, spoke of the need of cooperation between the several Standing Committees in order that his Committee might know what arrangements to make with the speakers as early as possible. He also suggested some of the possible changes in the time-honored plan of the section meetings in order to bring them up to date. One possible innovation was that of holding meetings of the Sections in the morning and a general meeting of all sections in the afternoon. The decision regarding the outlined plan of the Annual Meeting will lie with the Special Committee on the Annual Meeting.

A number of items of routine business received attention, especially those which had been referred to the Council by the House of Delegates

The President was authorized to appoint a representative of the State Society to meet with representatives of the New Jersey and Pennsylvania societies, and devise means of publishing a medical directory under the joint auspices of the three States (See the Minutes in this Journal, July 1st, Section 7)

The appointment of a committee on Membership, referred to in Section 44 of the Minutes, was tabled, for the Council felt that each county siciety was sole judge if the election of its members

The time and place of holding the Annual Meeting was left to the Executive Committee. The final decision will depend on the judgment of the Special Committee on Annual Meeting, for there is strong evidence that the success of the Annual Meeting will depend on holding all parts of the meeting under one roof.

It was voted that the Committees on Nursing and on Diphtheria, of both of which Dr N B Van Etten is Chairman, be continued

COURSE IN THE PROBLEMS OF OLD AGE

The Medical Problems of old age will be considered in a Graduate Fortnight Week of the New York Academy of Medicine next fall during the two weeks beginning Monday, October first An announcement of the course was made on page 276 of the March first issue of this Journal and since that time, the plans for the course have been nearly completed and are announced on advertising page vi of this Journal The course has been arranged to suit the convenience of physicians generally Clinics will be given in hospitals in three sections of New York simultaneously,uptown, middle New York, and downtown,while lectures will be given in the Academy of Medicine, 2 East 103rd Street, in the late afternoon and early evening, with provision for supper

to those who wish to stay at the Academy Physicians from out-of-town will be welcome at the clinics and lectures and no fee will be charged

The treatment of diseases of old age has never become a popular specialty, although physicians formerly used the term geneatrics to denote that specialty. The word comes from the Greek geron, an old man, and is homologous to the Greet root, paid, a child, in the word pediatrics. The exact title of the course is "The Problem of Aging and Old Age." There seems to be come controversy regarding how to spell the word aging. Orthographists who conform to the letter of the rules of spelling insist on dropping the final e before the ending. Which do you prefer, aging or ageing?

THE MEDICAL PRACTICE ACT IN OPERATION

When the Medical Practice Act was passed in 1926, its successful application was doubted by many who based their pessimistic views on the well-known tendency of officials to avoid activities which were not mandatory. Fortunately the law charged a particular State Department with the duty of investigating complaints regarding the illegal practice of medicine, and furthermore provided the funds with which the officials might work. The Department of Education and the Attorney General have quietly organized and perfected the machinery of enforcement and have tested it in a variety of cases during the past year with excellent results.

The June issue of *The Panel*, the monthly Bulletin of the Association of Grand Jurors of New York County, published at 105 West 40th Street, New York, contains an article on the Medical Practice Act by Mr Sol Ullman, Deputy Attorney General of the State of New York, who directs prosecutions under the law Mr Ullman says

"The essential object of any Medical Practice Act is to provide properly trained physicians for the care of the public and machinery for the licensure of such physicians, the revocation of licenses and the prosecution of those illegally practicing medicine. To properly function, a unified program is necessary, and that all business of the State as to educational requirements, licensure and the conduct of physicians as well as criminal prosecutions for illegally practicing medicine be centralized in one bureau

"That was the program of medical legislation of the 1926 legislature of the State of New York, as embodied in the 'Webb-Loomis' bill which is commonly known as the 'Medical Practice Act'"

"The outstanding feature of the Act is the provision for a 'Committee on Grievances'

"Several proceedings have been instituted by the Grievance Committee against licensed physicians charging misconduct in the practice of medicine. As a result thereof, the licenses of a number of physicians have been revoked Other complaints are now under investigation

"There is a striking difference between the procedure in disciplinary proceedings against an attorney at law and those against a physician. In the case of an attorney, the Appellate Division of the Supreme Court, to which complaints are sometimes made in the first instance, refers the complainant to the Bar Association for investigation and action. The Bar Association, through its Grievance or Corresponding Committee, hears the complaint on

the testimony of those witnesses who are willing to attend before it That Committee has no power of subpæna, whereas in the case of a physician, the Grievance Committee has such power After a hearing before the Grievance Committee of the Bar Association, if in its opinion, there is some basis to the complaint against an attorney, charges are presented to the Appellate Division, which refers the matter to an official referee The referee hears the witnesses in support of and in defense to the charges, and then makes his report to the Appellate Division, which either confirms or rejects same So that in the case of an attorney charged with unprofessional conduct, there are two hearings, only one of which hearings has legal authority, whereas in the case of a physician who is charged with misconduct, there is but one hearing and that is based on legal authority

The Medical Practice Act has proved to be a most effective weapon against those unlawfully practicing medicine Since its enactment, numerous illegal practitioners of medicine have been prosecuted in the criminal courts practically every instance, the prosecution resulted in conviction, either on a plea of guilty or after trial These illegal practitioners were ferreted out and the evidence in most of the cases was procured after considerable difficulty was experienced by the inspectors of the Department to whom great credit is due inspectors were compelled at great risk to submit themselves to various forms of treatment at the hands of inexperienced and illegal practitioners in order to procure the legal evidence against them

"Evil doers will continue to resort to medicine as a fertile field for unlawful gain, unless all arms of the administration of justice of the State of New York properly and timely cooperate Such co-operation can come principally from the Courts of Justice A Justice of the Court, on finding a litigant guilty of perjury, sends the record to the District Attorney He also sends the record of a case tried before him to the Bar Association where the lawyer has been guilty of unprofessional conduct. Just so should a Justice promptly report to the Education Department the 'crooked' physicians or illegal practitioners who have appeared before the court in any guise

"That the Medical Practice Act is serving its purpose is best evidenced by the fact that shortly after same was passed, and at or about the time investigations were being conducted, many illegal practitioners pulled up stakes and went to places elsewhere. It is estimated that over a thousand were driven out in the year 1927."

SCHOHARIE COUNTY

The semi-annual meeting of The Schoharie County Medical Society, held in Hotel Baker, Schoharie, N. Y., Tuesday May 8, 1928, was well attended and of great interest, with the President, Dr. Meleatus Bruce, in the Chair. The report of the Committee on By-Laws was made and a copy of the newly revised by-laws were presented to each member present.

The following nominations as officers of the society for 1929, were made President, Dr C L

Olendorf, Cobleskill, Vice President, Dr C F Wharton, Richmondville, Treasurer, Dr LeRoy Becker, Cobleskill, Secretary, Dr H L Odell, Sharon Springs

After luncheon the following scientific program was carried out "Feeding During the First Year With Reference to Some of Its Problems"—Dr R J Wharton, Johnson City, "Surgical Prognosis of Cancer of the Breast"—Dr E MacD Stanton, Schenectady

HERBERT L ODELL, Secretary

MONROE COUNTY

The regular meeting of the Medical Society of the County of Monroe was held Tuesday, May 15, 1928, and was noteworthy for the large attendance of the members and for the exceptional interest which was, deservedly, accorded the speaker of the evening, Dr George B Magrath, of Boston, Mass, whose subject was "Some professional experiences in Medicine, as applied to the uses and purposes of the Law" Dr Magrath related in a fascinating manner case-histories of the investigation of a number of criminal cases, with which he had been connected in his official capacity as Medical Examiner of the Suffolk District of Massachusetts These were illustrated

with excellent slides of photographs. The attorneys of the county had been especially invited to attend and a large number of the legal profession was present, including the President and other officers of the local Bar Association. The paper was discussed by Messrs Strang, Dick and Weldgen of the Bar Association and by Drs Winslow, Fitch and Wentworth

The evening was a most enjoyable one to all concerned and we can most highly recommend both speaker and subject to any of the County Societies, desiring an entertaining and instructive addition to their program

J P HENRY, Secretary

HERKIMER COUNTY

The semi-annual meeting of the Medical Society of the County of Herkimer was held at Pine Crest Sanitarium Tuesday afternoon, June 5, 1928 Despite rainy weather a large attendance was present President Dr F H Moore called the meeting to order at 3 40 P M Reports were read by Secretary Dr Brooks, and by Drs Sabin and Santry of the County Laboratory Committee It was pointed out that the Common Council of Little Falls had waived its rights according to law for the establishment of a Laboratory by it. This clears the way for the Board of Supervisors to adopt a resolution to establish the County Laboratory, the cost and maintenance of which is met one half by the State and one half by the County

Many of the physicians reported that large numbers of people of their acquaintance and clientele were strongly in favor of the County Laboratory and unless action is taken by the Board of Supervisors soon, publicity and numbers of indorsements will be secured

Dr Eveleth of Little Falls reported that the milk dealers of that city were very strongly in favor of the County Laboratory

Dr Sabin, the delegate to the State Convention at Albany, gave a very interesting report of the State Society's recent meeting

The Society went on record as favoring the re-

porting of T B cases by the attending Doctor instead of by Dr Parkinson

Dr Fagon, the treasurer, reported the Society to be in excellent financial condition. It was also pointed out that the Society will entertain the District Branch meeting in Herkimer next year

At the Scientific Session Dr Parkinson, 2nd Vice President, gave an interesting paper on the Treatment of Pulmonary Hemorrhage, followed by much discussion

Dr Matthias Nicoli, State Commissioner of Health, arrived at 5 P M and addressed the Society upon many timely subjects. The workings of the State Department were made clear and many important points brought out. A vote of thanks was accorded to Dr Nicoll for his timely address.

After the Scientific Session a delicious chicken dinner was served and the meeting adjourned at 7 30 P M

The following Doctors were present

Drs — Moore, McEvilly, Diss, Crofts, Santry, Newton, Sabin, Griffiths, Parkinson, Strobel, Barney, Wood, U G Williams, Fagan, Vickers, Garlock, Petrie, Eveleth, Love, Murray, Brooks, and State Health Commissioner, Dr Nicoll

WILLIAM B BROOKS, Secretary

THE MEDICAL PRACTICE ACT IN OPERATION

When the Medical Practice Act was passed in 1926, its successful application was doubted by many who based their pessimistic views on the well-known tendency of officials to avoid activities which were not mandatory. Fortunately the law charged a particular State Department with the duty of investigating complaints regarding the illegal practice of medicine, and furthermore provided the funds with which the officials might work. The Department of Education and the Attorney General have quietly organized and perfected the machinery of enforcement and have tested it in a variety of cases during the past year with excellent results.

The June issue of *The Panel*, the monthly Bulletin of the Association of Grand Jurors of New York County, published at 105 West 40th Street, New York, contains an article on the Medical Practice Act by Mr Sol Ullman, Deputy Attorney General of the State of New York, who directs prosecutions under the law Mr Ullman says

"The essential object of any Medical Practice Act is to provide properly trained physicians for the care of the public and machinery for the licensure of such physicians, the revocation of licenses and the prosecution of those illegally practicing medicine. To properly function, a unified program is necessary, and that all business of the State as to educational requirements, licensure and the conduct of physicians as well as criminal prosecutions for illegally practicing medicine be centralized in one bureau

"That was the program of medical legislation of the 1926 legislature of the State of New York, as embodied in the 'Webb-Loomis' bill which is commonly known as the 'Medical Practice Act'"

"The outstanding feature of the Act is the provision for a 'Committee on Grievances'

"Several proceedings have been instituted by the Grievance Committee against licensed physicians charging misconduct in the practice of medicine. As a result thereof, the licenses of a number of physicians have been revoked Other complaints are now under investigation

"There is a striking difference between the procedure in disciplinary proceedings against an attorney at law and those against a physician. In the case of an attorney, the Appellate Division of the Supreme Court, to which complaints are sometimes made in the first instance, refers the complainant to the Bar Association for investigation and action. The Bar Association, through its Grievance or Corresponding Committee, hears the complaint on

the testimony of those witnesses who are willing to attend before it That Committee has no power of subpœna, whereas in the case of a physician, the Grievance Committee has such power After a hearing before the Grievance Committee of the Bar Association, if in its opinion, there is some basis to the complaint against an attorney, charges are presented to the Appellate Division, which refers the matter to an official referee The referee hears the witnesses in support of and in defense to the charges, and then makes his report to the Appellate Division, which either confirms or rejects same So that in the case of an attorney charged with unprofessional conduct, there are two hearings, only one of which hearings has legal authority, whereas in the case of a physician who is charged with misconduct, there is but one hearing and that is based on legal authority

The Medical Practice Act has proved to be a most effective weapon against those unlawfully practicing medicine Since its enactment, numerous illegal practitioners of medicine have been prosecuted in the criminal courts practically every instance, the prosecution resulted in conviction, either on a plea of guilty or after trial These illegal practitioners were ferreted out and the evidence in most of the cases was procured after considerable difficulty was experienced by the inspectors of the Department to whom great credit is due inspectors were compelled at great risk to submit themselves to various forms of treatment at the hands of mexperienced and illegal practitioners in order to procure the legal evidence against them

"Evil doers will continue to resort to medicine as a fertile field for unlawful gain, unless all arms of the administration of justice of the State of New York properly and timely cooperate Such co-operation can come principally from the Courts of Justice A Justice of the Court, on finding a litigant guilty of perjury, sends the record to the District Attorney He also sends the record of a case tried before him to the Bar Association where the lawyer has been guilty of unprofessional conduct. Just so should a Justice promptly report to the Education Department the 'crooked' physicians or illegal practitioners who have appeared before the court in any guise

"That the Medical Practice Act is serving its purpose is best evidenced by the fact that shortly after same was passed, and at or about the time investigations were being conducted, many illegal practitioners pulled up stakes and went to places elsewhere. It is estimated that over a thousand were driven out in the year 1927."

A

THE DAILY PRESS



FOURTH OF JULY FATALITIES

The Fourth of July fatalities in former years have often exceeded those of a minor battle of the Civil War They frequently reached such alarming figures that New York City passed an ordinance forbidding the sale of fireworks within the City limits But numerous bootleg booths have been set up just over the City line and the City noisemakers secured enough ammunition to supply statisticians with mortality and morbidity figures The New York Sun, for July 5, says

"The Fourth of July, the police agree, was a 'safe and sane' Independence Day—comparatively There were twenty-three deaths by drowning, five in automobile accidents, four from fire-

works and three from heat, and more than 300 persons were injured by fireworks and thirty-eight in motor mishaps

"These casualty totals are smaller than in previous years—last year, for instance, there were 1,600 injured and 14 deaths from fireworks—and the city was considered especially fortunate in view of the record number of celebrants who joined in the festivities attending the nation's birthday"

The City ambulance doctors had an unexpectedly easy day. The Kings County Hospital ambulance, for example, was called to only one case of burns by fireworks—a record undreamed of five years ago.

CHILDREN OF THE STREET

The New York Times of June 18, makes a rather sarcastic comment on the following list of children's activities on the streets of New York City,—as revealed by a report of the Regional Plan Committee

Gathering wood Selling papers Shining shoes Selling from push carts Minding fortune-telling parrot Carrying bundles Building fires Hitching on autos Throwing stones Craps Matching picture cards Matching pennies Playing with old tire Riding bicycles Taking care of baby Playing ball Jumping rope Marbles Tag Rolling hoops Tip cat Climbing fences Making mud pies Sailing boxes in gutter

Roller skating Running around

The New York Herald-Tribune of June 20 uses the same report to make the following editorial comment on the need of recreation beaches to counteract some of the activities indulged in by rhildren in the City streets.

children in the City streets

"The Regional Plan of New York and Its Environs will shortly issue a report on the subject of foreshore and rights in land under navigable waters which should awaken us all to the idiotic short-sightedness of such a policy. It will present the results of a survey of the present ownership of land under water in New York, New Jersey and Connecticut, trace the laws involved from pre-Revolutionary days on, and describe how the three states might recover for public recreational purposes much of the water front in the region of New York which is at present restricted to the use of private owners

"It is hardly necessary to point out the urgency of this report and of the action that should follow it. Every day the recapture of this property is postponed adds to the price which must be paid for it out of the public treasury. In the mean time if the public would benefit by the investment it should also take steps to end the pollution which makes an open sewer of the waters.

it must buy its way to'

DAISTES

What may happen when the biological balance of nature is upset is indicated by the spread of the common field daisy from seed in hay supplied to

Hessian soldiers An editorial in the New York Herald-Tribune of April 26 tells how the Americans repaid Europe



MEDICAL WARES



GLANDULAR EXTRACTS

The history of glandular extracts is a record of the development of modern medicine in its scientific exactness The first glandular extract to be put to commercial use was rennet in the manufacture of cheese When the nature of the digestive process was first dimly understood, pepsin and other digestive ferments were placed on the market This consisted of the desiccated glands and of liquid extracts, and they often produced results which exceeded those of a mere digesting action These actions were largely classed as tonic After a winter's diet of grain and salted meats, the people often lacked vigor, and spring fever was a well-known form of laziness which was treated by the use of certain tonics days when nothing was known of vitamines, the tonics had a satisfactory effect as soon as spring greens appeared on the diet list fects of the greens were ascribed to the tonics,and there was ground for belief in those consisting of extracts of the stomach, intestine, and pancreas

The first glandular extract which was placed on the market was known as proteonuclein which was prepared by Reed & Carnrick, the pioneers in glandular therapy Proteonuclein consists of extract of various glands including the suprarenal, The object of the manuthyroid and pancreas facturers was to get an extract which should contain as great a quantity of nuclein as possible, for it was supposed that the virtue of the medicine resided in the proteins of the nuclei of the cells In the light of modern knowledge, it is seen that proteonuclein contains the specific extracts of certain glands which are necessary for the wellbeing of the body The thyroid extract, for example, is well known to have a remarkable tonic effect on those patients whose thyroid is deficient

The thyroid was the first ductless gland whose functions were clearly demonstrated, and thyroid extract is now a well-known article of commerce whose effect is as standardized as digitalis. Adrenalin and insulin are two other glandular extracts whose production is standardized, and whose effects are known with certainty

A ductless gland is called an endocrine from the Greek krino, to separate Its active principle is called either a hormone, from the Greek hormao, to excite, or an autacoid, from the Greek alos, a remedy

As a knowledge of the endocrines developed, the functions of other glands were discovered and their extracts were applied in medicine. The

pituitary gland, for example, is used to promote the contraction of uterine tissues, but it has other actions in regard to the growth of individuals whose practical application has not yet been placed on a commercial basis The ovaries and the mamary glands, the testicles and the prostate all produce hormones, which have marked effects on the body although they cannot be expressed with accuracy in any given pathological condition of a human being These facts may all be classed under the head of what was formerly called tonic, which simply means that while their effects are known in certain conditions, yet they are not always diagnosable in our present state of knowl-But to condemn the use of these extracts on the ground that their action is not always explainable is as illogical as to advise their indiscriminate use in all conditions of low vitality

The organs of external secretions, such as the liver and kidneys, also produce hormones similar to those of the endocrine glands. A kidney, for example, whose secreting cells are degenerated and replaced with connective tissue cannot produce an internal secretion which is necessary for the wellbeing of the body. The theory is that the use of the extract of the normal kidney will supply the body with an unknown substance which it needs, and these expectations are frequently realized in practice.

The use of liver in pernicious anemia has become popularized to such an extent that everybody who is anemic buys liver, with the result of raising its price until a breakfast of liver and bacon is a luxury Extracts of the liver have been prepared and used, but without much practical success. There are those who say that the effect of liver diet is due to the slight percentage of copper which is present in the organ.

An immense amount of research is going on regarding endocrines, and their hormones Among the leaders in this research are the firms which prepare products for glandular therapy. The better class of firms engaged in this work maintain laboratories and research workers which would do credit to any medical college.

The effects of endocrine deficiency are seen daily by every physician, and are undergoing clinical investigation in every hospital, especially those devoted to the treatment of children who are mentally defective. It may be expected that with the development of a knowledge of the functions of the endocrines glands, a similar development will take pice in the therapeutic application of the extracts and hormones of these glands.

BOOKS RECEIVED



Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review, as dictated by their merits, or in the interests of our readers.

- NUTRITION B3 WALTER H EDDY, Ph D 12mo of 237 pages Baltimore, The Williams and Wilkins Company, 1928 Cloth, \$2.50
- PRACTICAL CLINICAL PSACHIATRY FOR STUDENTS AND PRACTITIONERS By EDWARD A. STRECKER, A M, MD, and FRANKLIN G EBAUGH, AB, MD Second Edition, revised Octavo of 458 pages Philadelphia, P Blakiston's Son & Company, 1928 Cloth, \$400
- RECENT ADVANCES IN HAEMATOLOGY By A PINEY, M D Second Edition 12mo of 318 pages Philadelphia, P Blakiston's Son & Company, 1928 Cloth, \$350
- RECENT ADVANCES IN MEDICINE CLINICAL—LABORATORY—THERAPEUTIC. By G E BEAUMONT, M A., D M., and E. C. Dodds, M.D Fourth Edition 12mo of 426 pages, illustrated Philadelphia, P Blakiston's Son & Company, 1928 Cloth, \$3.50
- CLINICAL MEDICINE. By OSCAR W BETHEA, M D Octavo of 700 pages Philadelphia and London, W B Saunders Company, 1928 Cloth, \$7.50
- COLLECTED PAPERS OF THE MANO CLINIC AND THE MANO FOUNDATION Volume XIX, 1927 Octavo of 1,330 pages, illustrated. Philadelphia and London, W B Saunders Company, 1928 Cloth, \$1300
- Addresses on Surgical Subjects By Sir Berkeley Moynihan, Bart Octavo of 348 pages Philadelphia and London, W B Saunders Company, 1928 Cloth, \$600
- GYNECOLOGY By WILLIAM P GRAVES, A.B., M.D. Fourth Edition, revised. Octavo of 1,016 pages, illustrated. Philadelphia and London, W B Saunders Company, 1928 Cloth, \$10.50
- THE PLAY ROAD TO HEALTH By S WEIR NEW MAYER A M., M D and EDWIN C BROOME Ph D., LL.D 12mo of 144 pages, illustrated New York, American Book Company, 1928 (The Health and Happiness Series)
- THE WAY TO KEEP WELL. By S WEIR NEWMAYER. A VI., M D., and EDWIN C. BROOME, Ph.D., LL D 12mo of 264 pages, illustrated, New York, American Book Company, 1928 (The Health and Happiness Series)
- THE HUMAN BODY AND ITS CARE. By S. WEIR NEW-MAYER, A.M., M.D., and EDWIN C. BROOME, Ph.D., LL.D. 12mo of 314 pages, illustrated. New York American Book Company, 1928. (The Health and Happiness Series.)
- Health Habits By S Weir Newmayer, A.M., M.D., and Edwin C Broome, Ph.D., LL.D 12mo of 207 pages, illustrated. New York, American Book Company, 1928 (The Health and Happiness Series)
- DIATHERMS ITS PRODUCTION AND USES IN MEDICINE AND SURGERS BY ELKIN P CUMBERBATCH MA., BM Second Edition Octavo of 332 pages, illustrated. St. Louis, The C V Mosby Company, 1928. Cloth, \$700

- A HANDBOOK OF CLINICAL GYNECOLOGY AND OBSTETRICS BY RAE THORNTON LA VAKE, A.B., M.D. Octavo of 281 pages, illustrated St. Louis, The C. V. Mosby Company, 1928 Cloth, \$4.00
- Syphilis A Treatise on Etiology, Pathology, Symptomatology, Diagnosis, Prognosis, Prophylaxis, and Treatment. By Henry H Hazen, A.M., M.D. Second Edition Octavo of 643 pages, with 165 illustrations St. Louis, The C. V. Mosby Company, 1928 Cloth, \$10.00
- THE DUODENUM Medical, Radiologic and Surgical Studies By Pierre Duval, Jean Charles Roux and Henri Béclere. Translated by E P Quain, MD Octavo of 212 pages, illustrated. St. Louis, The C. V Mosby Company, 1928 Cloth, \$500
- Modern Methods of Treatment By Logan Clendening, M D Second Edition Octavo of 815 pages St Louis, The C V Mosby Company, 1928 Cloth, \$10.00
- OPERATIVE SURGERY By J SHELTON HORSLEY, M D
 Third Edition Octavo of 893 pages, with 756 illustrations St. Louis, The C V Mosby Company, 1928
 Cloth, \$1500
- PRACTICAL PHYSIOLOGICAL CHEMISTRY By SYDNEY W COLE, M.A Seventh Edition. Octavo of 479 pages Baltimore, Williams & Wilkins Company, 1926 Cloth, \$5.00
- SURGICAL CLINICS OF NORTH AMERICA. Vol. 8, No. 3, Iune, 1928 (Chicago Number) Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, \$16.00 net, paper, \$12.00 net.
- THE PRESCRIBING OF SPECTACLES By ARCHIBALD STAN-LEY PERCIVAL, M.A, MB, BC Third Edition 12mo of 239 pages, illustrated. New York, William Wood and Company, 1928 Cloth, \$500
- A Manual of Surgical Anatomy By Charles R Whittaker, FR.CS Fourth Edition, revised 12mo of 471 pages, illustrated New York, William Wood and Company, 1928 Cloth, \$500
- Systemic Infections Their Diagnosis and Treatment By A Knyvett Gordon M.B., B.C. Octavo of 176 pages New York, William Wood and Company, 1928 Cloth, \$400
- CALCIUM THERAPY The Fundamental Principle Underlying Rational Therapeutics By John Aulde M.D. Octavo of 420 pages Philadelphia, John Aulde, M.D., 1928 Cloth, \$500
- STORY OF ELECTRICITY AND A CHRONOLOGY OF ELECTRICITY AND ELECTROTHERAPEUTICS BY HERMAN GOODMAN, BS MD Octavo of 62 pages, illustrated New York, Medical Life Press, 1928 Boards, \$150
- International Clinics Edited by Henry W Cattell, A M M.D Thirty-eighth Series Volume II Octavo of 344 pages, with illustrations Philadelphia and London, J B Lippincottt, Company, 1928

"But if the daisies in their hay accomplished what the Hessians could not, we presently paid the Old World back, sending it in our turn a lovely weed to cause admiration and trouble. Over in American hay traveled our Western black-eyed Susan, a member of the same great compositae

family, but bearing a different name, Rudbeckia hirta. It was eagerly cultivated in gardens until it showed what it could do without assistance And to-day the American daisy in Europe, and the European daisy in America, nod complacently "The field is ours"

DRUG ADDICT CURES

Narcosan for the cure of drug addicts, about which both the newspapers and the medical journals gave much space in the daily newspapers in December, 1926 (see this JOURNAL, Feb 1, 1927, page 144), has been used quietly in some of the City hospitals of New York The New York Herald-Tribune of June 26 carries the announcement that Mayor Walker has appointed a committee to study the problem of the treatment of drug addiction Narcosan is among the remedies to be investigated

"The committee consists of Dr William R

Williams, chairman, Dr. Mathias Nicholl, Jr. State Commissioner of Health, Dr. Louis I Harris, City Commissioner of Health, Dr. Menas S. Gregory, head of the Bellevue Hospital psychopathic ward, Dr. Israel Straus, chairman of the Jewish Mental Health Society, Dr. Linsley R. Williams, director of the New York Academy of Medicine, Dr. Nathan R. B. van Etten, past president of the State Medical Society, Dr. Stanley R. Benedict, of the Cornell University Medical School, Dr. Thomas A. McGoldrick and Dr. Alexander Lambert."

UNFADING DYES

The New York Times of July 3 quotes from the Home Economist, by F E Sears, and prints extracts regarding the dyes used by ancient people Times says

"Our ancestors dyed their cloth with extracts from barks, berries and various mineral salts. The method was laborious and the results uncertain. Contrary to some present-day beliefs, the old natural dyestuffs were not the equal in any way of our present-day products. Some of them were fairly fast colors and others were very poor. The range of colors was very limited and no bright clear shades were available.

"'How often we hear of the mythical splendor of the Roman robes dyed with Tyrian purple!' Scientists, it is added, have obtained small amounts of this ancient dye from its source, a small shell fish which thrives in the Mediterranean Sea, and have found it a shade of purple so dull that it would have no use in competition with

present day anilines, which are brighter and

"Other persons have written of the fastness of dyes used in cloths found in the mummy cases of the tombs of Egypt which have endured for centuries. As a matter of fact, says the author, these cloths were dyed with very fugitive colors, but were sealed in tight chambers away from air and light in Egypt's extremely dry climate which was ideal for their preservation. Chemists, it is asserted, have analyzed the dyes from some of these cloths and found them to be tumeric and saffron, natural dyes which have almost no fastness to either light or washing.

"As a final blow to the ancient art, it is said that a great many of the historic materials have been found to fade almost white in a comparatively short time even when carefully preserved in fairly dark rooms in various museums. The author makes only one exception, admitting that indigo was the only fast dye which the ancients

knew and used"

FOOD PREJUDICES

Unconscious cerebration and the persistence of early impressions in the subconscious mind form the basis for many food prejudices. The New York Sun for June 27 has an editorial discussion of these food prejudices, basing its comments on an article by Dr. Charles W. Townsend in the Scientific Monthly. The editorial says

"Dr Townsend might have taken as his text the presence on both sides of the Atlantic of soft-shelled clams and edible mussels and the odd behavior of Europeans and Americans in the presence of this equal gift Americans eat the clams and disdain the mussels, Europeans eat the mussels and disdain the clams In the case

of Europe the prejudice is known to be an ancient one, for delvers in the kitchen middens of Europe have found almost no clam shells anywhere in the British Isles or on the Continental mainland

"Prejudice against foods is one of the blindest members of a shortsighted tribe. The child rebels against foods, perhaps because they are not savory, or perhaps merely on the ground of their unfamiliarity. Unless he is being brought up on the sound old-fashioned rule of 'Eat what is set before you,' he is likely to grow up with a deeprooted prejudice against some of the most delicious foods."

tions New York. The Macmillan Company, 1927 Cloth, \$12 00

The progress of the knowledge of plastic surgery, stimulated by the necessities of the deformities and injuries resulting from the carnage of the World War, has been truly marvelous, and probably no more horrible nor distressing types of injury require the surgeon's aid than those that occur about the face, and especially the orbit. The knowledge that, because of facial deformity, one is constantly the object of curious, horrified or even discussed observation, is a form of torture far worse than pain, and to be able to bring some measure of relief to the sufferer of such forms of mental or physical anguish, while at the same time restoring in a measure lost function, is a cause for the deepest gratitude on the part of the patient, and a keen sense of satisfaction to the surgeon

Dr Sheehan's large experience in this field of Surgery has well equipped him to present in book form the best that is known of facial plastic surgery

The book is planned in an orderly and intelligent manner, and could hardly be more complete and satisfying to a student of this specialized branch of surgery

In the opening part the author deals with the anatomy and the physiology of the contents of the orbit, including a detailed study of the skin and the mucous membrane, as well as the nerves, vessels and sympathetic system.

Part two deals with different methods of tissue grafts, including the preparation and the after-care, giving details that are so often not sufficiently emphasized in works of this character

Part three includes a description of operative procedures, with accompanying illustrations of classical and

personal cases

The book as richly illustrated in color, photograph, and diagram with plates showing the anatomy, operative technique of the more frequently employed methods of grafting, and of varied procedures adopted for even the lesser deformities that may result from trauma or infection about the orbital region.

The work is quite satisfying and complete, and one can hardly be too profuse in its praise.

Roger Durham

HANDBOOK FOR THE MEDICAL SOLDIER OF THE REGULAR ARMY, NATIONAL GUARD, ORGANIZED RESERVES, AND ENLISTED RESERVE CORPS OF THE ARMY OF THE UNITED STATES BY ARNOLD DWIGHT TUTTLE. Approved by the Surgeon General of the Army 12mo of 691 pages, illustrated. New York, William Wood and Company, 1927 Flexible leather, \$500

Gen Merritt W Ireland, the Surgeon General of the Army of the United States writes, concerning this volume, as follows "This book is a most illuminating, comprehensive, and up-to-date presentation of the basic knowledge we desire our enlisted men to possess. I heartily recommend its use by all medical soldiers, by their instructors and by all others interested in medicomilitary preparedness." This volume of 700 pages includes everything necessary for the medical soldier to know, and will be to him the same as Gray's Anatomy to the medical student—his Bible. Without one unnecessary word, the author gives a historical survey of our form of government, of the Constitution of the United States and of the meaning of patriotism. He has presented army duties in addition to the necessary instruction in the care of the wounded soldier. The book is most thorough and should be used by all who may be interested in our Army.

A Text-Book of Practical Therapeutics with Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis By Hobart Amory Hare B Sc., M.D. Twentieth Edition, revised Octavo of 1094 pages, illustated Philadelphia, Lea and Febiger, 1927 Cloth, \$7.50 This book, now in its twentieth edition, has fulfilled

the wants of the student and practitioner for so many years that it is hardly necessary to give a lengthy description of its contents. In the present revision some new drugs have been added such as metaphen, ephedrin, isasen, and pollen pastes for diagnosis. The status of bismuth in the treatment of the later stages of syphilis is fully discussed and likewise some of the newer serums.

The Therapeutic Index makes the book ideal for quick reference on most all therapeutic problems and saves

much time and unnecessary reading

It is one of the most practical books of to-day and worthy of a place in the library of every physician

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Exposures of Long Bones and Other Surgical Methods By Arnold K. Henry, M.C., B.Ch. Octavo of 80 pages, illustrated New York, William Wood & Company, 1927 Cloth, \$3.50

Experience, from time to time, brings problems to the surgeon that can be solved by no text-book method nor rule of thumb, and individual ingenuity is an asset of large value at such times.

Dr Henry presents in a series of monographs, assembled in this volume original avenues of approach to the shafts of the long bones, to the Popliteal space, the Plantar structures, the Vertebral and left Sub-clavian arteries, and a new method of resection of the left cervico-dorsal ganglion of the sympathetic and of Pituitary surgery Dr Henry developed the technique described by combined clinical experience, and anatomical study and dissection.

Any surgeon who is likely to encounter any of these problems will find valuable hints that may aid materially in their solution, and the illustrations from dissection make the text amply clear ROGER DURHAM

LE METABOLISME BASAL. Ses Applications en Clinique. By CLAUDE GAUTIER and RENE WOLFF 16mo of 172 pages Paris, Gaston Doin & Cie, 1928 Paper, 15 francs

This is an interesting survey of the subject of metabolism in health and its changes in diseased states. The authors have made a complete study of the literature and here present the pertinent findings and the present significance of the past work.

With improvement and simplification of the methods of basal metabolism determinations, there has grown up an increasing interest on the part of the general practitioner, to follow up such studies

This little volume will interest the general practitioner Henry M Feinblatt

Modern Aspects of the Diagnosis, Classification and Treatment of Tuberculosis By J Arthur Myers Octavo of 271 pages, illustrated Baltimore, The Williams & Wilkins Company, 1927 Cloth, \$5.50

This book by Dr Myers, who by this time is so well and favorably known to all of us, is a most satisfactory presentation of the more up-to-date methods of diagnosis and treatment of tuberculosis, adult and juvenile.

The only criticism which might be considered at all unenthusiastic, is that too little space is devoted to the roentgenogram as an aid in diagnosis and as a means of actually gauging the progression or retrogression of a pulmonary lesion. It is so universally agreed by this time that the mutation of shadows revealed in serial X-ray plates are of such extraordinary value in appraising the progress of a given case that any slighting or under-statement in this respect is a matter to be somewhat deplored.

The book has many valuable and instructive features, notably that on the modern treatment and prognosis To all students of internal medicine we heartly recommend this book.

FOSTER MURRAY



BOOK REVIEWS



THE METHODS OF CLINICAL DIAGNOSIS BY ALEXANDER GEORGE GIBSON, M.D., and WILLIAM TREGONWELL COLLIER, M.D. 12mo of 398 pages, illustrated. London, Edward Arnold & Co. [N. Y., Longmans, Green & Company], 1927 Cloth, \$7.00

This book is not merely an outline of the methods of clinical diagnosis, but a detailed well classified guide to the fundamentals of diagnosis. The book should be of most invaluable and to the medical student as well as to the practitioner of medicine, in the clinical methods used in arriving at a diagnosis

The authors lay particular stress on the means we have at our disposal in the making of a diagnosis. They describe in detail how to take a history, how to make a complete physical examination, particularly emphasizing

the cardinal methods of inspection, palpation, percussion

and auscultation, of each organ in detail

The routine examination of the various systems are very well treated in complete detail and are well illustrated by charts and diagrams. They include all the systems. Cardiovascular, Respiratory and Mediastinum, Gastro-intestinal, Nervous, Genito-urinary, Hemopoetic, Skeletal, Integumentary, Ductless glands, the eye, ear, nose and throat. There is also a chapter on the Examination of children. Finally, the chapter on Clinical Pathology is sufficiently complete to be of great aid to the

general practitioner

We have not encountered a similar book in the English language to be as complete, nor as well written, and therefore can recommend it very highly

S J COMEN

RADIUM IN GYNECOLOGY BY JOHN G CLARK, MD, and CHARLES C NORRIS, MD With a chapter on Physics by Gioacchhino Failla, EE, M.A., DSc. Octavo of 315 pages, illustrated Philadelphia and London, J B Lippincott Company, 1927 Cloth, \$800

Clark and Norris' book is a more than welcome addition to our gynecological literature. There in one place may be found detailed advice on radium therapy in gyne-A wonderful chapter on the physics of radium written by Gioacchino Failla, physicist to the Memorial Hospital, should be of great value to the gynecologist who has used radium without a clear understanding of the physical and chemical principles involved Filtration is very clearly explained. Nowhere else in English can such a clear exposition of radium physics be found. Preliminary cautery trachelectomy is advocated in carcinoma of the cervix, and the status of radium in the treatment of carcinoma of the fundus is very plainly stated. Fibromyoma is discussed and the generally accepted principles are approved There are other chapters on cancer of the vulva and vagina, cervicitis, dysmenorrhoea, pseudomyxoma peritonei, granuloma inguinale and sterility A very valuable book for the specialist, who is prone to ignore textbooks

THE EXTRA-OCULAR MUSCLES A Clinical Study of Normal and Abnormal Ocular Motility By LUTHER C PETER, A.M., M.D. Octavo of 294 pages, illustrated Philadelphia, Lea and Febiger, 1927 Cloth, \$400

Dr Peter has become so well known in perimetry and campimetry that many will be pleasantly surprised to see this book. It promises to be quite as important as the book which he first gave the profession. The first part of the book takes up the anatomy and physiology of the eye muscles without dipping deeply into formulas understood by but few and then the phorias are discussed. Next comes squint and the author enrolls with those who attribute the poor vision so constantly found in squint,

to non-use and suppression of the image of the deviating

The final chapter is a discussion of nystagmus which is often omitted from similar works but very properly belongs

This book is sound and conservative and will provide the foundation for anyone wishing to care for muscle errors and which so often is obtained from the top down and not from the bottom up

RIL

PRACTICAL GUIDE TO DISEASES OF THE THROAT, NOSE AND EAR. For Senior Students and Junior Practition ers By WILLIAM LAMB, M D Revised by Frederick W Sydenham, M D Fifth Edition 12mo of 450 pages, illustrated New York, William Wood and Company, 1927 Cloth,\$4 50

This is a practical book that aims to be an exhaustive and comprehensive primer for those who might be in terested in diseases of the ear, nose and throat.

It is to be highly recommended to students and general practitioners Mervin C. Myerson

MAX VON PETTENKOFER HIS Theory of the Etiology of Cholera, Typhoid Fever and other Intestinal Diseases A Review of his Arguments and Evidence. By Edga Ersking Hume, M.D. 12mo of 142 pages with photographs New York, Paul B Hoeber, Inc., 1927 Cloth, \$150

This is a rather disappointing book. Dr Hume gives us an excellent brief biographical sketch of Dr Pettenkofer, showing his genius and versatility, and then shints him aside to elaborate on his theory, which we have since that time, because of further findings, found untenable. It appears to us that a man, admittedly the "Father of Hygiene" and the "Beautifier of Munich," deserves a more elaborate biography and less criticism of his theory, which, though wrong, has undoubtedly stimulated a great deal of work and research in that direction. At least, Dr Pettenkofer was sincere in his belief as shown by his personal observations

Dr Hume elaborately discusses Pettenkofer's theory of the etiology of cholera and, at the same time, totally ignores his excellent researches in chemistry and physiology

WILLIAM RACHLIN

THE PREVENTION OF PREVENTABLE ORTHOPEDIC DEFECTS, WITH SPECIAL REFERENCE TO THE SPINE AND THE FEET BY S C Woldenberg, B Sc., M D Octavo of 120 pages, illustrated St Paul, Minneapolis, Bruce Publishing Company, 1927 Cloth, \$200

Under the above heading, the author discusses Posture, Rickets, Diseases of the Spine, Sacroilaic Joint, Joint tuberculosis, Infantile paralysis and the feet.

The book is excellently written in such a manner as to be of particular value to the man doing general work who obviously has the oportunity to meet these conditions in their early stages, when many of the defects may be prevented or readily corrected

The book does not go into details of technique but confines itself to its subject

The first chapter is a very interesting historical survey of the high lights of the development of Orthopedic Surgery

gery
The final chapter is a very able discussion of prescribed exercises as preventive treatment, and conservative treatment of beginning deformities

The entire work is illustrated with numerous and well selected pictures K. T. Young

PLASTIC SURGERY OF THE ORBIT By J EASTMAN SHEE-HAN, M D Large octavo of 348 pages, with illustra-

Graduate Fortnight of The New York Academy of Medicine

OCTOBER 1st to 14th, 1928

No

Preliminary Announcement of Program

THE Problem of Aging and of Old Age will be the topic of the first Fortnight and will be discussed from many angles. Particular consideration will be given to the early recognition and prevention of disturbances which are often the underlying causes of aging. The program will include morning, afternoon and evening sessions each day

Sessions in Teaching Hospitals

Special courses and clinical lectures and demonstrations have been arranged in more than forty of the teaching hospitals of the city (9 to 12 am and 2 to 4 pm) For the purposes of the Fortnight the hospitals of the city have been divided into three groups. The hospitals of each group will present programs similar in character and scope so that it will be possible for the physician to spend a full day in the hospitals of one section of the city and thus avoid the necessity of making long trips between hospitals

Among the subjects which will be presented in the hospital programs are

Allergy
Arthritis and Orthopedics
Blood Chemistry
Bronchoscopy
Cardiology
Dermatology and Syphilology
Diabetes
Functional Diagnosis
Gastro-Enterology
Gynecology
Hypertension and Neph

Neoplasms Cancer
Neurology
Ophthalmology
Otolaryngology
Pathology
Physical Therapy
Pneumonia and Infectious
Diseases
Proctology
Radiology
Surgery
Traumatic Surgery
Urology

Sessions at the Academy of Medicine

During the Fortnight there will be two sessions daily at the Academy, one in the late af-

ternoon (5 to 7 pm), the other in the evening (8 30 to 10 30 pm) Supper will be served at the Academy for those desiring it

The list of American and foreign speakers includes

Harlow Brooks Lawrason Brown Samuel A Brown Thomas R. Brown Leo Buerger Sir Farquhar Buzzard Alexis Carel Russell L Cecil Arthur F Chace Alfred E Cohn Charles F Collins Louis I Dublin William Engelbach James Ewing Nellis B Foster Howard Fox Menas Gregory Pierre Janet Foster Kennedy Alexander Lambert Samuel W Lambert Emanuel Libman

Edward Allen Locke Frederick Lord Jerome M Lynch George M MacKee John E MacKenty Harrison S Martland John J Moorhead Herman O Mosenthal Victorio Putti Bernard Sachs Charles R Stockard Solomon Strouse Frederick Tilney George E Vincent Alfred S Warthen Benjamin P Watson Franklin W White Linsly R Williams William R. Williams William H. Wilmer Francis Carter Wood John Wyckoff Edwin G Zabriskie

Among the subjects which will be discussed by the speakers are

Postponement of the individual processes of age Clinical aspects and management of old age Arteriosclerosis and aneurism Endocrines in relation to age Traumatic surgery Bronchitis and asthma Physical therapy and climatology

Hypertension
The psychoses
The myocardium
Angina pectoris
Arthritis
Gastro-enterological
problems
Aging of the human brain
Diet and body weight
Apoplexy

No fees will be charged for attendance at any of the clinics or meetings on the program



OUR NEIGHBORS



DR JACQUES GARDETTE

The Rhode Island Medical Journal of June contains the following account of the work of Dr Jacques Gardette, as described by Dr W S Sherman of the Newport Medical So-

ciety

"The latter part of the eighteenth century has been termed the golden age of medicine in Newport Dr Benjamin Waterhouse alluding to this period says-We doubt whether Boston, New York or Philadelphia ever had, at one and the same time, two practitioners of physics and surgery, better educated and more skillful than these two gentlemen'-referring to Dr Hunter and Dr Halliburton

"Another who left the impress of his skill and conscientious investigation upon many pupils and followers is Dr Jacques Gardette, a contemporary of Lafayette, who was commissioned as a surgeon in the French navy ardent patriot, of excellent education and charming manners, he arrived at Plymouth, early in January, 1778 for the sole object of fighting for the 'Holy Cause'

"After resigning from the French navy we find him in the little Army of the North, commanded by Lafayette, where he practiced general surgery and dental surgery, having studied the latter as a part of his profession of naval surgeon When the French fleet and army arrived at Newport in 1780 he was induced to engage in practice in this town where he was well received and found considerable and congenial occupation

"We hear of him again in Providence in 1781-82, where the army was in winter quar ters, and where besides his surgical service, he employed his knowledge of dental surgery in treating the officers and men. At that time he made the acquaintance of a young American surgeon, Josiah Flagg, also serving in the army, whom he initiated into the principles of dental surgery, in which Flagg took a lively interest

"We find Gardette in New York in 1783, where his limited knowledge of English proved a handicap to his success and it was not until the summer of 1784 and in Philadelphia that he attained the position which determined his permanent residence in the United States"

MEDICAL EDUCATION OF THE PUBLIC

How can physicians educate the people medically? Certain it is that doctors are misunderstood, and no wonder,-for the people have not the background of knowledge to understand what the doctor tells them a physician speak ever so simply and clearly, the people generally will grasp only one or two points Even doctors after years of study and training, must devote considerable time and effort to understand a new principle in science. How much less then can the average layman understand a doctor's explanation of disease?

What the people actually grasp is set forth in the following editorial from the Medical Journal and Record of June 6

"Medical knowledge is being so assiduously popularized through the syndicated columns of the daily press and the innumerable inexpensive booklets on health, to say nothing of the advertisements in newspapers and maga-

zines, that every layman knows something, and many think they know a great deal, about the vagaries of the human organism would happen to anyone who retained all the information and followed all the advice so solemnly set forth is a momentous question, but luckily it is of ony academic interest. The enthusiastic student would be so involved in contradictory directions, that by the end of a week it would take twenty-four hours a day merely to arrange a schedule that would give adequate time for the proper exercises, raisin and orange eating, masticating, sleeping, hair brushing and the thousand and one other occupations reputedly essential to a long and healthy life

"But it is not only from the press that the public derives its wealth of erroneous ideas about matters medical, surgical and the like The layman, coming to the physician for treat-

(Continued on page 891, adv xni)

(Continued from page 888)

ment, listens to his words of wisdom and interprets them in accordance with his own intellectual and experimental background, arriving at conclusions far removed from the original intention of the physician. It is not the layman's fault, neither is it necessarily due to his stupidity. It is simply that the words mean little or nothing to him, and to help himself toward a satisfactory understanding, he elaborates and interprets with the aid of his preconceived ideas and his traditional notions of medicine.

"Every sick person wants to know the diagnosis, so do his relatives and friends, and even his enemies Why it is so desirable to know the name of a disease, why a polysyllabic word with a Latin termination is such a source of comfort and encouragement, is an interesting matter to speculate about. Whatever the reason, the average person feels cheated if he has to get well without having a sonorous and tongue twisting label attached to his ailment There is no harm in gratifying this phase of human curiosity, provided the patient is not the type that instantly crawls out of bed and pulls down the encyclopedia to gather all possible information on the subject of prognosis, complications and sequelæ

"The physician is in a serious dilemma he refuses diagnoses and explanations, he is sure to be considered an ignoramus who does not even know what is the matter with his patients, much less how they got that way If he speaks, what extraordinary pronouncements are credited to him! Sometimes he can compromise by uttering a series of indefinite remarks which by their vagueness are not only safe but soothing Many are the nephritics, the cardiacs, even the paralytics who have, according to their relatives (quoting the physi cian), died of 'complications' Safe enough, they probably did Satisfactory, too, it sounds as if it meant something very definite and profound

"To the physician who believes in educating the public falls the serious and important task of giving out information in a way that cannot be misunderstood. If one feels in duty bound to tell a mother why her daughter has developed dementia precox (fortunate indeed is the physician who knows) let it be in words of one syllable with frequent pauses and repetitions that the process of comprehension may be complete and absolute. Even then on some sad day the admitting officer of the psychiatric hospital will hear "The doctor said she lost her mind because her ministration went to her head"."



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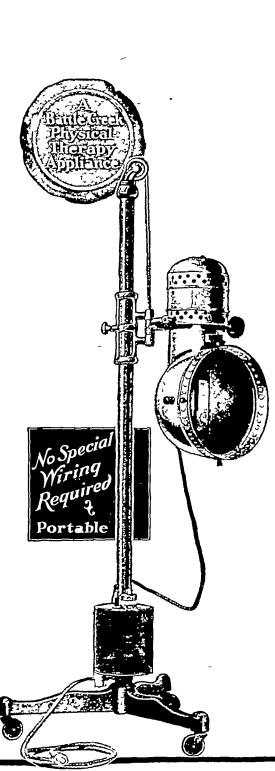
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(Continued from page 892-adv xiv)

as we made our rounds with our preceptor, who showed many cases which looked quite different from the picture presented in the lecture room. Thus perhaps one or two years passed, when it finally came to the last course, which was nearly the same as the first. The same old manuscript lectures came out which, perhaps, were the same as used for many years. There was the thesis and the reviews and the examinations and the graduation. Some students had the advantage of a third course, but the third course was practically the same as the first two."

THE MAINE PUBLIC HEALTH ASSO-CIATION

The June issue of the Journal of the Maine Medical Association is devoted almost wholly to the Maine Public Health Association, in which the State Medical Society is interested. The report of the Supervisor of the Child Health Education Service, Abbie M. Buck, describes three activities of the service, as follows.

"The health habit program which is most universally used in the elementary schools is the Modern Health Crusade. The Modern Health Crusade is the health project included in the physical education course outlined by the State Department of Education. The pupil or class performing simple daily health chores is thus

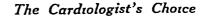
enabled to do better school work
"The Modern Health Crusade is used in every county in the State of Maine, in every state of the United States, and in eight or ten foreign countries. During the past four years, Maine has stood high in this health habit program Pennants are awarded to schools in which 100% of the pupils perform a certain number of health chores, covering a period of twelve weeks. These pennants are awarded all over the United States by the National Tuberculosis Association, under which the Maine Public Health Association functions and with which it is affiliated.

"For the past four years, Maine has stood second in the United States in proportion to her population in the number of national pennants won The State of Iowa has held first place for several years

"In May, 1926, a 'Clean Mouth' campaign was maugurated in the schools of Maine Letters were written urging the pupils to make an effort to have the necessary dental corrections made as early as financial conditions would permit Suggestions were made as to how the child might obtain the money to pay for dental corrections

"Two certificates were offered at this time One to schools in which 50% or more of the children had all the necessary dental corrections, and 100% certificates to schools in which all of

(Continued on page 894 adv xvi)





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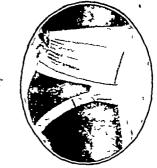
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THE MEDICAL PRECEPTOR

The Journal of the Iowa State Medical Society for June contains an editorial on the preceptorial system of medical education, presumably from the pen of Dr D S Fairchild, of Clinton, who started his medical studies when the preceptorial system was at its fullest development. The writer says

"The general plan was for the young man to select the practitioner with whom he desired to study and arrange the terms Sometimes it was arranged for the young man to enter the family of his preceptor or to become an office student and secure board near his preceptor, or to live at home, if near by, coming to his preceptor's office to recite at stated periods As soon as terms were arranged, the preceptor assigned a number of textbook pages and thus the process of medical education began The close relation of the student and his preceptor made it convenient and possible for the student to assist his preceptor in emergency cases or to go with him on his rounds of practice and in suitable cases to make personal examina-In those days the doctor carried his medicine and the student could sit by and see the medicine dealt out. After the doctor and his student left the patient, the nature of the case, the nature of the medicine and the examinations were talked over Sometimes several patients were visited in one day and made a very good clinic

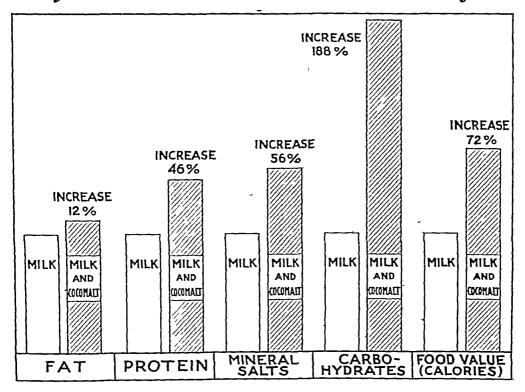
"The personal attitude of the preceptor toward his patient gave the student a good understanding of the elements of success with popular doctors

"The personal contact with a refined and cultured family was of great social advantage to the student and helpful in his future relations to his patients

"After the student had studied in his preceptor's office about one year, the question of a course of medical lectures came up for consideration. In the medical school there was but little time for reading and text-book Three hours of lectures in the morning, and three hours in the afternoon were no laboratories, no microscopes, no scientific apparatus, except a few weeks in the dissecting room, in the evening At the end of sixteen weeks (at Ann Arbor twenty-four weeks), we returned to our preceptor's office with an accumulated fund of rather questionable stories and a beginning beard turned probably with an increased assurance in our knowledge of medicine This was due. in part to the dogmatic attitude of the pro-We had no doubt but what was heard was absolutely true, but which gradually faded

(Continued on page 893-adv xv)

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(Continued from page 893-adv xv)

the pupils had the necessary dental correction It is often difficult for parents to get their children to go to the dentist. The contest idea appeals to the child. He goes to the dentist because it is the fashionable thing to do—all the children are having their teeth attended to

"The new feature of my work this year has been the 'Six-Point' child program. While this work has been handled by our nursing services through our county and local nurses in their respective territories, I am able to carry the message to the sections of the State that do not have the services of the nurse.

"What is the 'Six-Point' child? A 'Six-Point' child is one who measures up to the minimum standards as indicated by a physical inspection of six points

"Why have a 'Six-Point' standard for children? An analysis of physical inspection of school children shows that most defects are listed under the headings of malnutrition, defective vision, impaired hearing, abnormal throat conditions, nasal obstruction and defective teeth These defects, if not corrected, seriously hamper the child's progress in school and may produce a harmful lasting effect on health later in adult life. If we correct these defects in childhood, we are safeguarding the health of future citizens and the prosperity and well-being of our nation. The child in good health is a better pupil. The man or woman in good health is a better citizen.

"How can we interest the pupil in becoming a 'Six-Point' child? To encourage our pupils to strive to become 'Six-Point' children, the Section of Public Health Nursing and Child Health Education of the Maine Public Health Association will furnish 'Six-Point' buttons which may be awarded May 1st, National Child Health Day, to all children who were 'Six-Point' children through the school year, also to all children who have had defects corrected during the year, thus placing themselves in the group of 'Six-Point' children"

CARE OF FEEBLE-MINDED CHILDREN IN WEST VIRGINIA

The House of Delegates of the West Virginia State Medical Association, on May 21, passed a resolution urging the Legislature to make a liberal appropriation for the care of feebleminded children. The arguments for the resolution were summarized by Dr. T. L. Harris as follows in the July West Virginia Medical Journal

"In brief the facts are Two percent of the children of the State of West Virginia are feebleminded, or thirty thousand of our population. These are concentrated in rural sections. In-

(Continued on page 896 adv xviii)

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THE PUBLICATION COMMITTEE.

(Continued from page 895-adv xvi)

sanity is in the cities These feeble-minded peo ple require some kind of treatment and should be in institutions The point in the minds of the social workers is that we are at the stage of development where we need appropriations for crippled children and especially an institution for feeble-minded It would be the center around which the counties could be affiliated and directed by the State institution Dr L V Guthrie, of Huntington, has been interested in this work for a number of years Forty-five percent of the inmates of our State penitentiary are feeble-Two or three percent are mentally de-There are three or four hundred feebleminded children in Huntington at the State hospital at the present time. There is no special institution to which Judge Owen can permit We have three thousand feeblethem to go minded children becoming criminals who should It is time our be cared for in an institution Legislature in West Virginia joined the other states and appropriated possibly \$100,000 to make a beginning on this work

"Inasmuch as there is no profession in this State more public spirited than the medical profession, Judge Owen thought this should be brought to your attention. It will help a great deal in getting something definite done are only four states that do not have some kind of provision for feeble-minded, and West Virginia is one of them. In the coming session of the Legislature we should present this matter in such a way that it will convince them that

we need such an institution"

A COMPROMISE FEE

The May issue of the Journal of the Indiana State Medical Association contains the following story in which names and dates are omitted

"A woman badly burned in a factory was treated for more than a year by a surgeon who during that time performed one or two skin grafting operations and gave other exacting attention The woman compromised with the factory on a payment of twelve thousand dollars, and her attorney, who did not go into court but effected the settlement for her, presented her with a bill for two thousand dollars The surgeon in the case. hearing of the attorney's charges, also put in a bill for two thousand dollars The attorney promptly advised the physician that the bill would not be paid as it was excessive and that his client was a poor woman who needed all that she could get from her settlement with the company for 'All right' said whom she previously worked the surgeon 'vou cut your fee in two and I will do likewise'. To this the attorney objected but as the surgeon was obdurate the attorney finally consented, which reminds us of the old saying that 'It makes a difference as to whose ox is bemg gored'"

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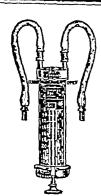
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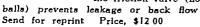
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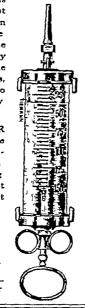
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APPLYING SCIENTIFIC DISCOVERIES

The suggestion of an English clergyman that science should take a ten-year vacation in order that people might catch up with its discoveries, has aroused protests from all sources Science unused is soon forgotten, and its facts have to be discovered over again Commenting editorially on this fact, the June issue of the Wisconsin Medical Journal gives the following illustration of what happens when science takes a vacation

"In this connection and with direct application to the medical sciences, it is interesting to observe that nearly 200 years ago an American physician, John Lining, laid the unused foundations for the modern metabolism studies and tests which are today engaging much attention from the clientele as well as from the internists themselves. And those experiments of John Lining were done with an exactness of technique and 'scientific mindedness' that cannot be surpassed in a modern richly endowed research laboratory. He lacked instruments of precision such as characterize modern laboratories, but this did not daunt him. He improvised what he required

"As American physicians we can glory in the possession of such a pioneer physician and research student. We cannot plume ourselves, however, on any capacity, hitherto, to appreciate him and his work. His contributions and his very existence had to be rediscovered."

PHYSICIANS IN PUBLIC

The June issue of the Rhode Island Medical Journal has the following brief editorial on Physicians in Public

"From time to time matters that are of interest to the public and the physicians are discussed and studied by groups of the laity, who more or less represent and mold public opinion. Frequently these matters are of great importance to public health and can better be sponsored by an impartial public spirited organization than by a body of medical men

'However, the lack of technical information in a group of non-medical men may render ineffectual efforts in a good cause and may even do definite harm. Further, medical men in such bodies may even initiate interest in well-deserving medical causes that would otherwise be disregarded.

"Well organized bodies such as Chamber of Commerce, Kiwanis and Rotarians afford good opportunity for the physician to perform public spirited service without injecting himself into the public eye or running the risk of criticism"

THE WISCONSIN STATE MEDICAL SOCIETY

The President of the Wisconsin State Medical Society discusses the activities of the Society on the President's Page of the May issue of the Wisconsin Medical Journal as follows

Five years ago our small county societies, with limited means, had a hard time to secure adequate or frequent programs While it is highly desirable that the county society develop program material from within, we all recognize that it is valuable to have new ideas and new thoughts presented to us from the outside But the county society that must pay a minimum of \$25 to cover the expenses of a speaker finds itself indeed handicapped unless it is most advantageously located or has a large membership So it is that the splendid reorganization of the medical extension work on the absolutely free basis to the county medical society has brought to our membership an abundance of program material without a penny of expense This great advance is reflected in the increased activities of our fifty component societies and I prophesy that within another year there will be no component organization in the state that may be called in any sense of the word a paper organization

Outside of the two larger medical centers of Wisconsin with their closed hbraries of five years ago, the member in the state had indeed a hard time to secure any adequate library service. What a change has come about not only are the libraries open but we have seen the mauguration of a package library service through the extension division which brings to us overnight recent journals. packets on a given subject, bibliographies, books, and related material The member who has a difficult case may refresh his memory and he who desires to write has every facility placed at his convenience

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This single advance, inspired by the state society, has met with such tremendous response from the membership as to indicate its great expansion for the future

The reorganized medical extension service will shortly announce the inauguration of home post-graduate clinic courses and has already made plans for courses at our state university

This discussion may not be concluded without calling your attention to the advance in our own journal during the past five years. The policy of excluding papers from without the state except such as may be read at state meetings has gone a long ways towards furthering the advance of Wisconsin medicine. There is much that remains to be done, but our progress has been notable.

Next month I shall conclude this topic with a discussion of our material advances Then we may each answer the question, Is it worth while?

BIOLOGY AND ALCOHOL

An editorial in the July issue of *The Nebraska State Journal* calls attention to a possible explanation of the physiological value of alcoholic liquors and says

"All the myriad varieties of fermented liquors are produced by the growth of yeast. Yeast is one of the most important sources of Vitamin B, and Vitamin B is soluble in alcohol and is well preserved in alcoholic solution."

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PARAPSORIASIS*

Suggestions for Simplifying Its Nomenclature and Classifying Its Clinical Varieties for Teaching Purposes

By FRED WISE, MD, NEW YORK, N Y

THE urgent need for modification and revision of nomenclature is felt by all who have experience in teaching dermatology to under- and post-graduate students Such revision and modification need be neither drastic nor revolutionary I am one of those who believe it to be much better to retain old and familiar names Names like lupus, sycosis and alopecia, derived from wolf, fig and fox, should not be relinquished despite their bizarre origin, for they, and what they represent, are established firmly in the mind of the student and are visualized with relation to the diseases named Changing old, established and familiar names is apt to give rise to more confusion in the mind of the student than already exists

Hence I believe in retaining the name parapsoriasis for the group of clinical entities which it represents. Experience in the past ten years has taught me that while many students seem to be more or less familiar with the different and varied names bestowed upon the different types of parapsoriasis eruptions, their conception as to which name applies to which eruption is extremely vague. As a matter of fact this uncertainty has been shared by me on more than one occasion in the classroom

Formerly regarded as one of the rare dermatoses, parapsoriasis with its diverse clinical manifestations is today a disease of relatively frequent occurrence. This is unquestionably due to the fact that it is more often recognized by the specialist. In the years 1921-1924, one hundred and sixty-five cases were reported in Europe and forty-four in America. No doubt there are many people with parapsoriasis who never consulted a specialist.

The vagaries of nomenclature and classification are briefly illustrated in the following chronological outline

1890 Parakeratosis Variegata Unna, Santi and Pollitzer

*Read at the Annual Meeting of the Medical Society of the State of New York at Niagara Falls, N Y, May 11 1927

1894 Dermatitis Psoriaisformis Nodularis Neisser

1894 Psoriasiform and Lichenoid Evanthem Jadassohn

1897 Pityriasis Lichenoides Chronica Juliusberg

1897 Erythrodermie Pityriasique en Plaques Disséminees Brocq

1900 Lichen Variegatus Crocker

1900 Brocq's Disease Arndt

1901 Chronic Resistant Macular and Maculo-Papular Scaling Erythrodermias Colcott Fox and MacLeod

1902 Scaling Erythrodermias Appearing in Disseminated Spots Torok

1902 Parapsoriasis en gouttes Parapsoriasis lichenoïde Parapsoriasis en plaques

1905 Xantho-Erythrodermia Perstans Crocker and White, and Pernet

1906 Pityriasis Maculosa Chronica Rusch 1907 Erythrodermia Maculosa Perstans (or

Chronica) Riecke 1924 Erythrodermie Polymorphe Pérsistante

1924 Erythrodermie Polymorphe Pérsistante Gastou

Many other designations have been suggested Dermatitis variegata (Boeck), Dermatosi squamosi anormale (Casoli), Rona named the disease Morbus Jadassohni Bucek suggested the following classification (1903),

a Parapsoriasis nodularis

b Parapsoriasis maculosa c Parapsoriasis mixta

The majority of American writers favor the following classification, a modification of the one suggested originally by Brocq

a Guttate Variety
Parapsoriasis en gouttes (Brocq)
Dermatitis psoriasiformis nodularis (Jadassolin)

Pityriasis lichenoides chronica (Juliusberg)

b Retiform Variety
Parapsoriasis lichenoïde (Brocq)

Parakeratosis variegata (Unna, Santi and Pollitzer)

Lichen variegatus (Crocker) c Plaque Variety

Parapsoriasis en plaques (Brocq)

Erythrodermic pityriasique en plaques disséminces (Biocq)

Xantho-erythroderma perstans (Crocker, J. C. White)

It will be readily appreciated that to the average student this is a bewildering mélange

In recent years, two additional clinical types of parapsoriasis have been recorded by several eminent dermatologists

a Parapsoriasis Atrophicans (Kreibich)

b Pityriasis Lichenoides et Varioliformis Acuta (Habermann)

Finally, several cases have been reported in which the patient exhibited Brocq's three varieties of eruption at the same time (Muschter)

It has often been suggested that Brocq's Erythrodérmie pityriasique en plaques dissemmees be thrown out of the group and regarded as a separate entity I certainly am not in accord with this point of view. The fact that the disseminated macular lesions—large pink, yellow, brown or purplish-violaceous patches -are sometimes seen together with the other varieties of the eruption in the same patient, is to me a weighty argument against such a conception. I have examined histological sections from lesions which were guttate, nodular and macular and could barely distinguish them The microscopic picture from one another varies chiefly with respect to the degree to which morbid changes have advanced are variations in the degree of hyperkeratosis and parakeratosis, in the amount of cedema and disintegration of the epidermal cells, in the degree of papillary œdema, in the density of infiltrating cells, in the extent of the vascular dilatation, and so forth But on the whole, there is a remarkable and striking similarity in the microscopic sections taken from lesions which to the naked eye appear to be totally dissımılar

Therefore, for teaching purposes, I believe it to be the wisest course to group all these different clinical pictures under one head and name them collectively, parapsoriasis If some such course be not adopted, the teacher of dermatology will lay himself open to the student's accusation that he is "inconsistent, inconsequential and contradictory" Furthermore, Brocq's name should be retained in recognition of his work in this field, and, finally, I believe that the student is enabled to obtain a better conception of the history, development and nosology of skin diseases as a whole, if he is taught to associate the name of an eminent worker or investigator with the disease or group of diseases which he is studying

The English-reading student of dermatology has become familiar with Brocq's well-known

three clinical varieties, at least as far as concerns their names Students who do not read German, or who lack access to German dermatological publications, will be interested in the following brief accounts of (1) Parapsoriasis Atrophicans, and (2) Pityriasis Lichenoides et Varioliformis Acuta

PARAPSORIASIS ATROPHICANS

Kreibich described the eruption in a woman aged 27, in whom the disease had been present

for a year

sparse

The elementary lesion was a pin-head sized, opaque-white vesicle, similar to those seen in rare cases of psoriasis in children. The little vesicle did not become yellow, despite the fact that its contents consisted of neutrophile leucocytes. The lesions were surrounded by a zone of hyperaemia of yellowish-red hue Formation of fresh vesicles caused a spreading of the hyperaemia. Drying of the vesicle resulted in a thin crust of yellow color, the original white color evidently being due to the unaltered roof of the vesicle.

Anatomically, the seat of the vesicle was immediately beneath the horny layer, it was densely packed with leucocytes. The base of the vesicle was formed by the uppermost layer of the rete cells, among which were scattered leucocytes. A new layer of horny cells would soon grow over the base of the vesicle, springing from its edges, resulting in an accumulation of leucocytes in the horny layer, which, being thrown off, was followed by a certain amount of parakeratosis. Compared to the density of leucocytes in the vesicle, the leucocytic infiltration in the cutis was remarkably

The appearance of fresh lesions was fre-Following a warm bath, quently oserved broad zones of hyperaemia appeared about the older lesions, and persisted. The following day, these hyperaemic areas presented numerous white vesicles, so that the eruption spread widely within the areas of hyperaemia, resulting in a subsequent parakeratosis to ultraviolet rays caused a confluence of the groups of vesicles, so that the horny layer was thrown off by the accumulation of a leucocytic This was followed by parakeratosis, which persisted for a variable time, vanishing together with the hyperaemia, after which the skin returned to normal, until a new crop of vesicles would make its appearance

This process was observed chiefly on the skin of the breasts and back. On the arms, a severe eruption of vesicles resulted in a cyanotic discoloration of the skin, chiefly the extensor surfaces. Large, diffuse areas of vesicles and a cyanotic change in the skin appeared on the lower trunk and the buttocks, here the skin changed to a dusky-red hue, like that seen in

idiopathic atrophy of the skin In fact, a mild degree of atrophy could now be discerned in the affected areas This was most pro-

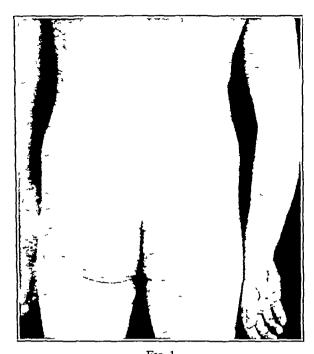


Fig 1 Parapsoriasis Guttata McCaskey's Patient Showing distribution of lesions

nounced on the left leg, despite the presence there of parakeratosis and many pustules circumscribed patch on the right leg, surrounding its lower portion, presented the highest degree of atrophy, part of it being cyanotic and covered with pustules, the upper portion presented only a few pustules, the cyanosis was absent, and the skin became white, atrophic with the consistency of thin paper, with "cigar-

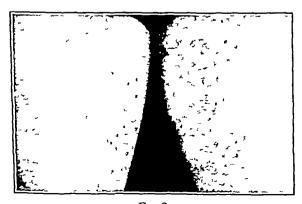


Fig 2 Parapsoriasis Guttata McCashey's Patient Showing nodular lesions capped by adherent scales

ette paper" wrinkling, so that the subcutaneous veins shone through like blue strands

On the buttocks, where the cyanosis was most pronounced, the cutis presented advanced Here and there were destructive changes seen subcorneal collections of leucocytic masses, a high grade of acanthosis, and a marked prolongation of the rete pegs Examination of a pustular and scaly lesion revealed advanced alterations in the cutis There was considerable thickening of the vascular walls, due more to connective tissue thickening than to an increase in the cellular structure, the vascular distribution was abnormal, the vascular branches running horizontally and vertically, blood vessels predominated in the cutis media, in the pars sub-papillaris the vessels were abnormally thickened, the musculi arrectores abnormally developed. The cutis media



Parapsoriasis Guttata

McCaskey's Patient Showing near view of area on inner aspect of thigh, papiles and nodules with adherent scales simulating psoriasis guttata

was traversed by numerous fibroblasts running horizontally, many young connective tissue cells were seen in the papillary bodies trates of round cells and plasma cells were sparse

The picture was that of a chronic destructive inflammatory process, combined with acanthosis, parakeratosis and scattered pustule formation

Kreibich had previously described a similar case

in a man aged 30 Analogous instances have been recorded by Wismewski, Siemens, Rille, Werther and Pautrier

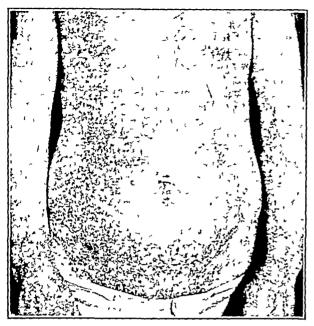


Fig 4
Parapsoriasis Papulata
Showing papular and nodular lesions resembling those
of lichen planus

PITYRIASIS LICHENOIDES ET VARIOLIFORMIS ACUTA

Habermann described two cases Previous to his publications, analogous cases were described by Mucha, Rusch, Sachs and Oppenheim

The eruption had Case 1—A boy aged 18 spread over the body within a period of ten days, without subjective symptoms The eruption was located on the trunk and extremities, but did not implicate the skin of the head, face, hands, feet, anterior aspect of the lower halves of the legs, it was sparse on the forearms, more pronounced The lesions consisted of lentil to on the trunk dime-sized, partly elevated, moderately infiltrated spots, some of which were slightly scaly, the color varied from pale-red to livid and brownish tints, some of the lesions were covered by ad-They were for the most herent brown crusts part oval in shape and arranged parallel to the lines of cleavage of the skin The mucosae and genitalia were unaffected There was a generalized adenitis, the glands being pea-size, and slightly indurated Dark-field examination for spirochaetes and the Wassermann reaction were negative

The pirquet test was faintly positive The blood count showed an eosinophilia of seven per cent, and was otherwise normal

Course - The patient received an injection of

neosalvarsan 0.45, causing a temporary aggravation of the lesions which became more inflamed. There was no subsequent retrogression. In the next few days a fresh crop of non-scaly papules appeared, while some of the older lesions assumed a bluish-red tint and I ecame crusted. Soon after, the eruption disappeared, and within a month the affected areas presented slightly depressed, darkly pigmented spots at the sites of the pre-existing eruption.

Case 2—A man aged 21 The eruption was of three days' duration There were no sub

jective symptoms

The eruption consisted of fairly numerous lesions on the trunk, arms and thighs, evenly distributed Some were slightly elevated and not resistant to the touch they consisted of macules and papules from barley to large pea-size The older lesions were brownish in color and slightly scaly, the more recent ones were lighter and had smooth surfaces Numerous nodules were capped by a blackish crust, others showed a cyanotic tint with an inflammatory halo There were many lesions in transitional stages of evolution glands in the axillae and groins were enlarged Removal of a crust revealed a sharply defined spot with a serous exudate On the mucous surface of the upper lip was a pea-sized, sharply defined superficial ulcer, the surface yellow, the edges



Parapsoriasis Papulata Showing infiltrated papules and nodules of lichenoid appearance

clear cut Wassermann reactions and spirochaete examination were negative. Von Pirquet test was faintly positive. The blood was normal

Course—Some of the lesions, at first reddish papules, progressed to form bluish-red, crusted formations—Then resolution of the entire exanthem took place, leaving small, flat, reddish scars,

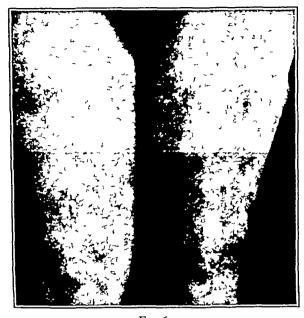


Fig 6

Parapsoriasis Maculata

Showing disseminated macular lesions, of various shades of color, with faint scaling and delicate wrinkling of the surface of some spots

with strongly pigmented margins. The lesion of the lip also healed, leaving a shallow depression

Histology -A relatively fresh papule was examined microscopically The corneous layer was thickened and contained many well-stained nuclei, isolated and clumped round cells were scattered throughout this stratum. In its mid-portion, the lamellae were pushed apart by dark-stained, friable masses The rete layer exhibited pronounced alterations, its structure, finctorial reaction and cellular arrangement were so distorted that identification of individual rows of cells was not possible The nuclei were irregularly shaped and stained, the cells themselves completely distorted, the protoplasm partly hydropic and partly disintegrated, with scattered lacunae The most pronounced destruction appeared in the basal cell layer, here the pressure of the loosely clumped infiltrating cells gave rise to a complete breaking up of the basal cell layer at irregular intervals. In some areas the rete was composed of three or four layers of distorted epidermal cells In the papillary and subpapillary layers the capillaries were distended, the strands of elastic tissue were crowded apart by a loosely-clumped cedematous infiltrate of cell masses, the cells themselves being round and spindle-shaped There were a few plasma cells and polynuclear leucocytes In the deeper portion of the cutis the morbid changes were much less pronounced, the infiltrating cells accompanying the vessels and follicular ducts

These histological alterations correspond to those found in similar eruptions by Mucha, Rusch and Oppenheim The last named author proposed the name "Pityriasis lichenoides with varicellalike onset"

On the strength of the clinical and microscopic findings, these authors classified this type of relatively acute eruption under the head of the parapsoriasis group of exanthems

Strongly supporting this view is the recent publication of Almkvist who describes a case under his observation from Righl's clinic and reviews the previously reported ten examples of the disease The histological findings in his patient, viewed as a whole, point directly toward a parapsoriatic process with unusually intensified inflammatory changes in the connective tissue Syphilis, tuberculosis and leukemia are eliminated by the micro-The microscopic findings in Almkvist's case were the same as those reported in the cases of Mucha and of Oppenheim They are interpreted as a form of parapsoriasis having an acute course the lesions tending to undergo necrosis (Rusch's case had echthymatous lesions), this acute course is manifested by the pronounced vascular dilatation, the intense cedema and the marked perivascular infiltrate

Summing up the clinical characters of the ten

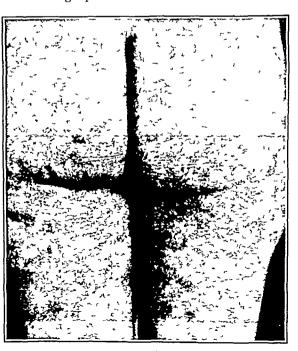


Fig 7 Parapsoriasis Maculata Rear View of Same Patient as shown in Fig 6

reported cases, Almkvist says They have the following features in common

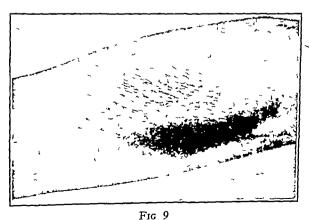
1 A papular exanthem simulating syphilis or pityriasis lichenoides chronica, with or without pruritus



Parapsor asis Maculata

Showing widely disseminated macular lesions, of brownish-clow color, devoid of scales, having a tendency toward linear arrangement

2 Beside these papules there are also a number of more inflammatory papules surrounded by a red halo, and papules having a vesicular or pustu-



Parapsoriasis Maculata
Showing brownish-yellow patch on the forearm of a woman The surface is wrinkled, and appears to be faintly atrophic

lar dome, some of which have central necrosis, the latter become crusted, and the crust becoming detached, leave variola-like scars, the appearance is like that of malignant syphilis

3 The acute course, the evolution of the eruption takes place in six weeks to a couple of months, the disease healing spontaneously and showing no pronounced tendency toward recurrences

Adding these two new types to Brocq s triad, the student is confronted with five more or less well-defined and clinically differentiable eruptions, which, to make the teaching more facile and to render the subject more comprehensible, we gro pun ler the designation parapsoriasis. To these



Fig 10

Parapsoriasis Maculata
(Parapsoriasis en plaques) From Darier's Text Book
of Dermatology Translated by Pollitzer Lea and
Febiger, Phila, 1920 Showing the retiform variety of
eruption

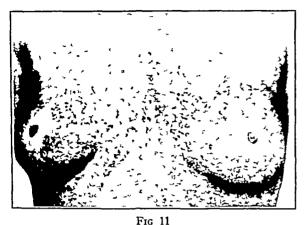
five types a sixth—parapsoriasis inixta—should be added The important point for the student to bear in mind, is the fact that transitional eruptions and mixed eruptions are by no means uncommon

In one of his scholarly articles, Riecke urges that Brocq's nomenclature be discarded in favor of one which is less complicated and more in conformity with the characters of the eruptions, he proposes two names to designate Brocq's three types

- a Pityriasis lichenoides chronica
- b Erythrodermia maculosa perstans (or chronica)

By this means he groups the guttate, lichenoid,

nodular, psoriasiform and the parakeratosis variegata varieties under one head, and the macular varieties under another. But this was



Parapsoriasis Atrophicans (Kreibich)
From Kreibich Parapsoriasis Atrophicans Arch f
Dermat u Syph, 144, 1923, p 476

written before the two new varieties, and the mixed eruptions, were described, for present-day teaching purposes this grouping is not adaptable

It would seem, therefore, that to simplify the nomenclature, the wisest plan would be so to name these eruptions as to conform with existing and accepted usage obtaining in other diseases having polymorphous eruptions, of which syphilis is the best example syphilis maculosa, papulosa, nodulosa, squamosa, pustulosa, gummosa, and so forth

With this viewpoint in mind, the following "working," classroom nomenclature is suggested

1 Parapsoriasis Guttata—The lesions are pinhead to pea-size, pale-red or reddish-brown in color, slightly infiltrated, covered by a dry, adherent scale, which, when forcibly removed, leaves a red, purpuric spot, but no bleeding points. The eruption resembles psoriasis guttata. This type includes the "Peculiar psoriasiform and lichenoid exanthem" of Neisser, Jadassohn's and Juliusberg's "dermatitis psoriasiformis nodularis" and "pityriasis lichenoides chronica"

2 Parapsoriasis Papulata—Varieties

- a Lichenoid
- b Nodular
- c Reticular
- d Striated

This form differs from the preceding in that the lesions are more pronouncedly papular in character, the infiltration is more advanced and there is less scaling. Some of the papules have central depressions and glistening surfaces, thus resembling the lesions of lichen planus. The lesions may be scattered or they may occur in more or less grouped reticulate fashion, chiefly on the trunk and extremities. Occasionally the entire

eruption occurs in bands and stripes This type includes Unna, Santi and Pollitzer's "Parakeratosis variegata" and Crocker's "Lichen variegatus"

3 Parapsoriasis Maculata — Varieties

- a Plaque or discoid
- b Reticular
- c. Xanthous

In this form the lesions are essentially macular and disseminated, or widely distributed. Scaling may be faint or entirely lacking. There is an absence of infiltration. The color of the macules may be yellow, salmon-yellow, purple, violaceaus, red or brownish-red. The lesions may be round, oval, striate, reticulate or banded. In some cases the lesions coalesce to form widespread, network-like areas on the trunk and thighs. Some of the

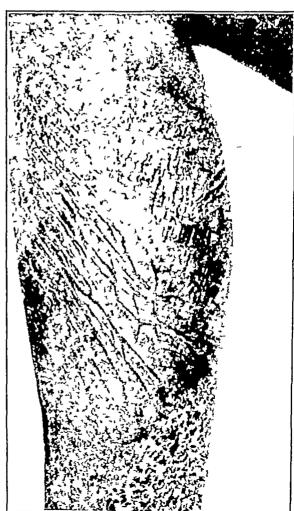


Fig 12

Parapsoriasis Atrophicans (Kreibich)
From Kreibich Parapsoriasis Atrophicans Arch f
Dermat 11 Syph, 144, 1923, p 476

eruptions resemble seborrheic eczema, early leprosy or early mycosis fungoides The surface of some of the lesions often appears to be wrinkled

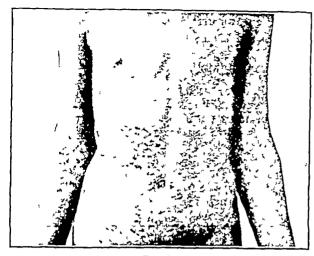


Fig 13 Pityriasis Lichenoides et Varioliformis Acuta (Habermann)

From Habermann Dermat Ztschr , XLV , Sept , 1925, p 44 (Suggested Designation Parapsoriasis Varioliforms)

-somewhat shriveled-and faintly atrophic This type includes Brocq's "Erythrodermie pityriasique en plaques disseminees," Crocker's and J C White's "Xantho-erythrodermia perstans" and Rasch's "Pityriasis maculosa Rasch's chronica"

- Parapsoriasis Atrophicans (Kreibich)
- Parapsoriasis Variolifornus Pityriasis lichenoides et varioliformis acuta (Habermann)

Parabsoriasis Mirta

That this scheme of nomenclature and classification has its defects, and that it will be subjected to adverse criticism, is a foregone conclusion Nevertheless, I deem it to be at least an improvement over the existing method of presenting the subject to the student of dermatology

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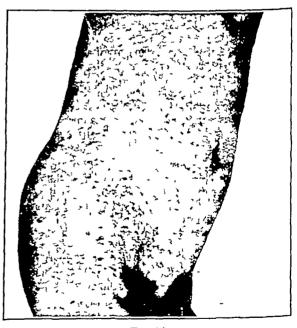


Fig 14 Pityriasis Lichenoides et Varioliformis Acuta (Habermann)

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PHYSICAL MEASURES IN GENERAL PRACTICE*

I Thermal Measures, Including Diathermy

By RICHARD KOVACS, M D, NEW YORK, N Y

GENERAL REVIEW OF PHYSICAL MEASURES

THE employment of physical forces forms an important phase in the modern treatment of diseases and injuries. Heat and cold, sunlight, water, massage exercise, and the various forms of electrical currents can influence powerfully the human body in part or as a whole. Physical methods, acting as outside repair forces, adding extra energy, help to repair the tissues of the body, relieve pain quiet inflammation, kill germs, restore normal function and improve the condition of the entire body. (Fig. 1) The appended chart endeavors to show in condensed form the character and some of the principal effects of the main physical measures. We must emphasize

			=
Hot water Hot air Radiant heaters Incandescent lamps Sun Diathermy	}	THERMIC	Relaxation of tissues Hyperaemia Relief of pain Attentuation or killing of germs Reflex stimulation
Cold water	}	CALORIC	Contractios of tissues Anaemia
Sun Heated metals Carbon arc Mercury vapor arc	}	PHOTO CHEMICAL	Erythema of skin Killing of germa Relief of pain Increase of solid con tents of blood
Galvanic current and variations	}	ELECTRO CHEMICAL	Pos pole { vaso- construction acid reaction Neg pole { vaso- dilata tion alkaline reaction Interpolar—metabolic
Interrupted wave and alternating currents Vibration Massage	}	DYNAMIC	Muscle and tissue con traction Increase of venous and lymph flow, stretching of tissues reflex stimulation

All effects may be mild (stimulation) or exaggerated (destruction), local general or reflex according to the intensity duration and area of application.

Figure 1
Chart of principle physical agencies and some of their effects

(1) that almost any of these measures may bring about effects ranging from mild stimulation to complete destruction of tissue, according to not only the intensity, duration and area of application but also—viewing the individual equation of the patient—according to his local

and general condition, (2) similar results may be obtained by different physical agencies on pain may be relieved by different bases thermic measures, due to improvement in circulation and the specific analgesic action, or by mechanical measures, due to relief of pressure, breaking up of adhesion, etc Mobility may be restored by heat, due to relief of spasm, by mechanical measures, these breaking up adhesions or removing infiltration, or by electrochemical measures, that soften scars evident, therefore, that a complete history and diagnosis, a full understanding of the underlying pathology is absolutely necessary for the choice and proper application of physical therapy It is often said that electrotherapy and like measures act only on the minds of patients, especially on account of the imposing appearance of the apparatus employed No one can deny the fact that any therapeutic measure, be it a prescription for drugs or an operation, always has a certain amount of psychic influence Any experienced physical therapist will corroborate the fact, however, that the poorest and least lasting results are obtained in mental mal conditions

Very few physical measures exert a strictly local action-because, by increasing collateral and deep circulation and by various reflexes, they act on remote organs and on the body as a whole Some of the general action can be enumerated thus (1) on the nervous system, either by a tonic, a stimulant or a soothing, sedative action, (2) on the circulatory system, peripheral vaso-construction or vasodilatation, following with an increase or decrease in blood pressure, (3) on the hematopoietic system in which one may note an increase of hemoglobin, of blood cells, of bactericidal properties of blood, (4) on the gastrointestinal system-by increase of general abdominal tonus, relief of spasm, (5) on the renal system—through increase of elimination, (6) on the endocrine system—by its stimulation These secondary effects often make the explanation of some of the results seem rather complicated and subject to varying interpretations

The main advantage of physical measures is (1) that most of the time they are capable of direct local application to the affected part, (2) that their dosage is fairly accurate, (3) their action is usually prompt, (4) that there is a comparative lack of idiosyncrasy toward them, and thus within individual differences a fairly uniform response can be expected. The application of physical measures never runs

^{*} Part of a course of lectures on Physical Therapy, arranged by the Committee on Public Health and Medical Education of the Medical Society of the State of New York, given before the Columbia County Medical Society and also read in part before the Kings Queens and Nassau County Medical Societies and the Medical Association of Greater New York in the Spring of 1928

counter to other indicated medicinal bi surgical measures, indeed they should be used as adjuvants in most cases and as specifics in but a few. It is an undisputed fact, however, that in many painful conditions proper physical measures will obviate the necessity for sedatives or narcotics.

The successful application of physical therapy does not require a large office equipment. It should be within the means of any general practitioner to give his patients at least some of the basic forms of physical treatments with good results. To use a homely comparison, while the majestic organ in a big cathedral will produce magnificent harmony, the same air brought forth on the smaller keyboard of a country church organ may exert often an even more impressive effect. It is the harmony and precision, and not the elaborateness of the execution, which are effective

We will turn now to the detailed presentation of some of the measures best suited for application by the general practitioner

THERMAL MEASURES

Physics of Heat Heat is a form of energy and consists of the internal vibration of the molecules of which a body is composed can be transferred by (1) Convection a difference in temperature between different parts of liquids or gases results in a bodily movement of the same, (2) Conduction if a solid substance is heated at one end, the heat passes along without setting up movements in the substance as a whole Metals are good conductors of heat, non-metals are bad conductors (3) Radiation represents the transmission of heat from one body to another while they are completely separated Heated substances send out heat waves which consist of the short infra-red waves of the electromagnetic spectrum As these waves become shorter and increase in frequency, due to more intensive heating of the emitting substance, light waves are produced Infra-red waves penetrate about 134 inches into the human tissues, light waves not more than one-fifth of an inch but, when impinging upon tissues, they are transformed into heat and thus form conversive heat Deep heat production in the tissues by the high frequency current is also based upon the conversion of the oscillating energy of this current into heat

In ordinary clinical practice we detect little difference between the effects of the heat emanating from various sources, such as the conductive heat from hot water, the convective heat of hot air or the heat from radiation. As a matter of fact, here is a continuous interdependence of these three methods of heat transmission. For ease, convenience and safety of application, however, the modern radiant light and heat applicators are most preferable.

Local Effects of Heat No matter from what source heat is derived, when absorbed by the tissues its energy is transformed into some form of cellular activity. This activity will manifest itself according to the area of and the application and intensity of source, either locally or generally

The local application of heat results in the following action (1) Relavation of tissues, particularly of the voluntary and involuntary muscle fibers. Active hyperæmia occurs following the relaxation of the smaller arteries. The increased arterial flow brings on more oxygen with improved nutrition, and the increased venous flow carries away in a larger degree the products of local metabolism. Thus the process of repair, as in healing of wounds after injuries, is speeded up

- (2) Relief of local pain. There is no generally accepted explanation for the analgesic action of heat. The diverting of blood from congested parts by collateral hyperæmia, or the acceleration of blood movement by relieving vascular stasis, may be used in explanation. Heat in some way lessens nerve sensibility, perhaps as a result of inhibition through the temperature nerves of the skin. It is to be noted that tactile sensibility of the skin increases at 98° F, decreases at 113° and at 130° disappears entirely, when at this temperature painful sensations are experienced.
- (3) Bactericidal effect Hyperæmia by itself results in increased phagocytosis, but there is also a direct inhibition of germ activity, according to the sensitivity of the particular organism. A rise of temperature of a few degrees is prejudicial to the existence of gonococci in living tissues

The local application of heat is therefore indicated in a host of traumatic conditions, such as contusions, sprains, fractures, traumatic arthritis and myositis, and in inflammatory or infectious conditions such as boils, abscesses, conjunctivitis, coryza, sinusitis, otitis media, bronchitis, local septic infections, various forms of arthritis, endarteritis, neuritis. Indications for the application of deep heat will be presented under diathermy

Radiant Light and Heat The reflected energy of an incandescent bulb, preferably with a carbon filament, forms the simplest, safest and most effective method of applying heat, both locally and generally No physician's office nowadays should be without one of these inexpensive devices. They consist of an electric bulb mounted in the center of a parabolic reflector. According to the intensity (wattage) of the bulb and the size of the reflector, smaller or larger areas can be exposed to heat and light. The small lamps contain bulbs of from 150 to 250 watts, while the largest ones contain bulbs

of 1000 to 1500 watts These high candle power lamps are marketed under the misleading name of deep therapy lamps Their rays, however, do not penetrate any deeper than those of the small lamps—about one and a half inches. The spectral analysis of the rays emitted of these lamps is as follows Infra-red rays 93%, light ray, 6%, 1 ltra-violet 1%, the latter rays, however are being impeded by the glass of the bulb It is evident, therefore, although we speak of therapeutic lights, that the main action of these applicators depends on the infra-red factor The therapeutic action of the rays of the visible spectrum is largely undetermined, there is some evidence of a more stimulative action of the red-yellow portion and of some sedative action of the violet-blue portion, and a questionable amount of photochemical action

The technic of application is very simple The lamps must be attached to a suitable stand (hand lamps are entirely unsatisfactory) and their rays, at a distance of comfortable toleration, directed to the area to be treated may be from two to three feet, according to the sensitiveness of the patient, the wattage of the bulb, and the type of reflector The exposure is given from fifteen minutes to half an hour and can be repeated several times a day, if necessary In case of peripheral nerve injuries, with disturbance of sensation as also, over scars with lack of sufficient collateral circulation, distance should be one and a half times that over normal skin surface, to avoid the danger of blistering In inflammatory conditions, this application alone will give the desired relief, especially if used for at least In trauhalf an hour, as often as necessary matic conditions the application of heat is best followed by a mechanical measure such as massage, the static wave or the sinusoidal current

Two or more electric bulbs of small candlepower mounted in semi-circular containers have been used extensively under the name of electric light bakers, another misleading expression, as baking would indicate coagulation of albumin, which occurs at about 160° F, whereas the body temperature, especially on the surface, hardly ever exceeds 110° F These "bakers" cover the parts at close range and therefore may give rise to accidental burns, especially in restless patients Their larger types are also rather cumbersome to handle On account of these drawbacks they have been largely replaced by radiant light and heat applicators as described

Dry Hot Air and Whirlpool Baths Other types of apparatus for local application of surface heat include dry hot air ovens and also whirlpool baths. The former are expensive, complicated and dangerous to handle although, on account of the increased skin toleration towards dry hot air, better results are claimed

Diathermy has given better and easier results, however when properly applied pool baths consist of water at a temperature from 100° to 110°, rapidly agitated in a container by its own pressure or by compressed air or by a suitable motor Such whirlpool baths furnish a combination of heat and gentle massage and improve local circulation effectively in conditions of peripheral nerve injuries, indolent ulcers, adherent scars, osteomyelitis of terminal phalanges, as well as in recent fractures immediately after removal of the cast The installation of a regular whirlpool bath with a thermostatic valve and a Monell metal basin is expensive and requires special plumbing and an abundant hot water supply Recently, however, a simplified type of cheap portable whirlpool bath has been brought The principal difference between moist and dry forms of heat is that moist heat acts more intensely on the surface, because humidity leads to heat stagnation and external radiation cannot get rid of the bound heat. When applying radiant light and heat, on the other hand, deeper effects can be obtained if the skin surface is cooled simultaneously by a fan or other device and thus heat toleration on the surface is increased

General Application of Heat Any of the foregoing means of applying local heat can influence the general body economy if applied beyond a certain intensity, duration and area For ordinary clinical usage, however, we consider general effects only when most of the body surface is subject to heat application General applications of heat result in (1) increased heat elimination, profuse perspiration, (2) increased circulation, rise of the pulse rate in the ratio of about ten beats for each degree Fahrenheit, much as it does in fever, (3) a lowering of blood pressure in contrast to the effects of cold, (4) increased respiration, (5) increased elimination through the kidneys As a result there is a loss of water, salt, urea, and other nitrogenous substances, with a relative excess of alkali remaining in the blood and in the tissues, while there is also a temporary loss of body weight General nervous sensibility is usually markedly lessened, although too prolonged and excessive heat application may cause profound depression

The general application of heat is accordingly indicated in conditions of impaired metabolism, in rheumatoid arthritis, in certain forms of nephritis, neuroses and psychoneuroses—in the latter conditions when combined with hydrotherapeutic stimulation by the hot and cold douche, in chilling after exposure, shock following injury or loss of blood

The apparatus for the general application of heat consists of electric cabinet baths, hot air ovens, or of various hydrotherapeutic proced-

ures, most of which, however, are beyond the range of a general practitioner's means of installation and application

DIVIILRMY

Physics Heat can be applied much more effectively, penetrating the body tissues through and through, and thus affecting internal organs directly, by employing diathermy. This signifies the bipolar application of the high frequency current, which differs from all other forms of electricity through the absence of sensory effects or muscular contractions. The extremely rapid alternations of the current—(Fig. 2) about one million per second—preclude the development of electrochemical reactions on which the polarity and the neuro-

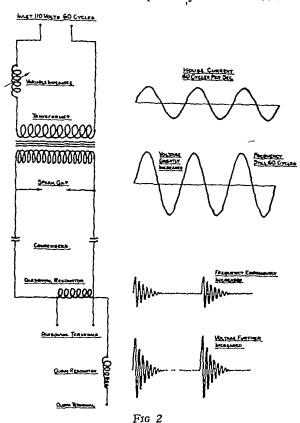


Diagram of wiring of high frequency apparatus and graphs of currents produced by each part of machine

muscular effects of the galvanic, faradic, sinusoidal, and static currents are based. Even if under the extremely short impulse of an oscillation any ionic movement should take place, it would be immediately counteracted by an opposite impulse. All that happens, therefore, is that the rapidly oscillating electromagnetic waves are transformed into thermic energy. If diathermy is properly applied, the patient has no other sensation except that of gentle warmth. All medical forms of high frequency currents are painless if kept within the limits of physiological heat toleration. By intentionally increasing the current density, surgical destruction can be produced.

A simple and convincing demonstration of the powerful but harmless character of the high frequency current is made by having an individual hold a metal cylinder in each hand, one cylinder is connected to one binding post of the high frequency machine, the other to an electric light bulb connected to the other binding post. As soon as the current is turned on, the lamp lights up brightly, yet the individual, through whom the current activating the lamp passes, perceives practically no sensation

Physiological Action There are ample animal experiments and other proofs available to show that the diathermy heat is actually developed in the depth of the tissues The most notable of these experiments are those recently published by Binger and Christie of the Rockefeller Institute of Medical Research conclusions are (1) the heat gradient of the body is reversed during diathermy and heating occurs from without inward—the maximum heating occurring at the point of greatest concentration of the lines of current flow, (2) deep heating during diathermy is greater than that which results from the application of local heat to the skin, (3) the lung can be heated by diathermy in spite of simultaneous cooling of the chest wall They consider their experiments on living bodies as satisfactory evidence of the passage of the current through the in-We can therefore justly terior of the body assert that diathermy enables us to raise the temperature of any part of the body, or of the entire body Whether there is any other effect than that of penetrating heat still remains a question to be solved

Depending on the histologic construction of the tissues and their quantity of blood supply, a varying degree of heat will develop under diathermy There are definite measurements available of the resistance of human tissues to electrical currents, the degree ranging from the lowest resistance of muscle to skin, liver, lungs, brain, tendons, fat, to the highest one of bone If we want to heat up tissues with more resistance, like the bony and ligamentous parts of a joint, they must be placed in the shortest path of the current This is done by two metal electrodes placed on opposite sides of the joint in "transverse' position. Internal organs are best treated by being placed in the direct path of the current between two electrodes on opposite surfaces of the body, the size of electrodes corresponding with the area to be treated (Fig 3) Soft parts of an extremity, muscles, nerves, periarticular structures are best treated by the "longitudinal" method, being placed between circular cuffs or suitably shaped plate

electrodes Mucous membranes, on account of their more ample blood circulation, tolerate a much greater amount of heat than the skin Experiments have shown that human tissues

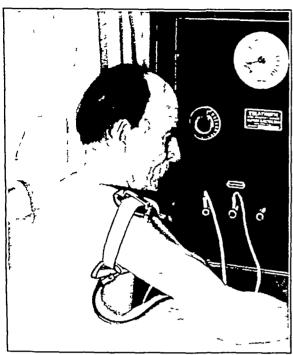


Fig 3
Transverse application of diathermy to shoulder

can tolerate about 116 to 118 degrees Fahrenheit, without damage

Therapeutic Action 1 Heat effect active arterial hyperemia, which increases both the local and general body metabolism. As a result there is increased secretion of glandular organs, of lymph, and of urine. The resorption of inflammatory exudates is promoted in both acute and chronic traumatic and inflammatory conditions, of extremities as well as of internal organs, such as arthritis, myositis, bursitis, bronchitis, pneumonia, chronic cholecystitis, pelvic inflammations, sinusitis, etc. (Fig. 4.)

- 2 Local relief of pain is explained by the much deeper action on all nerve endings, as compared to the more superficial action of other means of heat application. This analgesic action adds to the favorable influence of hyperemia in many acute inflammations. Many forms of neuritis, neuralgia, myalgia, and arthralgia respond.
- 3 Antispasmodic action specific in contrast to the irritating action of the other electric modalities. Attacks of angina pectoris, as well as spastic conditions of the stomach intestines, and gall bladder, have been relieved
 - 4 Bactericidal action especially evident in

heat sensitive organs, such as the gonococcus and the pneumococcus. The deep heat of diathermy diminishes the vitality of the germs and increases the power of tissues to resist. Convincing proof on gonococcal infection was furnished by Cumberbatch, by the disappearance of pain and swelling from joints or scrotum after the application of diathermy to the site of the infection, the prostate and seminal vesicles in men or the urethra and cervix in women

Monoterminal and Surgical Forms Oudin terminal of a diathermy apparatus furnishes a current of higher voltage, which causes electric charges in vacuum or nonvacuum glass electrodes Applying this "monocurrent to the patient with the terminal" newer type of the silver-lined "condenser" electrodes, real surface heat and mild counterirritation is produced These surface applications will benefit mild forms of traumatism, neuritis and myositis, and subacute forms of polyarthritis In drug stores and electrical stores a toy imitation of the real monoterminal high frequency current is sold under the name These flimsy devices of violet-ray machines produce a weak alternating current, and while they similarly light up glass vacuum electrodes, the violet color in these has naturally nothing to do with ultra-violet rays Their therapeutic efficiency amounts to that of an average liniment with some pricking sensation and electrical display added

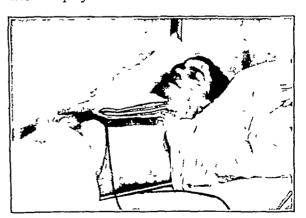


Fig 4

Applying diathermy to chest, for pneumonia or bronchitis.

If the current from the "Oudin" terminal is concentrated on a fine steel needle held in an insulated handle, it will destroy benign blemishes and neoplasms of the skin and mucous membranes, as warts, nevi, moles, leukoplakias, with good cosmetic result and little pain. Mild application will cause slow evaporation of the tissue fluids, the area treated

turns into a dry mass, hence the name of this process desiccation If instead of the Oudin terminal the needle is connected to one of the diathermy outlets and a large "inactive" electrode placed on some remote part of the body is connected to the other outlet, a current of much larger volume is produced, which in turn develops a penetrating and immediately destructive action under the active electrode This procedure is termed electro coagulation, and offers a valuable method in treatment of larger neoplasms and malignancies in accessible locations Properly applied, the operation is bloodless, performed quickly, with a minimum of trauma and shock, with little post-operative pain or local reaction, and is usually followed by very acceptable cosmetic Through the preliminary sealing of the adjacent lymphatics and blood vessels, the danger of metastasis is materially reduced Local or general anaesthesia is necessary, however

Diathermy furnishes a unique therapeutic measure applicable to the entire field of medicine and surgery It is often indicated per se, often again, it will effect its best results only when properly combined with other physical It is contra-indicated (1) in acute inflammatory processes accompanied by fever, (2) in the presence of non-draining suppuration, (3) in tendency to hemorrhage, (4) in suspected malignancies (except when surgically applied) It is relatively contraindicated when simple forms of surface heat are sufficient, -a question which can be settled only by the experienced

The technique is comparatively simple and can be readily mastered by the practitioner of medicine, by actual work under an experienced teacher It must be based, however, on a broad knowledge of the elementary principles of electro-The standard type of portable apparatus furnished by a reliable manufacturer suffices for practically all routine work

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(Part 2 will appear in the August 15th issue)

PSORIASIS

A Preliminary Report of Blood Chemistry Studies and Indications for Treatment as Shown by These Findings

> By BINFORD THRONE, M D, and C. N MYERS, Ph D, BROOKLYN, N Y From the New York Skin and Cancer Hospital

SORIASIS is one of the most common skin diseases, ranking about fourth in both dispensary and private practice lts essentially chronic nature and its tendency to recur are well The symptoms of the condition need no description and the diagnosis is easily made except in the so-called generalized cases

The causes of Psoriasis have been attributed to almost every thing from gout and rheumatism to disturbances of the endocrine glands and of the

vegetative nervous system

Practically all authorities dismiss direct hereditary transmission of the disease, on the other hand all admit an mate or inherited predisposition of familial type which causes these persons to react in the form of Psoriasis The statistics of this inherited predisposition vary according to different authorities from 15 to 44 per cent Schamberg a found it in 13 per cent of his cases, Furst' found it in 36 per cent Furst also found no evidence of consanguinity and no especial

association of Psoriasis with constitutional or with other skin diseases

Dr L Duncan Bulkley taught in his lectures at the New York Skin and Cancer Hospital that in Psoriasis there was an imperfect protein meta-His rice diet in this disease has had bolism many disciples Schamberg 1 in his report claimed to have found a marked retention of nitrogen He stated that patients suffering in his cases from Psoriasis exhibit a remarkable retention of This retention appears to be proportional in a general way to the extent and severity of the eruption present "A low nitrogen diet has a most favorable influence upon the eruption of Psoriasis, particularly when the latter is extensive" In a later article? he stated that the average uric acid findings in eleven cases of Psoriasis was 32 and concludes that patients with Psoriasis, Acne, and certain other cutaneous diseases have a lower average uric acid blood content than those suffering from eczema, and in a still

later paper³ Schamberg says on the basis of the above findings 'Let gout as an etiologic factor in Psoriasis therefore be thrown into the discard of antiquated conceptions". In this same paper he reiterated his belief in a nitrogen retention but he stated that there had been no independent investigations to confirm or negate this finding

Bacterial or mycotic causation has never been proven It has been pointed out that the tendency of the disease to recur in the spring and in the fall points to such an origin Its sharply marginated lesions, their clearing in their centers, their location at points of pressure are given as indications for microbial origin. The therapeutic remedies which are most effective in this condition, namely arsenic and mercury, according to Gordon⁵ would seem to indicate a spirochetic infection Spirochetic infections however respond to the arsphenamine arsenic and do not respond to the morganic or pentavalent form of this metalloid Until positive proof is brought forth microbial infection in Psoriasis will have to be denied

Endocrine association has never been scientifically shown. These glands have great influence on all metabolic activities, but no direct causative relationship between their action, either hyper or hypo functioning, has been proven. Bernhardto thinks that there is some hereditary specific property of the skin to react and that certain external causes which act as irritants can be defined. His statistics show thyroid deficiency in 42 per cent of his cases, gonad deficiency in 22 per cent and Thymus deficiency in 21 per cent. He states that the physiology of the endocrine glands is not yet sufficiently understood for any etiological conclusions to be drawn

Levy-Franckel and Juster' claim that abortions occur frequently in women with Psoriasis from childhood and a negative Wassermann test but with a hisory of Syphilis in the family. This suggests to them that hereditary and familial transmission of the disease may be due to Syphilis which may create a special skin, gland or humoral predisposition, a syphilitic dystrophy

Strickler and Asnis⁸ were unable to find any form of spirochetes and the Wassermann reaction was negative in their series of thirty-four cases

They found a moderate lymphocytosis in the blood of 81 per cent of 27 patients. None of these 27 patients showed an eosinophilia, the highest was 4 per cent. The absence of eosinophilia is decidedly against Psoriasis being of anaphylactic origin.

Reports of repeated blood chemistry studies in Psoriasis are lacking. Many investigators have published the result of one such examination on individual patients, but as we have stated in former articles, we do not consider such an examination is of much importance. Among the more recent communications may be mentioned that of

Struemke and Soika^o who found one case out of five showing hyperglycaemia and an increase of calcium in five of eleven cases. Percival and Stewart¹⁰ claim that an increase or decrease of the blood serum calcium was not found to be a constant feature of any of the conditions examined—Psoriasis among others—and that such derangements as were found do not appear to be due to any significant derangement of the calcium metabolism

Garbit¹¹ has announced a most interesting finding in Psoriasis He claims that in this condition in the psoriatic plack and in the circum plack area for 1 to 1½ cm there is a total lack of sebaceous and sweat secretion. Biopsy showed the glands well developed. As a cure takes place secretion is resumed. This finding, if corroborated, would seem to show that Psoriasis has for its cause a functional trouble of the secretory nerves.

Ravaut and his co-workers12 showed at the meeting of the French Dermatological Society in June, 1925, three cases of psoriasis in whom Insulin had caused the disease to retrocede One of these cases had hypergly caemia and came of a In all three cases pruritus was diabetic family marked At a later meeting they reported a more complete study of ten cases Darier had advised that the cases he studied in regard to their metabolism of fats, carbohydrates and proteins, and that the functioning of certain organs, especially the liver be investigated. In each of these ten cases the blood was examined for sugar, cholesterm and urea The urme was examined to ascertain the liver function, examination was done for urobilin, bile salts and pigment, the amino-acidolytic and Maillard's coefficients were Of the ten cases, six showed deficient liver function. In these, the analyses showed urobilin in large amount, elevation of Maillard's and the amino-acidolytic co-efficients and hypercholestermaemia Two of these six also showed hyperglycaemia The patients were then treated with insulin, an average of 45 units being injected daily The injections were given over a period of twenty days to two months. The action of the insulin was either transient or negligible In their conclusions they state "Psoriasis not accompanied by hepatic insufficiency was not modified by insulin ' "The action of insulin in Psoriasis is only transient as it is in Diabetes " Upon the recidives the action of Insulin was incon-

Lortat-Jacob and others at the same meeting reported cases showing varying results from Insulin treatment. They also discussed the relationship of Psoriasis to hereditary Diabetes and thought that sufficient attention had not been paid to this element in the causation of the disease. They gave histories of patients with a diabetic family history and compared them with cases of Xanthonia with similar family histories. They

said that on the basis of the published facts one can admit that insulin acts in modifying the soil. They concluded that hypercholesterinaemia might have been the cause of the failure of insulin treatment.

Bernhardt and Zalewski¹³ concluded after extensive studies "that the variations of the blood content in cholesterol does not appear to have any affect upon the evolution of Psoriasis"

In a previous paper¹⁴ we reported two cases of Psoriasis In one of these cases the disease was very wide spread, in the other it was universal In the urine of each of these patients arsenic was found in pathological amounts These cases also

showed hyperglycaemia

With the above facts in mind we instituted a systematic blood examination in a series of consecutive cases applying for treatment in our service at the New York Skin and Cancer Hospital In these examinations the blood sugar, chlorides, urea nitrogen and uric acid were deter-The blood examinations were done at frequent intervals (one or two weeks) because we had found and are firmly convinced that one blood determination on one patient means practically very little The Whitehorn method for chlorides and the Hastings-MacClean method for sugar were used We consider the normal amount of sugar to be 0 090 gmmes per 100 c c of blood, and 0 450 gmmes of chlorides in 100 cc of blood to be normal

In this study we examined and treated 35

In all cases no signs of nitrogen retention werefound as shown by an examination for urea nitrogen and uric acid. On the contrary a few cases showed a low urea nitrogen, which was probably due to deficient liver function

In four cases the blood sugar and chlorides

were normal

Two cases showed positive diabetes mellitus One of these was a Jew aged 56 years His blood sugar was on first examination 191 gmms per 100 cc of blood, an examination a few weeks later showed 180 The other case showing diabetes was an Italian aged 55 years His blood slowed 212 gmms of sugar

Two cases showed a normal blood with the exception of a very moderate hyperglycaemia

In 15 cases a typical picture of a heavy metal retention was found. That is these cases showed a high sugar and a low chloride. As a result of several thousand observations this relation of sugar to chloride value has universally shown that this ratio is diagnostic. These cases were examined before we instituted treatment.

Five other cases had a blood examination after their treatment had been started. These cases had received injections of a gold compound, Triphal, and in each of these there had been a reaction of some type. Two other cases treated with gold injections showed a normal blood pic-

ture before treatment was instituted and they also showed some form of reaction. Associated with the reactions there developed in all of these seven cases the definite blood change which is seen in all cases of heavy metal poisoning regardless of their original condition. We have found this change in eczema, scleroderma, neuritis and paralysis from arsenic and in arsenical pigmentation.

Remarks on Treatment - Insulin as reported by the French observers has not been satisfac-One of the above cases showing diabetes was given injections of insulin over a period of three months With absolutely no benefit Lortat-Jacob's statement that hypercholestermacmia might have been the cause of the failure of insu-In treatment does not seem to be borne out. It seems that insulin has no effect upon the hypercholesterinaemia unless there is associated pancreatic deficiency as shown by its action in Xan thoma Tuberosum Multiplex Major15 reported a case of this condition which showed both hyperglycaemia and hypercholesterinaemia case injections of insulin caused a lowering of both the sugar and cholesterin and caused an improvement in the skin condition. On the other hand Ingram's case16 which showed hypercholestermaemia only and did not show any evidence of renal, hepatic or pancreatic insufficiency was not helped by insulin nor did the insulin have any effect upon the hypercholestermaemia It would seem that the beneficial effect of insulin in some of the cases of Ravaut and Lortat-Jacob was probably due to the fact that their cases also had an acidosis and that the action of the insulin was chiefly in lowering the hydrogen ion concentration and in relieving the acid condition and that its action in their cases of Psoriasis is comparable to its action in the cases of eczema reported by Drouet and Verain¹⁷, one of whose cases showed a marked acidosis and a low alkaline reserve and a blood sugar of 112, the chloride content was not stated

Gold Therapy -- Gordon's states that Skutezki reported favorable results from Triphal-a gold Swartz however did not have such preparation Swartz had to discontinue its use good results in three cases on account of severe after effects, one case developed a severe pruritus after the fourth injection, the pruritus increased with cach subsequent injection, and the patient developed urticaria, the 2nd case after a few injections (the number was not stated) developed a bad taste m the mouth, vomiting, cyanosis and severe headache, the third case after the second injection developed nausea, vomiting and interference with Ritter reported 21 cases treated with 11 cases Triphal—his results were as follows were cured with Triphal alone, in the other 10 cases he had to use chrzsarobin or X-rays doses Ritter used were very large, according to Gordon, reaching as much as one gm at one mechon

This line of treatment was tried by us in seven (7) cases. In five of these cases the gold treatment was started before a blood chemistry was done. Some of these cases were of sufficient interest to deserve a brief review.

The first case was a man aged 23 years who had had the disease constantly for three years The eruption was present in large sheets on the trunk, limbs and scalp The palms, soles and nails had never been involved. His previous treatment had consisted of Fowlers solution, potassium iodide and injections of sodium cacody-Externally he had used various ointments He was admitted to the Skin and Cancer Hospital on July 8, 1927, and was given six injections of Triphal of 0 100 gmme each The last injection was given on July 29 On July 31 he complained of fever, headache and general ma-The fever His temperature was 103 F lasted nine days During this period he developed stomatitis and gingivitis The rash became very inflammatory, a marked edema of the skin appeared The rash also spread very widely and became practically universal The palms and soles, which as stated above had never been involved, became affected with a condition clinically resembling Psoriasis His blood on August 7 showed sugar 1046 and chlorides 4121, on September 19 it showed sugar 92 and chlorides A marked alteration of the normal sugar 380 He was given injections of sochloride ratio dium thiosulphate and not only did the parts which had become involved during the reaction clear up but the old lessons also disappeared The other case was similar except that he had received injections of a bismuth compound previous to receiving the gold treatment case also the rash became universal, the palms and soles became involved In neither of these two cases had there ever been any involvement of these parts prior to their reaction following the gold injections

In the other five cases which received the gold injections there was a reaction of some severity in each as shown by extension of the rash or by pruritus. In each case there was an increase in the blood sugar, the highest being 130, and a corresponding lowering of the blood chlorides, the lowest being 380

The action of the gold upon the disease varied considerably. One case, a female, aged 25 years, cleared up completely after three injections of 0.075 gmme each but the rash recurred after one month. A blood examination at the time of the recurrence showed a sugar content of 123.2. Another patient, a female, aged 48 years, who had been affected with the disease for at least 20 years, was given two injections a week of the gold compound from August 31 until September 23 when she complained that new lesions were appearing. On that date her blood showed a sugar content of 130 and a chloride content of

404, in other words a marked elevation of the sugar and a corresponding dimunition of the chlorides. She was then put on injections of sodium throsulphate 0.5 gmme three times a week and on October 19 her sugar had gone down to 96.2 and her chlorides had gone up to 437. Coincident with this change in the blood there was an improvement in the skin condition. The gold injections were resumed on October 25 and on November 21 her blood showed 136.9 sugar and 437.7 chlorides per 100 c c of blood.

The other three cases showed similar findings to those mentioned above

In all these cases showing a reaction to gold the use of sodium thiosulphate proved to be specific for the reactions

From our experience with gold therapy in Psoriasis we believe that if the patient has a heavy metal retention as shown by blood findings, that is a comparatively high sugar and a corresponding low chloride, the use of gold is attended with the danger of severe and serious reactions Patients who have focal infection are also prone to react to gold as we showed in our work¹⁸ on Lupus Erythematosus

Four patients were examined who denied having received any treatment. The duration of the disease and the blood findings in these cases were as follows

Case 1—Age of patient 21 years Duration of disease one year Blood normal

Case 2—Age of patient 8 years Duration of disease 5 weeks Blood normal

Case 3—Age of patient 38 years Duration of disease 2 months Blood normal

Case 4—Age of patient 62 years Duration of disease 2 years Blood sugar 1138, chlorides 4293

Case 4 was an old illiterate Russian Jewess Her history was not satisfactory and probably was not correct. The clinical appearance of the eruption in all the above four cases was similar, the rash was present on the scalp, elbows and knees, the lesions were discrete and of the numular type.

Two cases which had received previous treatment, showed a normal blood picture. One of these patients had received only external applications, the other had been given, in addition to external treatment, injections of some arsenical preparation.

Bismuth—In addition to the case mentioned above, four cases had received injections of a bismuth compound before a blood chemistry was done. The duration of the disease in these four varied from one to many years (more than 10). Of these four cases three showed a high sugar and a low chloride content in their blood. One was definitely diabetic. The chloride findings in these cases varied from 404 to 437 mgms per 100 c c of blood and the sugar from 108 to 212.

The fourth case showed only a moderate hyperglycaemia, sugar 1112

Sixteen other cases were examined who had received some kind of treatment. Of these, eight claimed that they had only used external applications, seven stated that they had received arsenic in some form. One case denied any form of treatment but he said that in his work he used large amounts of the sulphide of arsenic. All of these sixteen cases showed a high sugar and a low chloride content in their blood.

Two cases who had received arsenical medication gave a normal blood picture, and two others showed only a high sugar but a normal chloride

Two cases showing the so-called metallic blood picture had the disease present in very large wide spread sheets with involvement of the palms Urine examination after an injection of Sodium Thiosulphate showed arsenic in pathological amounts - The first of these two patients was a man aged 40 years, his urine showed 0.033 mgms of arsenic per 100 gmms of dried speci-men The second patient was a woman of about the same age, her urine showed 0293 mgms of The condition in the man cleared up entirely with injections of sodium thiosulphate and the external use of an ointment of wool fat and petrolatum The woman was materially helped by these injections She disappeared from the clinic before treatment was completed

Some of the cases showing the metallic blood

picture are worthy of special mention

The patient with occupational contact with arsenic was a man 43 years of age. His occupation was a wool puller, in other words he pulled wool from sheep skins to prepare them for tanning, and applied sulphide of arsenic to them. He had been affected with the disease for six years. The eruption was present on the scalp, trunk and limbs in large sheets. His blood findings were as follows.

9/28/27 sugar 868, chlorides 4377 10/26/27 sugar 920, chlorides 4210 11/2/27 sugar 1060, chlorides 3880

At first it seemed that there was no arsenic element in this case but the findings after the thiosulphate injections showed clearly the sugar elevation and the dimunition of the chlorides. This change was not due in the least to the sodium thiosulphate, for in cases of eczema where there is no metallic element this blood change is never seen after these injections. He was markedly helped by the thiosulphate treatment.

Another case deserving special mention was a man aged 28 years who had been affected for nine years without disappearance of the rash He showed large sheets of eruption on scalp, trunk and limbs. His nails also were affected He had received arsenic both by ingestion and by injection. His blood examination on Nov 18/27 was as follows sugar 1032, chlorides

3968 He was put on injections of sodium thiosulphate three times a week. A blood examination early in Feb, 1928, showed that his sugar was 120 and the chlorides had gone up to 454. The lesions on his skin had almost entirely disappeared and much to our surprise the nails were coming in perfectly normally, the pitting and distortion which had affected the whole nail substance was present only at their free margins.

Mrs C T, Italian, aged 39, had had the disease continuously for eight years. It was present in very large sheets on her scalp, trunk and limbs. She was given the injections of thiosulphate three times a week and an ointment of lanolin and vaselin. The condition cleared up in

about two months

Many other cases in this group reacted in the same manner to sodium thiosulphate

SUMMARY

The family histories of these patients showed the following

In the families of two patients there was a

history of diabetes

In the families of four one other member had psoriasis

In the family of one patient one other member

had both psoriasis and diabetes

Two of these 35 patients showed diabetes mellitus. One of these was a Jew aged 56 years,

the other was an Italian aged 56 years

In this series, 35 cases of psoriasis were examined and studied. Of these 35 patients four claimed that they had received no treatment of any kind. Three of these four gave a normal blood picture. In the fourth case the history was not reliable.

Two cases which had received previous treat-

ment gave normal blood findings

Two cases having received previous treatment showed only a moderate hyperglycaemia

Seven cases received injections of a gold compound (Triphal) A reaction of some type was seen in each of these seven. The reaction varied from simple pruritus to generalisation of the eruption with severe constitutional disturbance as shown by fever and prostration. The severe reactions were seen in cases which had recently received injections of arsenic and bismuth respectively. In each of these seven cases there developed a distinct metallic blood picture after the gold injections. In no case was there any lasting improvement, one case, which cleared up after three injections, relapsed after three weeks.

Omitting the eleven cases which received either gold or bismuth treatment there were 24 cases left. Of these 24 cases four had received no previous treatment. Of the twenty which had received previous treatment, two gave a normal blood picture, two showed a high sugar only, while sixteen showed a distinct metallic blood.

In other words 75% of previously picture treated cases showed signs of a metallic retention

Examination of the cases showing a metallic blood picture showed two clinical types of the disease, in the first type the disease was present in discrete punctate or numular patches, in the second type large sheets of eruption was present and in a few of them the rash was universal In each of these two types there may be seen palmar involvement with at times involvement of the nails also In no case which did not show the metallic picture and in no case which had not received previous arsenical treatment was there any involvement of the palms or nails cases of this type, whose urine was examined for arsenic, arsenic was found in pathological amounts The urine was not examined in the other cases

In cases where the disease was present in large sheets or where it was universal, the disease process retrogressed under thiosulphate treatment and the external use of an emolient ointment Even the nail involvement responded to this line of therapy

Cases which did not show this metallic picture were not helped by the thiosulphate former paper14 we stated that it was our belief that Psoriasis per se never caused palmar lesions and that when the condition became generalized that it was not due to the pathological process of the disease but that these conditions were always due to a heavy metal retention and that the metal usually causing these symptoms was arsenic. The cases of generalization following gold injections seem to bear out that contention. Whether the local condition is due to a local deposit of the metal as has been found in the exfoliative dermatitis from the arsphenamines, or whether the local deposit of the metal acts as an irritant and the extension of the rash and the development of new lesions is simply an expression of Koebner's isomorphism, or whether the metallic retention is in some part of the body which is concerned with the genesis of Psoriasis, we do not Osborne's 10 finding of it in arsenical keratoses points to a local action, the perverted sugar and chloride metabolism and an abnormal glucose tolerance which we found in two cases, seem to show an added internal disturbance chiefly of hepatic origin Ravaut's findings of definite hepatic insufficiency in some of his cases we think were due to a metallic retention we showed in a previous paper14 acidosis favors the precipitation of arsenic in the tissues, the cases of eczema reported by Drouet and Verain, in which moderate hyperglycaemia and acidosis were found, were in all probability associated with a heavy metal retention Watrin²⁰ reported to the French Dermatological Society at the Strassburg reunion a case of Lichen Planus with a similar acidosis following arsenic injections In his case the arsenic seemed to cause an exten-

sion of the skin symptoms also. This patient reponded to alkalies and injections of sodium thiosulphate The retention of the arsenic was probably the cause of the acidosis Trusler and others21 have shown recently that in dogs poisoned with bichloride of mercury there is a relativé acidosis and a decrease of chlorides in the These findings we believe are additional proofs of our statement in the paper referred to above that the development of the diseased process in Psoriasis into large sheets of eruption or its spreading over the whole body with involvement of the palms, soles and nails, is in all probability due to a heavy metal retention, this metal is usually arsenic Associated with this metal retention the blood shows a comparatively high sugar and a relatively low chloride content Acidosis is also probably present

Conclusion

In this paper 35 cases of Psoriasis were stud-

No evidence of nitrogen retention was found in any case

Untreated, early cases of this condition show as a rule a normal blood as far as sugar, chlorides, urea nitrogen and uric acid are concerned

Sodium thiosulphate is of no value in the treatment of cases whose blood does not show our so-called metallic picture, that is a high sugar and a low chloride Sodium thiosulphate is of great value in those cases showing the metallic blood picture In cases with the disease process present in large sheets or where it is universal its action is frequently curative. Nail involvement has also responded to this line of therapy

The action of sodium thiosulphate in these cases is in removing the retained metal from regions in which it has been precipitated and in reactivating it. It also seems to have an action upon the accompanying acidosis

Gold therapy is not of any special value in the treatment of Psoriasis The use of gold compounds in this disease should always be preceded by a blood chemistry A high blood sugar and a low blood chloride are positive contraindications for gold therapy

We believe that Psoriasis per se never involves the palms or nails, and that it never occurs in large sheets or becomes universal unless there is a metallic retention

We do not make any claim that arsenic or any of the other heavy metals is concerned with the genesis of Psoriasis

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SIMPLE TUBE DRAINAGE OF THE STOMACH AFTER ABDOMINAL OPERATIONS

A Simpler and Safer Procedure Than Lavage for Acute Postoperative Gastric Dilatation and High Intestinal Obstruction

By WILLIAM L WOLFSON, MD, FACS, and BENJAMIN KAUFMAN, MD, BROOKLYN, NY

HAT operations within the abdomen may result in serious dilatation of the stomach or retention of the gastric contents has long been known Practically all authorities recognize the necessity of passing a stomach tube and aspirating the gases and gastric contents in this condition, but the procedure generally employed includes gastric lavage as well In a series of postoperative cases studied at the United Israel-Zion Hospital we have been impressed with the superiority of the much simpler procedure of tube passage over gastric lavage We desire, therefore, to point out the advantages of this simple emergency measure which has actually proved life-saving in cases of acute postoperative gastric dilatation and high intestinal obstruction

HISTORY OF THE STOMACH TUBE

Few physicians are aware of the circumthonces under which the stomach tube was never ted and first used, yet the history of this edly helpenplement forms a most interesting

Another casdicine To Dr Physicki of Philaman aged 28 yea the credit of inventing the nine years without 793 His greatest success He showed large sheet as in 1812 when he trunk and limbs. His national empty the stome he had received arsenic both and According by injection. His blood examination and tube 18/27 was as follows sugar 1032, mach tube

An apparatus for extracting poisons from the stomach was proposed by Boerhave and perfected by Dupytren and Renault of France in 1803 Orfila's work, published in 1814, quoted Renault's description and described the procedure for emptying the stomach by mechanical means as follows

"The gum-elastic tube should be of sufficient length to allow its extremities to reach the most depending part of the stomach and of a calibre large enough to give passage to soft substan-It should have two orifices, one at each extremity, lastly, a ferrule of metal should embrace the external orifice which is to be Things received into the cannula of a syringe being thus arranged, the tube is introduced into the stomach by the mouth or nostrils, the syringe adapted to it and a certain quantity of liquid gently injected to dilute, hold in suspension or dissolve the poison. Then the piston is raised, a vacuum formed and some of the After contents of the stomach withdrawn these two operations have been repeated several times, the viscus is well washed and all the poison extracted without any violence and almost without any pain and in a very short time"

Jukes in 1822 swallowed a lethal dose of laudanum and then used the stomach tube on himself to extract the poison Using solutions of various colors, he demonstrated how gastric

lavage may be accomplished both in dogs and human beings Originally he employed a gumelastic bottle connected with the tube, but the addition of a syringe to the equipment was suggested later by Bash

Sir Astley Cooper⁵ in 1823 directed experiments on a dog at Guy's Hospital to ascertain whether fluids could be put into the stomach and then removed. The instrument, which was said to have been invented by Reed of Kent, consisted of a brass syringe with a capacity of 3 ounces and a tube proceeding from a point 1 inch above the mouth of the syringe and nearly at right angles to it. This contrivance gave the syringe two outlets for the attachment of two tubes.

it was as follows

"When any liquid was to be thrown into the stomach the mouth of the syringe was put into the vessel containing it and a long tube composed of elastic gum or leather with a joint in the middle previously put into the stomach was received into the cylinder from the vessel which was prevented passing back by means of a spherical valve in the mouth, when the piston was pressed down the fluid passed by means of the tube attached to the lateral opening into the stomach and any quantity of fluid might be injected into it. On the contrary, when it was wanted to empty the stomach of any liquid, all that was necessary was to change the position of the mouth of the syringe and the action was reversed. This experiment proved a success in the dog"

Since the date of its introduction the stomach tube has been constantly improved, being utilized not only as a means of treatment but also as a diagnostic aid. It is mainly for the purpose of emphasizing the value of the stomach tube in the surgeon's armamentarium and the advantages of its use in the treatment of postoperative symptoms after abdominal operations that we have written this article

Postoperative Gastric Lavage

While much has been written concerning the value of gastric lavage both before and after operations all authorities are in accord that this procedure may save life under certain circumstances. The question naturally arises, "What are the indications for tube drainage of the stomach in abdominal cases?"

The most important indication for tube drainage is furnished by the early symptoms and signs of acute postoperative dilatation of the stomach, namely, restlessness, discomfort, epigastric pain, increasing pulse rate, feeble hiccough or belching, pinched features, an annous look, and slight epigastric distention. These manifestations are followed by effortless vomiting of greenish or brownish fluid. Although the vomitus is brought up in large

gulps the act of vomiting is not distressing The abdomen finally becomes markedly distended or ballooned, respiration frequent and shallow, and the pulse more rapid and of poorer quality. Due to the persistent vomiting there is increasing thirst and the patient often becomes dehydrated. No relief being given, this condition may terminate in collapse.

The proper time to pass the tube and drain the stomach is in the very early stages of acute Then the procedure proves to be dilatation a most beneficent measure At that time, furthermore, it is most important to repeat the lavage as often as the distention appears or the The lavage patient is conscious of distress of the stomach should be continued until the This is the view exfluid is returned clear pressed by Moynihan,6 Finney,7 Horsley,8 Lewis, Parker, 10 Bickham, 11 Browne, 12 and Slocumb 13 all of whom believe that the stomach tube has saved the life of more than one patient with acute gastric dilatation

TUBE DRAINAGE OF THE STOMACH

In a number of cases of threatened or existing acute gastric dilatation on the surgical service of the United Israel-Zion Hospital from 1922 to 1927 we have employed the more simple procedure of tube passage Gastric lavage has been omitted entirely. Our results have convincingly demonstrated to us that tube passage can entirely supersede, the more cumbersome, protracted and difficult stomach washing.

Tube passage has many advantages over gastric lavage. The preparation for the procedure is simpler. The tube being ready at the patient's bedside it is not necessary to prepare warm saline or other solution, as when lavage is to be performed. In case of need, the physician passes the tube quickly and

gently into the stomach

The careful passing of the tube is simple and not objectionable to most patients who are usually so relieved that they welcome a repetition of the act when the stomach again becomes distended with gas or fluids. We have often emptied the stomach of its contents at half hour intervals. One has only to perform this procedure a few times in order to appreciate the immediate relief that it gives the Tube passage minimizes the dangers patient attendant upon emptying the stomach by mechanical means When gastric lavage is performed on a sick, gagging, or straining patient there is always the danger that some of the contents may spill alongside the tube and be aspirated deeply into the respiratory passages, possibly causing pulmonary complications—a not unusual occurrence This danger is avoided by simple tube passage

By eliminating most of the straining, gagging

or retching generally associated with lavage there is less burden to a weakened myocardium of past or recent origin There is less tension to the edges of the recent abdominal wound with decreasing likelihood of wound rupture and evisceration Furthermore, this safeguard applies not only to the wound in the abdominal wall but also to those in the stomach and intestines (gastric surgery)

Rose¹⁴ has shown that high intestinal obstruction produces a constant fall in the blood chlorides with a rise in the blood urea nitrogen. non-protein nitrogen and carbon dioxide combining power of the blood plasma By the work of Haden and Orr,18 the chlorides of the body have a specifically antagonistic action to a toxin produced in the obstructed gut lavage is performed in these cases of high obstruction, the chloride content of the blood already diminished to a dangerous degree will be further reduced For with the introduction of considerable quantities of fluid into the stomach there is of necessity a washing out of the hydrochloric acid from the cells in the gastric mocosa, which acid might be available to replenish the low chloride in the blood

When gastric resection has been performed the tube should be passed only three-quarters of the usual distance, for, if it is inserted full length there is always danger of traumatizing the suture line

SUMMARY

Tube passage without lavage has certain definite advantages in gastric dilatation and high intestinal obstruction

1 It is more efficaçious

2 Less cumbersome in preparation and accomplishment

3 Less discomfort to the patient

4 The danger of aspiration pneumonia is decreased

5 Tube passage can be used at very frequent intervals

This simple change in our postoperative treatment of gastric dilatation has strikingly proven its effectiveness and we should like to recommend its more extensive use in such

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OXYGEN THERAPY IN PNEUMONIA*

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NCOURAGED by the results of Oxygen Therapy in pneumonia secured by Binger and with their improved apand Barach paratus, we have been using it at St Luke's Hospital during the past four months with grat-The apparatus employed has been ifying results the head tent recently introduced by Barach 3 This enables the patient to live comfortably in an atmosphere in which the percentage of oxygen can be maintained at any desired concentration By this means the physician can vary the dosage of oxygen as with any other drug

In this series, oxygen was maintained at a concentration of 40 per cent, or twice that of the

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oxygen in the atmosphere at sea level. The temperature in the tent varied between 65 and 70 degrees Farenheit

The emphasis in this study was placed only on the clinical aspect of oxygen therapy No laboratory work was employed other than the routine as applied to pneumonia patients in our wards The patients were placed in the tent for continuous periods varying from a few hours to six

With but one oxygen apparatus available, it was necessary to restrict its use to those most in need of it Accordingly the patients selected were the desperately ill ones with an exceedingly poor prognosis In each instance cyanosis was present before the oxygen therapy was begun Fourteen patients were treated, of which five died, a death rate of 35 per cent A synopsis of each case follows

Case 1 E C, an American housewife, aged sixty-four, was admitted to the hospital on the seventh day of March, 1927, complaining of pain in the chest, blood tinged sputum and fever. It was the fourth day of the disease The physical examination showed an acutely ill woman whose respirations were shallow, rapid and labored The right lower and middle lobes and the upper left lobe of the lungs were consolidated cocytes were 11,800, the polynuclear neutrophiles were 78 per cent and the lymphocytes were 22 per cent The pulse was 130, the temperature 104 degrees, the respirations 30 per minuute On the sixth day because of increasing cyanosis and because the general condition was worse, the oxygen The cyanosis disappeared altent was started most immediately, the patient said she felt better The patient remained in the tent for twenty-four hours and was removed several times during this Each time she was returned to the tent the cyanosis was relieved. The patient was discharged as cured

M J, a Canadian nurse of forty-Case 2 three years, was admitted to the hospital on the fifth day of the disease She complained of pain, cough, chills and fever A physical examination showed an acutely ill woman who was markedly cyanotic and dyspnoeic. The pulse was 150, the temperature was 105 degrees and the respirations were 26 per minute The blood culture was positive, for pneumococcus type IV The leucocytes were 12,000, the polynuclear neutrophiles were 80 per cent, the lymphocytes were 20 per cent There were signs of consolidation of the entire left lung. The patient was placed in the tent and immediate relief was noted with a disappearance of the cyanosis The oxygen was continued at irregular intervals (eight hours on and eight hours off) for five days Each time the tent was replaced the cyanosis disappeared and there was relief of dyspnoea There were no changes in the pulse or temperature On the eleventh day of the disease the temperature rose to 107 degrees and the patient died

Case 3 G G, an English newsdealer of forty-five years of age was admitted on the second day of his disease. He complained of cough and pains in his chest. The physical examination showed an acutely ill man who was very cyanotic. There were signs of consolidation at the right base. A diagnosis of bronchopneumonia was made. The temperature was 104 degrees. The pulse was 100 and the respiratory rate was 32 per minute. The leucocytes were 16,200, the polynuclear neutrophiles were 84 per cent and the lymphocytes were 16 per cent. The tent was applied and the cyanosis disappeared and the dyspnoea was relieved almost immediately. There were no

changes in pulse or respiratory rate. The patient was removed from the tent three and a half hours later. The recovery was uneventful

E D, an American porter, thirty-two years of age, was admitted on the tenth day of his disease. He complained of chills, fever and pain in the chest The physical examination revealed an acutely ill man whose respirations were rapid and whose face was flushed. There was consolidation of the entire left lung and of the right middle and lower lobes. On examination of the heart it was found he also had mitral stenosis and insufficiency There was no cyano-The pulse was 128, the temperature was 105 4 degrees and the respiratory rate was 40 per The leucocytes were 25,400, the polynuclear neutrophiles were 93 per cent and the lymphocytes were 7 per cent. The pneumonia was a group IV. Two hours after admission the patient became cyanotic and the oxygen tent was started A series of pulse and respiratory readings for four hours following the administration of oxygen were as follows

9 P M		Pulse	124	Respirations	42
10 "	•	"	108	• "	44
11 "		"	120	"	40
12 M		"	122	"	40

The cyanosis cleared and breathing became easier. The patient said he felt better. On the second day the temperature fell to 102 degrees and the patient appeared to be recovering. On the third day the temperature reached 106 degrees and the patient died. The tent was applied for sixty hours.

Case 5 H S, a schoolboy of eight years was admitted to the hospital with a diagnosis of acute rheumatic fever, mitral stenosis and regurgitation, aortic regurgitation and bronchopneumonia. It was the seventeenth day of his acute disease. The patient was cyanotic and dysphoeic and complained of pain in his joints. The leucocytes were 13,000, the polynuclear neutrophiles were 86 per cent and the lymphocytes were 14 per cent. His pulse was 160, the temperature was 103 degrees and the respiratory rate was 40 per minute. The tent was applied and the cyanosis disappeared, but there was no change in the pulse, respiration or temperature and the child died five hours later. The tent was applied for five hours.

Case 6 R M, an Irish sailor of sixty-seven years of age was admitted to the hospital on the fourth day of his disease, with a diagnosis of lobar pneumonia. He complained of fever, cough and chills. The physical examination revealed an acutely ill and emaciated man who was very cyanotic. There was a complete involvement of all five lobes of the lungs. The blood culture was positive for pneumococcus type IV. The leucocytes were 7,800, polynuclear neutrophiles were 90 per cent and the lymphocytes were 10 per cent. The urea nitrogen of the blood was 28.8.

nulograms per 100 cubic centimeters of blood. The temperature was 102 4 degrees, the pulse was 140 and the respirations were 36 per minute. The patient was irrational. The oxygen tent was started at eight P.M. The cyanosis cleared and the patient seemed brighter but became very restless. At eleven P.M. the patient became rational At eleven-fifty-five the patient died suddenly.

H H, an American carpenter of forty-eight years was admitted on the ninth day of his disease, complaining of cough, chills, fever and pain in his chest There was consolidation of the left upper and lower lobes The blood culture was positive for pneumococcus type II The respirations were shallow. The patient was very The pulse was 130, the cyanotic and irrational temperature 102 degrees and the respiratory rate was 40 per minute. The leucocytes were 27,600, the polynuclear neutrophiles were 94 per cent and the lymphocytes 6 per cent Six hours after the patient was placed in the tent the pulse was 130, the respirations were 34 per minute change was noted in his condition except clearing The patient died twenty-four of the cyanosis hours later

L M, an English housewife, thirty-Case 8 two years of age, was admitted to the hospital eight hours after she had taken one hundred grains of medinal The patient was comatos, very cyanotic, moist rales could be heard throughout both lungs and at the right base crepitant rales The leucocytes were 13,600, could be heard polynuclear neutrophiles were 82 per cent and the lymphocytes were 18 per cent The temperature was 102 6 degrees, the pulse was 120, and the respirations were 40 per minute. The spectroscopic examination of the blood was normal An X-Ray of the chest showed an extensive bronchopneumonia involving the right middle and lower lobes One hour after the oxygen tent was started the pulse was 120, and the respirations were 36 per Seven hours later the temperature was 102 degrees, the pulse 86, and the respirations 30 The cyanosis had disappeared One hour later the patient was conscious and there was no cyano-The oxygen was discontinued The recovery was uneventful The oxygen was administered for eight hours

Case 9 L C, an American housewife, fiftyseven years of age, was admitted to the hospital on the 20th of March, 1927, complaining of pain in the right chest on breathing. She had had this pain for three weeks, during which time she had had fever and had tost ten pounds There was tenderness in the region of the tenth dorsal spine An X-ray of the chest was normal The blood count on admission was hemoglobin, 65 per cent, red blood cells, 3,000,000, leucocytes, 3,400. polynuclear neutrophiles, 20 per cent, and lymphocytes were 80 per cent The temperature was 102 degrees, the pulses 98 and the respirations were 24 per minute. The condition was

thought to be an aleukemic leukemia. Four days after admission the temperature reached 104 de The pain in the chest and cough seemed worse The physical signs and X-Ray revealed a bronchopneumonia The leucocytes were 2,800, the polynuclear neutrophiles were 10 per cent, and the lymphocytes were 90 per cent. Three days later she became cyanotic and irrational temperature was 104 degrees, the pulse 116 and the respirations were 30 per minute. The tent One hour later the pulse was 90, was applied and the respirations were 28 per minute. The patient was more comfortable and the cyanosis had disappeared Three hours later the tempera ture was 102 degrees, the pulse was 120, and the respirations were 32 per minute. During the following two days it seemed certain that the patient would die, the pulse was weak, rapid and irregular, the patient was irrational and incon-The hemoglobin was 52 per cent, the red blood cells were 2,400,000 A blood transfusion of 500 cubic centimeters was given count on the following day was hemoglobin, 59 per cent, the red blood cells, 2,100,000, the leucocytes were 1,200, the polynuclear neutrophiles were 20 per cent, and the lymphocytes were 80 per cent. On the sixth day of the oxygen administration another blood transfusion was given and the oxygen discontinued at this time because the improvement was so marked The tempera ture was 101 degrees, the pulse was 98 and the respirations were 26 per minute The cyanosis had disappeared and the patient was rational The patient believes that had she not had the oxygen she would have died When the tent was removed to change the ice or soda lime, she would ask to have it returned The pulse, temperature and respiratory rate varied from time to time, but the general trend was downward as indicated by the following table

Before the tent was applied T 104 R 120 R 28 Second day 110 104 32 Third 1110 - 103 28 " Fourth 98 102 28 " Fifth 98 101 26 Sixth 98 101

The oxygen was administered for six days The patient is recovering

Case 10 M C, an Italian student cert fifteen years was admitted to the hospital on thise fourth day of his acute disease, complaining of iservere precordial pain. The diagnosis of bronchoj woneumonia, fibrinous pericarditis, bilateral pleurar al effusion, mitral stenosis and insufficiency to were made. The pulse was of poor quality and rap of the disease the dyspnoea de, it creased and the cyanosis became marked. The mixture was 1036 degrees, the pulse was 13 yere and the respirations were 40 per minute. The porpneumococcus was type IV. The leucocytes were neutrophiles were 73 per 19,000, the polynuclear neutrophiles were 73 per 19.000,

cent and the large mononuclear lymphocytes were 6 per cent and the small lymphocytes were 22 per One-half hour after the oxygen had been started the cyanosis had disappeared and the patient seemed much relieved. The pulse was 122 and the respirations were 34 per minute Four hours later the patient became excited and re-The tent was removed and the jected the tent cyanosis reappeared almost immediately, the tent was re-administered and the cyanosis again dis-Three days later the pulse was 100, appeared the respirations were 28 per minute Six days later the temperature was 99 degrees, the pulse was 100 and the respirations were 26 per minute The tent was removed The recovery was uneventful The oxygen was applied for six days

J H, an American sexton of Case 11 seventy-three years who was admitted to the hospital on the fourth day of his disease, complaining of pain in his chest, cough, chills and fever The physical examination showed him to be a poorly developed man, actually ill, very cyanotic and whose pulse was of poor quality The respiratory movements were shallow and rapid signs were those of a bronchopneumonia temperature was 104 degrees, the pulse 80 and the respirations 22 per minute. The leucocytes were 5,000, the polynuclear neutrophiles were 80 per cent and the lymphocytes were 20 per cent. The oxygen tent was applied and almost immediately the patient improved The cyanosis disappeared and the patient said he felt more comfortable and could breath with more ease When the tent was removed for fifteen minutes to change the tank, the patient became cyanotic.

Before the tent was applied	T 104 P	80	R	22
Three hours after	101 2			22
Two days later	102	80		22
Third day	100	70		22

On the third day the patient was so much improved that the tent was removed. The recovery was uneventful. The tent was applied for three days.

Case 12 M E, an American clerk of thirty five years who was admitted to the hospital on the sixth day of her disease, complaining of pain in her chest, chills The physical examination showed an acutely ill woman who was dysphoeic There was a pleural rub involving the entire right lung and lower left lobe

White blood cells were 16,200, polynuclear neutrophiles were 81 per cent, lymphocytes were 19 per cent. Urea nitrogen was 33 4 mg per 100 cubic centimeters of blood. Urine Faint trace of albumin and occasional hyaline cast. The patient was very cyanotic. The temperature was 103 4 degrees, the pulse 118 and the respirations 26 per minute. When the oxygen tent was applied the cyanosis disappeared and the patient said that she felt better. One hour later the pulse rate was 120 and the respirations were 24 per

minute Twelve hours later the temperature was 100 degrees, the pulse 90 and the respirations were 26 per minute. The oxygen was stopped. The patient was in the tent for twenty-four hours. The recovery was uneventful.

Case 13 L S, a Russian housewife of fortyone years who was admitted to the hospital on the 7th day of her acute disease The diagnosis of myocarditis, pulmonary edema, mitral insufficiency and bronchopneumonia were made. The patient was dyspnoeic, orthopnoic and extremely cyanotic She complained of a cough The temperature was 100 degrees, the pulse 86 and the respirations were 24 per minute White blood cells were 5,000, polynuclear neutrophiles were 77 per cent and lymphocytes were 22 per cent Moist rales were heard throughout both lungs and subcriptant rales through the precardial area cyanosis disappeared almost immediately after the oxygen was started One hour later the temperature was 100 degrees the pulse 90 and the respirations 22 per minute Twenty-four hours later the temperature was 99.2 degrees, the pulse 80 and the respirations were 30 per minute. Fortyeight hours later the patient was removed from the tent while the oxygen tanks were being Five minutes after the tent was rechanged moved the patient became cyanotic, the pulse irregular and weak Death seemed almost certain When the oxygen was restored the patient immediately improved Twenty-seven hours later the patient was so much improved that the tent was removed The temperature was 99 degrees, the pulse 88 and the respirations were 24 per minute The oxygen was administered for five days during which time it was removed at irregular intervals for short periods. The patient had an uneventful recovery

Case 14 J R., a Spanish boy of nineteen years of age who was admitted on the 6th day of his disease, complaining of pain in his chest There was consolidation of the right middle and lower lobes and there was some involvement of the left lower lobe The patient was very cyanotic and the temperature was 103 degrees, the pulse 126 and the respirations were 26 per minute. The pneumococcus was a group IV After the tent -was applied the patient seemed more comfortable and the cyanosis disappeared At the end of one hour the pulse was 120 and the respirations were 32 per minute On two occasions the tent was removed for a few minutes and the cyanosis quickly returned The tent was re-applied and the cyanosis disappeared and breathing was less labored On one occasion when the tent was temporarily out of order, the oxygen was given by the nasal catheter without relief The oxygen was administered for four days. The patient was discharged as cured

RESULTS

It will be noted that the cyanosis disappeared

in all the patients who were placed in the tent This improvement occurred within a few minutes after beginning oxygen therapy, and persisted as long as it was continued In all m~ stances, if the patient were removed from the tent before definite clinical improvement had begun, the cyanosis reappeared and in most cases he would beg to be replaced in the tent With 43 per cent of the patients an improvement in the rate of pulse and respirations occurred on beginning oxygen therapy In almost all, the quality of the pulse was improved Seven per cent showed an increase in pulse and respiratory rate, and the remainder, or 50 per cent, were unaffected

The outstanding feature of the treatment was the immediate disappearance of the cyanosis. This was prompt and complete with each patient Coincident with this was an improvement in the appearance and subjective symptoms of the patient. To watch a dyspnosic, cyanotic patient grow rosy and comparatively comfortable in the tent was a most gratifying experience to doctor and patient alike.

When it is realized how distressing and even dangerous the symptom of anoxaemia can become, as observed in mountain sickness, it is evident that the relief of this symptom alone removes a tremendous burden from the already toxic pneumonia patient

The value of oxygen therapy is therefore due to the removal of the distressing and usually dangerous symptom of anoxaemia accompanying temporary functional failure of the lungs. If this symptom can be relieved long enough to tide the patient over the critical period, it may become a

life saving procedure We feel that this was accomplished in the patients who recovered

While the death rate in this series was higher than that for pneumonia in New York City, it was low for the type of case selected for treatment. Judging by the usual clinical criteria, they were all desperately ill patients with exceedingly poor chances for recovery. The surprising fact was not that so many should recover but that any of them should get well at all

Conclusions

- 1 The Barach apparatus enables the physician to administer oxygen at any therapeutically beneficial concentration for any length of time.
- 2 In this series the patients were placed in an atmosphere containing forty per cent oxygen and kept there continuously for periods varying from three hours to six days
- 3 Oxygen Therapy in pneumonia is symptomatic treatment directed toward relieving the anoxaemia
- 4 In this series of fourteen patients the relief was prompt in all instances
- 5 The evidence deduced from this study convinces us that with desperately ill pneumonia patients having cyanosis, oxygen therapy may be a life saving measure

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THE TRANSFORMATION OF ANATOMICAL FACTORS OF SAFETY INTO ELE-MENTS OF PERIL

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IN engineering, the term "factors of safety," is used to designate the margin required in the building of engines, bridges and the like to meet any contingency which might arise in the form of unexpected stress or strain In 1907, the late Samuel J Meltzer introduced the term into medical literature in his enunciation of the doctrine that the human body is constructed with special consideration for the greatest degree of safety rather than for that of the greatest economy-that Nature is prodigal almost to the point of waste in providing factors of safety for practically every tissue in the body-anatomical, functional, nutritional, and otherwise In physiological conditions, these factors of safety justify the appellation by which they are known There are circumstances, however, in which anatomical factors of safety may be converted into hazards

which threaten the welfare of the cell community
—circumstances in which factors of safety are resolved into elements of peril by a process so
subtle that the body is apprised of danger only
when salvage is impossible

It has long been known that one kidney may be removed if the other is normal and that the amount and composition of the urine under the changed regime remain practically unaltered. This indicates, of course, that the kidney has an amount of tissue which is sufficient at a moment's notice to take on at least twice the total of work to which it is ordinarily accustomed. In the same way, experiment reveals that at least two-thirds of the available kidney tissue in the body may be removed without detriment to function. In both instances, it is the glomerulus with its tubular extension which constitutes the factor of

It is estimated that the human kidney contains two million glomeruli and, according to the experiments of Richards, the circulation of blood through them varies in such fashion that not all receive the same amount at the same time and, therefore, do not function simultaneously This finding is in accord with Korgh's demonstration that, when a muscle is at rest, many of its capillaries are temporarily empty, whereas in periods of activity the total number of bloodcarrying channels is greatly increased After experimental removal of one kidney, the remaining organ almost immediately enlarges and in a comparatively short space of time increases greatly In neither instance are the anatomical factors of safety numerically increased eration of glomeruli is unknown and regeneration of tubules, although sometimes attempted, is invariably abortive. In the compensating kidney, the glomeruli enlarge, sometimes in such manner as to stretch their limiting membrane, and the tubules increase their calibre. The glomerulus is then in a position to receive a larger supply of blood and the tubule is prepared to accommodate any reasonable increase in the output of fluid In certain conditions of disease, the glomeruli, by thousands, are partially or completely replaced by overgrowth of the epithelium of Bowman's capsule, or by fibrous tissue or amyloid deposits Many of the remaining glomeruli enlarge and, within limits, compensate for those which have been injured or destroyed Beyond these limits, compensation fails and the patient begins to show signs of renal disturbances of a sort to indicate that anatomical factors of safety have been disposed of in numbers sufficient to damage the organ beyond hope of adequate substitution-insidiously and without warning, factors of safety have been converted into elements of peril

There are reasons for believing that the animal body is provided with at least twice as much lung tissue as is necessary for purposes of ventilation and elimination Experiment has shown, for example, that compression of one lung may occur without serious embarrassment as far as ventilation of its companion is concerned rabbits, an entire lung may be removed without lasting ill effects, the animals appearing perfectly normal, sometimes as long as a year after the operation In the human body, extensive disease of the lungs with luxuriant replacement of air vesicles can occur without symptoms referable to the function of respiration A further element of safety consists in the fact that the thorax provides space in which the lungs may expand beyond their normal capacity, as best exemplified, perhaps by vesicular emphysema That the anatomical factors of safety in the lung and pleural cavities may undergo transformation to such an extent as to constitute a menace is shown by postmortem findings One of the most striking of these is to be found in the presence of tumors and tumor-like growths springing from the thymic remains, the growths so trespassing as to bring about infiltration and thickening of the pleura, invasion of the pericardium, and extensive replacement of the heart muscle, compression of one or both lungs, and displacement of such mobile structures as the trachea and œsophagus, without subjective manifestations attributable to abnormal pressure within the thoracic cavity the same way, there are innumerable examples of massive metastatic tumor deposits in the lungs without the slightest indication during life of disturbances of function referable to their presence It is obvious, therefore, that anatomical factors of safety resident within the thoracic cavity are capable of neutralizing abnormal pressure effects over a great period of time, provided the encroachment is gradual This wonderful adaptation to predatory invasion, while intended, no doubt, as a beneficent measure, is perilous in the sense that it progresses stealthily and the patient is suddenly aroused from a feeling of composure to find himself in the embrace of advanced

That the suprarenal capsules are essential to life is shown by the fact that their removal brings about death of the animal within a few hours under conditions of low blood pressure and extreme muscular weakness But the removal must be complete, if one-tenth of the total volume of suprarenal tissue is left in the body, the animal survives in apparent health. That the suprarenal capsules possess a marvelous adaptability to changed conditions is likewise shown by the fact that in 5,600 consecutive autopsies at Bellevue Hospital, bilateral destructive lesions were encountered 48 times, most of them tuberculous In 18 cases both organs were completely or apparently completely destroyed, and in not one of this number was pigmentation of the skin or of the mucous membranes observed at autopsy, nor any other sign of Addison's disease findings suggest two possibilities first that the suprarenal capsules are not completely destroyed but that residual tissue is preserved in quantities sufficient to protect or, second, that the extracapsular chromaffine tissues take on the function of those cells which have been destroyed in the medulla of the suprarenal capsule - In this connection, it is to be recalled that the suprarenal capsule represents developmentally two separate organs which, in higher forms, are fused, the cortex originating in the mesoderm and the me-The cortex is of dulla in the neuroectoderm companion origin with the testicle in the male and the ovary in the female and seems to be connected with the development of certain sexual character-The medulla, on the contrary, is composed largely of polymorphous cells which when treated with chrome salts, assume a brownish appearance and are known as chromaffine cells cells are encountered in some profusion in situations beyond the suprarenal capsule, notably in the tissues along the course of the abdominal aorta

—the so-called Zuckerhandl's paraganglia specific function of the suprarenal and other chromaffine cells is to furnish an internal secretion which maintains blood pressure and muscle tone Interference with the function of the chromaffine system, particularly with those elements which reside in the suprarenal capsule, is followed by changes of profound importance, notably by Addison's disease, which is characterized by pigmentation of the skin and certain mucous membranes and by asthenia of the skeletal and cardiac muscles As pointed out, however, bilateral destruction of the suprarenal capsules alone is not sufficient to bring about these changes A second factor is necessary and is to be sought in simultaneous destruction of both of the underlying cœliac ganglia The interpretation of these findings in Addison's disease is borne out by those in acanthosis nigricans—a condition attended, among other things, by widespread pigmentation of the skin and by pigmented verrucosities or macules In 35 cases collected by Pollitzer, 21, or 60 per cent, were investigated at necropsy, and in all of them malignant growths were found in the abdomen In six additional cases, there was presumptive evidence of malignant growths in the abdomen, but confirmation by necropsy was not obtained Pollitzer subscribes to the theory promulgated by Darier that the pigmentary changes in acanthosis nigricans are due to interference with the function of the abdominal sympathetic system brought about by pressure from malignant growths Thus, it seems that the chromaffine system, through the medium of its numerous and powerful factors of safety is able to maintain blood pressure and muscle tone even after it has been deprived of one of its most redoubtable components in the form of both suprarenal capsules, but that a further factor must be excluded in order to complete the picture of Addison's disease, namely, interference with the control exerted by the cœliac ganglia

The liver with its numerous and complex functions is able to carry on after great numbers of its cells have been destroyed. In rabbits, it has been shown experimentally that three-fourths of the entire organ may be removed, not only without detriment to function, but with subsequent cell regeneration and restoration of the organ to its normal volume. In alcoholic subjects, it is a matter of common histological observation that the liver may show intracellular deposits of fat to such an extent as to occasion surprise that it should function at all Much the same is to be said of amyloid precipitates, which may occur in such quantities that scarcely a normal liver cell is discernible, vast numbers being mechanically forced out of existence by the foreign infiltrate, while those that remain exhibit varying degrees of In man, the chief factor of pressure atrophy safety in the liver consists in the superabundance of cells with which he commences life These, as

indicated, may be replaced later to an extraordinary measure without obvious detriment to the welfare of the host. After a certain limit has been trespassed, however, the body is defenceless since, in man, regeneration of liver tissue, although sometimes attempted, never attains proportions which are even remotely commensurate with the degree of destruction

The pancreas is likewise provided with a superabundance of mature cells and on them its safety depends, since regeneration of pancreatic tissue, in man at least, does not occur. It has been shown experimentally that ligation of the main duct of the pancreas in dogs is followed in time by atrophy and connective tissue replace ment of the parenchyma, while many of the isl ands of Langerhans remain imbedded in the scar tissue, apparently in a perfect state of preservation, since the animal presents no indications of interference with carbohydrate metabolism however, the scar tissue be completely removed, diabetes develops promptly, just as it does when the normal pancreas is excised in its entirety. In both circumstances, however, the total fund of insular tissue must be eliminated, one-tenth the volume of normal pancreas, if left in the body, is sufficient to protect. In man, one occasionally encounters connective tissue replacement of the pancreas in proportions comparable to those just described, similarly attended by preservation of the islands of Langerhans in numbers sufficient to maintain carbohydrate combustion case recently investigated by autopsy at Bellevue Hospital, the pancreatic duct was so effectually blocked by a calculus as closely to reproduce the conditions following experimental Related anatomical conditions not infrequently obtain in the pancreas in congenital syphilis and in tumors, likewise with preservation of insular tissue and apparent continuation of carbohydrate metabolism It appears, therefore, that Nature has endowed these highly specialized cell collections with a margin of safety represented by the ability to subsist and to function even though their environment be changed to an almost incredible degree It nevertheless happens that the overgrowth of connective tissue is capable sooner or later of replacing islands to such an extent as to exhaust the margin of safety and precipitate disturbances in carbohydrate metabolism

It is not surprising that Nature has surrounded the great motor mechanism of the circulation, the heart, with many factors of safety. Important among these, from the anatomical standpoint, are factors which are resident in both the endocardium and muscle tissue. In the endocardium, the valves, notably the aortic and pulmonary cusps, are provided with an amount of tissue which is in excess of that needed at any one time. Thus on both sides of the aortic and pulmonary valves above the line of closure is a similurar sheet of

endocardium which is almost precisely the same size as the endocardium of the valve lying below the line of closure, so that the valves are provided with about twice as much tissue as is needed to prevent leakage. When certain disease processes attack the valve along and below the line of closure, causing retraction, the endocardium above the line of closure is automatically drawn down to take the place of the retracted part. This mechanism makes it possible for heart valves thus fortified to undergo extensive sclerotic changes and still maintain their functional integrity. Here, again, however, a time comes when the process of retraction assumes the ascendency and at that moment the valve becomes incompetent.

The anatomical factors of safety inherent in the heart muscle are equally astonishing from the standpoint of adaptat on to changed conditions Thus, not every individual dies from spontaneous rupture of the heart who suffers infarction of the heart muscle as a result of arterio-sclerotic changes in the coronary vessels On the contrary, the infarcted area is apt to become replaced by fibrous tissue and, as times goes on, this inelastic wall, under the influence of pressure from the blood within, distends to form the so-called cardiac aneurysm, replacing the heart muscle over an expanse which is sometimes of astonishing dimensions And yet life is prolonged in apparent comfort for an indefinite period So, too, the phenomenal adaptability of the heart muscle to replacement by scar tissue, invasion of tumors, and the like, is illustrated by the lesions of chronic interstitial myocarditis and by certain intrathoracic growths, notably the lymphosarcomata, which display a tendency to penetrate the pericardium and to invade the heart muscle In a case that came under my observation, replacement of both ventricles occurred to an extent that one marveled that the heart could contract at all In the heart muscle as well as in the endocardium, therefore, Nature furnishes elastic factors of safety, but these are sooner or later exhausted and the heart then begins to show signs of surrender

Perhaps the most marvelous individual factor of safety, however, is the ability of the living body to repair itself This faculty is ordinarily dormant and becomes active in response to demands which necessitate restitution of cells due to fortuitous injury or to loss occurring in the trend of normal events In physiological circumstances those tissues which are lowest in the functional scale reproduce the most readily and, as the scale is ascended and function becomes more complex, the ability to regenerate becomes less conspicuous When a tissue reaches functional perfection, as exhibited by the highly specialized ganglion cells physiological reproduction does not occur In the human body certain cells are set apart for purposes of regeneration, necessitated by natural attrition, notably those of the lowermost layers of

the skin, the germinal follicles in the lymph nodes, and the hemopoietic bone-marrow As long as growth control is under proper restraint, these cells reproduce and differentiate, function, and are discarded But the process of reproduction constitutes a potential menace in that cells are often manufactured in excess of those needed to meet reparative requirements Weigert advanced the view that physiological structure and function depend on equilibrium maintained by the mutual restraint of cells and that destruction of a cell or group of cells releases restraint to an extent sufficient to disturb the equilibrium of those which remain, in this way permitting them to indulge in abnormal proliferative activities and to produce new cells in excess of those required to offset the According to this view, hyperplasia is not a direct but an indirect result of irritation, the irritant serving to destroy cells and not to stimulate those that remain in the direction of regenera-The doctrine of regenerative over-production of cells, to which, incidentally, there are many exceptions, finds a corollary in the process of paralytic and degenerative hypersecretion, as exemplified experimentally by section of the cauda tympani nerve, that results in focal changes in the nuclei of the cells of the submaxillary gland, followed by hypersecretion of saliva Even in physiological conditions the process of degenerative hypersecretion is sometimes to be observed, the over-production of milk by the lactating breast being accompanied by retrogressive changes in the cells of the galactiferous tubules In certain tissues, not only is the supply of new cells in excess of the number needed, but the new cells constitute a menace, since they approach a type of architecture in which equilibrium between structure and function is held to be unstable, and growth may progress beyond control, a tumor resulting The principle of cell overproduction applies with force to the lymphoid tissues, among which excessive regeneration occurs in a variety of circumstances For example, there is a form of tuberculous lymphadenopathy consisting of diffuse hyperplasia of lymphoid cells without the formation of tubercles, the establishment of the nature of the process depending on the experimental reproduction of tuberculosis in susceptible animals following the injection of emulsified tissues It is not a long cry from this comparatively simple form of hyperplasia to the more highly dangerous variety encountered in the lymph nodes in chronic lymphatic leukemia pseudo-leukemia lympho-sarcoma, and related lesions It is apparent, therefore, that, in reacting to injury as well as in responding to physiological demands, Nature is sometimes extravagant, not only of cells, but of secretions as Concrete examples could be multiplied, but sufficient has been brought forward, I believe, to emphasize again that the body, in utilizing anatomical factors of safety, may find itself the victim of its own ingenious devices

SUMMARY

There is evidence that the tissues of the animal body, almost without exception, are provided with factors of safety of different sorts, anatomical, functional, nutritional and otherwise Utilization of these several factors of safety, particularly those based on an anatomical foundation,

may be carried on over a prolonged period without noticeable ill effects, but gradually they are depleted and the body, without warning, finds itself burdened by disease whose advance has been so stealthy as to excite no suspicion of its existence

RECENT ADVANCES IN ORTHOPEDIC SURGERY

By PERCY W ROBERTS, MD, NEW YORK, N Y

OTWITHSTANDING the fact that orthopedic surgery has passed from the conservative stage of expectant treatment of diseases and deformities of the skeleton by means of braces and plaster casts to its present status of active bone and joint surgery there are still many in the profession who think of the orthopedic surgeon as a man whose life is devoted to the treatment of flat feet and the application of mechanical supports true that the pioneers of our specialty were not surgeons in the generally accepted meaning Gradually, however, men of of that term surgical instincts entered the field and there has followed a complete revision of our methods of treatment of bone and joint disabilities The progress of our specialty rests not alone upon the type of men who have entered this field but also upon the out-cropping of certain scientific fundamentals which are the product of long years of patient observation and experimentation and which have broadened our vision and stimulated our initiative these fundamentals are a better knowledge of bone and joint pathology and of the terminal result of diseases treated conservatively, an understanding of the behavior of transplants of bone, tendons and fascia, the tolerance of joints to surgical trauma and the effect of intelligent postoperative physiotherapy

To be more explicit, we have learned the fallacy of the dictum of Sir Watson Cheyne uttered in 1884 and followed for several decades thereafter that all chronic, so-called "strumous" joint disease is due to tuberculosis. We know now that syphilis, benign and malignant tumors and certain metabolic changes may produce symptoms identical with those of tuberculosis and we are constantly striving for definite diagnoses to aid us in treatment

Osteoplasty, including bone grafting, has made possible the correction of many deformities, the stabilization of abnormally lax joints and the healing of certain fractures. This art of changing the contours of bones, of inducing bone formations to serve definite mechanical function and of constructing new contacts between contiguous bones is one of the most fas-

cinating features of modern orthopedic surgery
The fact that the tendons of muscles may
be transplanted to make sound muscles assume
the function of those affected by disease has
opened a wide field for the improvement of

disabilities due to anterior poliomyelitis and cerebral irritation

The discovery that joints may be subjected to extensive surgery without impairment of their function has made possible the reconstruction of damaged articulations which would

at one time have been considered beyond relief. The intelligent use of physiotherapy has enabled us to obtain a degree of functional perfection following operations on joints and tendons which was formerly impossible.

The practical influence of these fundamentals can perhaps be better illustrated by telling you something of our routine work at the Hospital for the Ruptured and Crippled rather than by descriptions of spectacular operations When a case which in former times would have been promptly diagnosed as joint tuberculosis is admitted to my service it is carefully studied for the purpose of eliminating the possibility of syphilis, benign and malignant tumors and metabolic processes as the etiologi-If a diagnosis of tuberculosis can cal factor be established we proceed to accomplish surgically what Nature eventualy brings about after years of immobilization in casts or braces, namely, ankylosis This is recognized as the first step in the process of cure and the effect of surgical intervention is to establish conditions which permit Nature to limit the progress of disease, thus preventing gross destruction of bone and consequent deformity and shortening by years the period of invalidism—an achievement well worth the operative risk will not go into the details of recent discoveries in bone pathology but will be content to say that each year brings forth new fragments of knowledge which make our generalized assumptions of the past on this subject seem pathetically puerile

The second fundamental, the behavior of bone transplants, has been responsible for many practical and not a few spectacular operations which have restored to usefulness partially wrecked human frames that formerly would have been beyond salvage. The essentials of successful bone graft operations are firm contact of freshly cut surfaces and an adequate blood supply in the host With these factors assured all sorts of ingenius ideas may be carried to fruition As a routine procedure we use the bone graft for securing ankylosis of diseased areas of the spine, for bridging gap fractures of long bones and stimulating bone growth in un-united fractures, for blocking abnormal flexion or extension of the ankle and for producing ankylosis of diseased joints Such procedures, not so long ago proclaimed as novel innovations, have become everyday routine.

The third fundamental, the behavior of transplanted tendons and fascia, finds its use chiefly in the treatment of disabilities following poliomyelitis and spastic paralysis Operations of this nature are based upon the knowledge that the tendon of a good flexor may be transplanted to make the muscle serve as an extensor which will, after re-education, function efficiently with slight loss of power due to its changed mechanical relations The value of modern methods is well shown by contrasting past and present treatment of paralysis of the lower extremity In the early days orthopedic surgeons vied with each other in designing efficient braces to enable the unfortunate paralytic to walk Today we seek to eliminate braces through surgical interference In paralysis of the quadriceps extensor, for instance, the patient cannot walk because the knee cannot be held straight to bear the body weight Frequently in such a case the biceps femoris will be unaffected We then, through a long incision extending from below the knee half way up the thigh, detach the tendon of the biceps at its insertion into the head of the fibula, reflect it upward and free the short head of the muscle from its femoral origin the tendon and muscle are carried forward at an easy angle and the end of the tendon is implanted into the patella thus converting the flevor into an extensor which has sufficient power to hold the knee extended in walking If, however, all the muscles of the thigh are paralyzed it is our custom to produce a fusion of the knee joint, thus enabling the patient to walk with the relatively slight handicap of a stiff knee In effect this is the construction of a bone brace inside the leg as a substitute for a metal brace formerly worn on the outside

Stabilization of the foot in paralytic cases is a prime necessity no matter what may be the condition of the upper part of the leg. There are many methods of achieving this. At times we find that tendon transplantation is the ideal

Again, if all the muscles of the procedure leg are paralyzed, producing a dangle foot, we find that excellent stabilization may be obtained by completely removing the astragalus and displacing the foot backward which not only establishes a firm support but enhances enormously the mechanics of locomotion in a muscleless leg In the milder cases it may be sufficient to obliterate the joint between the oscalcis and astragalus, thus preventing pronation or supination Each case is a problem unto itself but in practically all cases operations dictated by experience and judgment will permit the patient to walk without external braces

The fourth fundamental, the tolerance of ioints to surgical trauma, is well illustrated by the knee It is not so long ago, and well within the memory of most of you, that we were taught that the knee joint was the most vulnerable part of the body where infection was concerned Surgery of this articulation was avoided because of the deep-rooted fear of disastrous results from bacterial invasion and the dread of impairment of joint function if its delicate internal structures were traumatized I remember hearing John B Murphy stress the danger of even swabbing the interior of the joint during any necessary surgical procedure Today this conception of the knee joint is entirely changed The Belgian surgeon, Willems, proved during the war that even in the presence of the most virulent infection joint function could be preserved. Many a soldier has watched through long incisions either side of the patella the articular surfaces of his tibia and femur glide over each other when, under instructions from a surgeon, he voluntarily fixed and extended his leg twice a day to pump The wounds eventually healed out the pus by granulation and the knee functioned as well Since then knee joint surgery has as ever progressed apace The experienced surgeon no longer fears infection nor ankylosis and it is a common procedure in our hospital to freely open the knee joint for the removal of semilunar cartilages, loose bodies, fibro-fatty tumors or for the reconstruction of crucial liga-One of the most amazing things, in view of our previous deep respect for this joint, is the fact that the entire synovial membrane, if diseased, may be dissected out without the slightest impairment of joint function. What is true of the knee is equally true of the hip. the elbow, shoulder and ankle Indeed, during the past year extensive investigation of end results of the reduction of congenital dislocation of the hip by both closed and open methods has resulted in the conclusion that open operation produces less destructive trauma than prolonged manipulation and therefore should be the procedure of choice where one

manipulation fails to result in permanent reduction. Function is in no way affected by open operation

Likewise in old ununited fractures of the neck of the femur it is routine procedure in our hospital to open the hip joint, remove the femoral head, reshape the neck and implant it in the acetabulum. This results in a stable hip joint with a useful range of motion. How different is this from the older method of applying an indifferently efficient brace or consigning the patient to the lifelong use of crutches!

It would be imposing on the good nature of a patient audience to take up the treatment of all the disabilities which come under our care but I wish to make brief reference to sacro-iliac strain, scoliosis and painful feet

When strain of the sacro-iliac joint was popularized by the writings of Goldthwaite of Boston many years ago, the orthopedic surgeons of the day reaped something of a harvest because most of the chronic backaches which were unrelieved by salicylates or the efforts of the gynecologist were referred to the orthopedic surgeon for one of the numerous belts or braces which were heralded as the solution of these troubles - One who has had much experience with definite subluxation or arthritis of the sacro-iliac joint knows that external supports are curative in only the sim-Most of us, therefore, after a plest cases reasonable trial of conservative measures advise surgical ankylosis of the joint done by turning down the gluteal muscles and removing from the ilium a tapered block of bone corresponding to the iliac portion of the posterior arm of the articulation, then deepening this opening until it extends a quarter of an inch or more into the sacrum and completing the fusion by driving the resected block into the cavity where it eventually becomes a living osseous bridge firmly uniting the sacrum and ilium Movement of the joint having been obliterated and the ligaments having thereby been relieved of strain, pain disappears and the patient resumes his normal activities without any inconvenience whatso-There are few operations which give more spectacular results and few where prognosis is so favorable

Progress in the treatment of lateral curvature of the spine has resolved itself into surgical fusion of the vertebrae after the maximum of correction of the deformity has been obtained by the use of plaster jackets or recumbency on a convex frame. There is no subject in orthopedic surgery on which so much time and effort has been expended as that of scoliosis. Treatment based upon various theories has included exercises, corrective braces and plaster jackets. From time to time

some enthusiast has come forward with a system which appeared to show astonishing results, but all methods, when put to the test of time, left a trail of relapses when external supports were discontinued. It has therefore become rather general practice to secure what correction may be obtained by mechanical means and then to fuse the vertebrae at the point of weakness thus preventing the development of unsightly deformities which make the individual a conspicuous object of pity Obviously not every case should be immediately subjected to operation notwithstanding the fact that the girl with a mild deformity today may become a hideous hunchback in a few years Certain cases reach a state of mechanical balance and progress no further These belong to the class that are paraded as cures obtained by one system or another whereas the treatment has had little to do with the result Nevertheless every mild lateral curvature of the spine has the potentials which may produce a severe humpback and it should be under expert observation to check up the progress of the condition by means of clinical If the curve beevaminations and x-rays comes progressively worse surgical fusion of the vertebrae offers the most rational means of keeping the patient out of the ranks of the hopelessly deformed

Recalling the enormous amount of literature on disabilities of the feet it would seem as though there was nothing left to be said However, during the last year I have been interested in a simple cause of foot pain which has been almost wholly overlooked and which I want to bring to your attention as the diagnosis may readily be made by the general practitioner, and his patients complaining of painful feet may often be saved from the accumulation of an expensive and useless collection of foot plates This new idea is merely recognition of the fact that the foot, instead of having only three or four bursae as described in most works on anatomy may have as many as twenty-four divided about equally between constant sacs and adventitious formations, the inflammation of any one of which will produce disabling pain, usually ascribed to weak arches or metatarsalgia

May I suggest that when a patient comes to you complaining of painful feet you examine the troublesome members by deep palpation with the thumb for circumscribed areas of acute tenderness. These are most often found in the sole, on the medial side of the foot over the tendons of the long flexors, between the heads of the metatarsals and in the depressions anterior to and below the malleoli. Acute localized pain is more often due to bursitis than to weak arches, so-called metatarsalgia or calcaneal spurs and up to the present time the

etiology of the discomfort has gone unrecognized Surgical obliteration of the inflamed bursae will effect a complete and permanent cure

If I were to attempt to sum up the evolution of orthopedic surgery in a paragraph I know of nothing more striking than to contrast the work of the Hospital for the Ruptured and Crippled, the first institutin of its kind in this county, during the life of Doctor James Knight, its founder, and the routine of the present day Doctor Knight issued a standing order that no case of fracture and no case requiring open operation should be admitted to the hospital Last year over one thousand fractures were treated in the institution and over three thousand operations were performed

CASE REPORT OF UNDULANT FEVER⁵

By WILLIAM A. GROAT, MD, SYRACUSE, NY

THIS case of undulant fever is reported not so much because it is the first known In this vicinity, as that there must have been and are to be others This disease can so greatly vary in severity and the few cases that have been reported have been so usually of the more severe types, with high fever, drenching sweats, headache, prostration and often arthritis, that mild cases running a low fever over many weeks might be entirely overlooked A single case reported by Dr Carpenter which occurred in Ithaca is noteworthy in that the young man at no time felt sick enough to be in bed In the older days when typhoid was prevalent and laboratory diagnosis of it new and imperfect, there were many cases which were carried as typhoid but which could never be proved to be such. It was also the day of Malaria was a frequent diagnosis not well supported by evidence Possibly some cases of suspected tuberculosis with chilliness and rise of temperature toward evening followed by sweating at night, and little more showing in the chest than a bronchitis, would on close analysis prove to be infection with Brucella abortus

Malta fever has been known for many years Brucella melitensis found in the goats of that island is the known causative agent in the human disease Brucella abortus, the organism of contagious abortion in cattle, is so closely related to Brucella melitensis that it may be distinguished only by the closest bacterial study. The organisms run almost parallel morphologically, culturally and in agglutination tests. Only by the most careful observation can the differences in agglutination be shown. Brucella strains closely related to Brucella, melitensis are found in horses and swine.

The symptomatology of undulant fever due to Brucella Abortus and Malta fever due to Brucella Melitensis is the same to all in-

tents and purposes The textbook description of the latter however is of the severe types and therefore may be confusing. There is low remittent fever or fever with high temperature at night, sweating, more or less mild bronchitis, vague gastrointestinal disturbances, prostration, headache, but no rose spots or any other eruption The spleen has been found to be enlarged as also the liver but not so regularly as in typhoid The blood count is low with a gradual development of a leucopenia and relative increased percentage of lymphocytes There has been noted in the severe cases arthritis and even endocarditis. The fever tends to run for many weeks or even months, often with remissions for a considerable period or even relapses after a year or more In these long continued fevers there is of course considerable prostration and emaciation unless very well guarded against mortality is apparently quite low as practically all uncomplicated cases that have been studied have recovered The treatment is like that for typhoid, nutrition should be maintained and the fever treated symptomatically Vaccines have been used, normal immune serum has been used, mercurochrome intravenously has been used, but so far as I am able to judge from the literature none of these has definitely influenced the course of the disease

The woman whose case I wish to present is 54 years of age, married but has been married for only six years, and has never been pregnant. On the 28th of January last she felt chilly and feverish and thought she was about to have tonsillitis to which she has been subject. This failed to develop characteristically however although the sensation of feverishness and malaise continued and two days later she called her physician, Dr. Boyd, who, finding little that was definite except the fever and the malaise, a somewhat reddened throat, and some pus in the casual urine, thought there might be a pyelitis. Dr. Flaherty saw her in

^{*} Read at the Syracuse Academy of Medicine March 20, 1928.

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Likewise in old ununited fractures of the neck of the femur it is routine procedure in our hospital to open the hip joint, remove the femoral head, reshape the neck and implant it in the acetabulum. This results in a stable hip joint with a useful range of motion. How different is this from the older method of applying an indifferently efficient brace or consigning the patient to the lifelong use of crutches!

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A VACATION THOUGHT

This is the season of medical vacations, when every medical man, except the editor, is popularly supposed to shut up his office for a six weeks' vacation But modest doctors find their opportunities when their more popular brethren are away, and the total number of calls is fairly uniform the year round However, it is a disconcert-

ing fact scientifically that excellent doctors on duty often report no increase in their work while the popular medical leaders are away Is it possible that medical advice is often a luxury rather than a necessity? It is certainly a fact that people now have money, and are willing to spend it for the kind of advice that they desire

consultation, confirmed the fact there was nothing in the abdomen or pelvis to account for the fever, and a catheterized bladder specimen of urine was clear Typhoid fever was naturally thought of as a possibility but two examinations of the blood showed no agglutination and nothing by culture The fever retrogressed or disappeared in ten days, she was better for a week, then she felt feverish as before and again consulted Dr Boyd The same puzzling situation presented itself, the fever running to 102 or 103 at night with a morning recession after a period of sweating in the early morning, but little or no headache, no diarrhea and no digestive disturbances other than anorexia and slight epigastric distress after taking simple food She entered St Joseph's Hospital March 1st and I was asked to see her with Dr Boyd and to assume immediate charge of her while there

Physical examination showed a rather short, obese type, clear and alert, not seemingly very ill, the tonsils rather ragged and enlarged with the pillars somewhat reddened, the heart not enlarged but a slight systolic murmur at the apex transmitted into the axilla and up along the left border of the sternum, chest sprinkled with coarse rales, but no loss of resonance or limitation in excursion, the abdomen without evident lesion, the liver and spleen not palpable or demonstrably enlarged, the obesity somewhat interfering with that examination. There was no tendernes ssuggesting an abnormal kidney on either side or over the gall bladder, vaginal examination revealed nothing to account for a febrile movement Blood showed on examination hemoglobin 75 per cent, reds 4,300,000, whites 5,500, polys 42 per cent, monos, 57 per cent, eosin 1 per cent blood culture March 1st handled in the ordinary way was negative X-ray examination of chest showed some increased markings suggesting to the radiologist a bronchitis accessory nasal sinuses appeared to be clear except for some slight veiling of the left antrum which however transilluminated normally On the fourth day these investigations having revealed nothing, we thought it wise to take some blood in citrate solution for inoculation into a guinea pig and for serum to be sent to Dr Carpenter at the State Veterinary College at Ithaca for agglutination tests for the bru-While I had never suspected this cella group disease before, my interest had been aroused and I was on the lookout for it because of the work of Dr Carpenter in connection with the serological work at the College of Medicine which is nominally in my department He has been making extensive tests of the routine sera coming in for Wassermann tests in the hope of picking up some cases of Brucella Abortus infection or relating the agglutination

found to some previous unrecognized febrile condition Dr Chapman who is here tonight I have asked to say a little something about that in discussing this case The report came back, the agglutination was complete for both Brucella Abortus and Brucella Melitensis in 1-3600 dilution and partial agglutination up to 1-10,000 Since agglutination at 1-10 or 1-20 has been considered definite by the U S Public Health Service and such cases as have been reported have been agglutinating at 1-40 to 1-400 almost exclusively, we considered that complete agglutination at 1-3600 was enough for a clinical diagnosis particularly as it takes several weeks to demonstrate the organism in a guinea pig and culturing it from the blood is somewhat difficult procedure in that Brucella Abortus grows well sometimes on one media and sometimes on another in initial cultures and seems to grow best at diminished oxygen tension or 10 per cent excess of carbon dioxide Brucella Melitensis is more easily grown which may account for its earlier recognition ın human blood With the positive agglutination before us however, we have continued a careful clinical supervision of the case and find no change in the general symptomatology Blood count on March 20th was hemoglobin 75 per cent, reds 4,600,000, whites 5,400, polys 48 per cent monos 51 per cent, basos 1 per The fever has been practically continuous, ranging from 99 8 to 102 rectal and occasionally 103, sometimes only 101 Dr Chapman has started a very complete cultural study of both the blood and the urine We are reporting this case to stimulate attention to this infection, particularly when there is continued unexplained fever, for both Dr Carpenter to whom we are greatly indebted and Dr Chapman to whom we are always indebted are desirous of increasing their series of cases where they may be found

A word of caution however as to question of While raw milk from cows who have milk suffered from contagious abortion would seem to be an easy source, we do not know that this is the only source by any means, certainly the disease will run through a herd and the cows do not drink each other's milk The organism can be recovered from the urine In this particular case the woman has used raw milk and raw cream and contagious abortion is known to have been present in the herd However either humans are more or less immune or the disease is not readily contracted from drinking milk of infected cows or in the days of raw milk, we would have had an epidemic

This patient is now in the eighth week of fever with one remission, the general condition is unchanged except that for the past four days there has been some watery diarrhoea

ASSUMPTION OF MEDICAL PRIVILEGES

What do physicians think about the ethics of

the following action?

The New York Herald-Tribune of Monday, July 23, page 28, says that a certain New York doctor, whose name and address are given, made a bet of \$500 that he could drive over the streets of Ocean Grove in an automobile, in direct violation of the city ordinance forbiding autodriving on Sunday, and he accomplished the feat by telling the officer on guard at the entrance to the city that he was a surgeon and was on his way to perform an operation on a patient. The paper states that the surgeon departed by a back path and returned by way of the main entrance with two witnesses to his bet, telling the guard that he had gone in order to get some instruments which he needed

Here was deliberate deception — a doctor using

the privilege of his profession in order to violate a law for no other purpose than to win a bet Moreover, he made himself conspicuous as he drove about the city and achieved such notoriety and publicity that he broke into the last page of the New York Herald-Tribune

If the facts stated in the newspaper are true, the doctor has brought a grave reproach upon the medical profession Doctors are so careful about taking advantage of their profession that when a physician says that he is on a professional errand, he is taken at his word and is helped on his way. A physician who violates that confidence not only imposes a hardship on every honest doctor, but he also endangers human lives

Further comment on the assumption of special privileges by physicians will be found on page 948

of the daily press department

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

This Journal has always maintained the high standard of advertisements which was set forth in the following editorial in Volume 3, August, 1903

"When the State Association elected the Committee on Publication, it placed in its hands the duty of keeping its advertising columns free from objectionable and unethical advertisements. This duty the committee has endeavored to fulfill to the best of its ability, even at the cost of the Association of many hundreds of dollars, as evidenced by the following letter

"'July 25, 1903

"'Dear Doctor

"'Yours of July 3d requesting an answer from the Committee on Publication, in regard to the proposition contained in the second paragraph of your letter, which reads "I have about made up my mind not to scatter my business so much, but I will limit the number of papers I make offers to, and as I will not present any advertisements that ought not to be accepted, I will make it conditional that they are all to be taken"

"The Committee on Publication of THE NEW

YORK STATE MEDICAL JOURNAL will continue to be governed by the principles already established and by acting on each application for advertising space in all of its publications

"'The Committee requires that the quantity of the active ingredients of all internal and external

medicines be published

"'It also reserves the right to submit an edited

copy of all advertisements

"And to reject any advertisement on account

of the firm's standing

"'While the Committee would be glad to receive advertisements of the kind you are able to place in its publication, you must realize that it is impossible for the Committee to delegate its power of admitting or rejecting an advertisement to any one, however careful he may be

"'The Committee would be pleased to hear from you, and feels confident your clients cannot do better than to advertise in The New YORK STATE JOURNAL OF MEDICINE and will

well repay the advertiser

"'Very sincerely yours, "'C E DENISON'" EDITORIALS

HYGEIOLATRY, ANCIENT AND MODERN

The healing deity of the ancients was supposed to have had a dual nature. The Greeks worshiped two gods,—Esculapius, the god of the healing art, and Hygeia, the goddess of health. Esculapius was the patron god of the professional physician and surgeon. He was mysterious, austere, and learned, and could be approached only by his anointed high priest. He dealt with topics which were beyond the comprehension of ordinary people.

In contrast with Esculapius, Hygeia was a modern girl mingling with the people and dealing with every-day facts of life. She was the patron saint of the people in matters of dress, food, air, recreation, exercise, and other matters of daily life. She set the style for these matters, and required her votaries to perform daily and hourly acts of worship for the ostensible end of the preservation of health or its evidence, beauty

Esculapius had his temples, which were the pre-

cursors of modern hospitals

When the sick recovered, they were accustomed to repair to the temples and make an offering to the gods for deliverance from their ills. Furthermore, for the benefit of other persons who might be taken sick, they wrote the symptoms of their disease and the methods employed in its treatment, and posted them on the pillars of the temple in order that the physicians might study them. These votive tablets were the principal sources of the knowledge of the healing art available to Hippocrates and other ancient Greek physicians.

Hygeia maintained no temples of her own, but she was associated with the temple of Esculapius However, she was worshipped in shrines whose modern form is the clinic for well persons. Her worship was more of a cult than a serious act, and there developed a formalism in her creed and a superficiality in her ritual. She was recognized as the daughter of Esculapius, and as such she was a handmaiden in his temple rather than a healer by her own power.

A formalism in the worship of Hygeia appears in the earliest records of the human race. The Hebrews had their Book of Leviticus which is a record of formal worship, but its basis was hygiene which crops out here and there and is plainly visible to physicians who read the book with scientific minds. Formalism today is diminishing in medicine, while there is a tendency for it to increase in hygiene. The creed and ritual of the shrines of Hygeia tend to elevate the attrac-

tive goddess above the austere Esculapius Hygeia's clinics are established according to formal rules. Lectures are given according to standard outlines, and pictures are shown along conventional lines. But when serious trouble develops, the disciples of Esculapius take charge and direct the worship of its rituals, often to the dismay of the followers of Hygeia, and the subversion of their pet creeds

There will always be a popular cult of hygerolatry and a deification of cooks and dieticians, and social workers and nurses, and social leaders who serve at Hygera's shrine. There will also be Esculapian temples in the form of hospitals and medical schools and research laboratories from which will issue the knowledge of both disease and health, and high priests of medicine who will lead the people from sickness and disease to health and longevity

The shrines of Hygeia will continue to be thronged with worshipers today as they were in the days when the Greeks worshiped "The human form divine," but Hygeia cannot maintain temples today any more than she could in Greece in the time of Hippocrates Hygeia will always be in attendance in the temple of Esculapius

On the other hand the high priests of Esculapius must remember that Hygeia is the daughter of Esculapius, and that she inherits her father's abilities and aspirations While her learning may not be phenominal, yet her peculiar function is to popularize the ritual of the temple of Esculapius and interpret it to the people in their daily Possibly she may induce the Esculapian high priest to mingle with the people on terms of intimacy and equality She may bring a god of healing down from Heaven to dwell among men, and she may inspire human beings to seek and It all depends on accept his ministrations what is emphasized by the worshipers of health Hygeia is what her votaries make her She mainproperly the daughter of Esculapius tains her home in his temple and has the benefit of the service of his attendants, but she is nevertheless subject to her father, and is not a god in her own right This is the conception of the relation of Hygeia to Esculapius expressed by the House of Delegates of the Medical Society of the State of New York at its last meeting when it adopted the eight principles of action suggested by the Conference Committee on the situation in Cattaraugus County

diet of pasteurized and boiled milk with no antiscorbutic. The diet was not changed except for the addition of one tablespoonful of ripe mashed banana pap, the amount being increased daily by one teaspoonful up to one whole banana, and later to two whole bananas daily. Under this treatment there was a complete disappearance of the scurvy in about three months. At this time the r-rays revealed no pathological condition of the bones, the bone changes, however, were those of healed scurvy—Southern Medical Journal, June, 1928, xxi. 6

The Hypnotic Symptom Complex in Gynecology -O Lang of the Tubingen Gynecological Clinic refers to the symptom picture of which low blood pressure is the most striking component Although the subject has not yet been studied in genecology it is well known If a woman under 35 years of age has a systolic pressure below 95, or if one over 35 has one below 105 she may be termed The parent condition which unhypotonic derlies this hypotonia is varied—anemia, tuberculosis, circulatory insufficience many infections, endocrine anomalies, etc. The author in an analysis of 700 gynecological cases found 40 hypotonics in which no causal influence could be assigned these he terms essential hypotonics Such patients show certain analogies with the infantile asthenic, and hypoplastic constitutions Aside from hypotension the symptoms do not seem to be typical patients tire readily and are mostly underweight, due partly to indifference to food, there often being a feeling of satiety, while there are many symptoms of imperfect digestion is pallor, the patient is relaxed in attitude, and her movements are sluggish. The psyche is apt to show depressive states with hypochondriac fears Physical examination may reveal The author a drop heart with visceroptosis goes very thoroughly into the symptomatology, but is unable to throw much light on the causation The outlook is mostly unfavorable, as such women have not the stamina to become efficient wives and mothers, and improvement is always likely to be followed by relapse Not much can be done by treatment although rest in bed for a time is counselled therapy is of no benefit, dieting is also unsat-Warmth, especially in the form of diathermy, is of some value, also simple tonics Of possible Coffee and tea are well borne value and worth a trial is insulin as a stimulant to assimilation -Münchener medizinische Wochenschrift, May 11, 1928

Relief in Cardiac Insufficiency Through Extracardial Surgical Intervention—W Felix of Sauerbruch's surgical clinic contributes a brief

article on this subject which is a new one and not connected with recent efforts to operate intracardially As a result of animal experiment in association with ordinary clinical observation the author suggests several possibilities under this head. The first is simple pericardiotomy in stasis-dilatation, the result of which is to eliminate the effects of pericardial The technique is simple, for no resection is required. An incision is carried out in the fourth space, the rib retractors are applied, and the pericardium is incised in front of and parallel with the left phrenic nerve The divided edges of pericardium unite later with the wall of the heart. A second form of intervention is suggested. The right ventricle is the one which will give out first after years of valvular insufficiency In theory insufflation of air into the pericardial sac should offset the tendency to dilatation, and it is also possible to take a tuck, so to speak, in the same structure with the same expectancy, but the best of all possibilities of this kind is an artificial pneumothorax of the type styled by the author the mantle, which is done on the right It is true that the elastic lung appears to compress the auricle rather than ventricle but the result is satisfactory There is still another possibility, that of surgical relief of essential hypertension, and to secure this we go back again to pericardiotomy which has the result of lowering the blood pressure and of combating the associated symptoms does not appear that any of these interventions have as yet been deliberately carried out on the human subject —Munchener medizinische Wochenschrift, May 18, 1928

Meningitis in Childhood Due to the Koch-Weeks Bacillus - Drs Hedwig Mever and R Steinert of Mannheim refer first to the original announcement in April, 1927, by Hugo Mever of three autopsy reports in the hospital in which the findings comprised severe suppurative meningitis due apparently to an unknown organism which resembled the influenza bacillus patients with the same disease recovered cases studied the ages ranged from 2 to 18 months The clinical course differed in some respects from the type of disease set up by the meningococcus and pneumococcus There was an early febril stage with sudden onset of symptoms of meningitis, the patients remaining mostly unconscious during the entire 4 or 5 weeks of the disease The spinal punctate was cloudy and rich in pus cells and on long standing deposited a fibrinous clot The present authors took up the bacteriological study in the effort to identify the unknown cause and were able to obtain cultures of the Koch-Weeks bacillus, an organism hitherto believed to be restricted in pathogenicity to the well-known



MEDICAL PROGRESS



The Treatment of Bronchiectasis -In the management of established cases of nonobstructive bronchiectasis F G Chandler (Lancet, May 26, 1928, ccxiv, 5465) recommends long convalescence at the seaside or some warm dry place in the country, much rest, and later bathing and sunbaths or ultraviolet light Two or three times a day the patient should he with the shoulders lower than the rest of the body to encourage drainage If this regime does not suffice, diathermy applied to the affected part should be tried The creosote chamber is excellent if the patient is not too ill or debilitated Vaccines may be tried, but with great caution, their value is doubtful As an inhalant, a solution consisting of phenol and chloroform, 2 parts of each, and iodine and ether, 1 part of each, used in a Yeo's inhaler, renders the breath less offensive and may have an antiseptic action Of the drugs that may be given by mouth, creosote up to 20 or 30 minims three times a day, guaracol carbonate, specacuanha, oil of sandalwood, turpentine, garlic, or arsenic may be tried tracheal injection many substances have been used, such as menthol or menthol and guaracol More recently gomenolized oil, 1 to 5 per cent, and lipiodol have been employed, though their value is uncertain If these methors fail, some form of collapse will be indicated The simplest of these is temporary artificial pneumothorax, which often brings about great improvement, and appears to arrest the progress of the condition As a rule, however, it is insufficient and then there are two possibilities (1) converting the pneumothorax into an oleothorax, (2) collapse operations For the oleothorax, olive oil containing 5 per cent gomenol has been most frequently employed This will remain unaltered and unabsorbed for at least six months, and the discomfort to the patient is surprisingly slight. If this is unsuccessful and the disease is basal, a collapse operation is indicated Phrenic evulsion should first be considered as it is simple and an excellent preliminary to pneumolysis or thoracoplasty If the disease is well established on both sides, collapse methods are unavailing and operative procedures must not be under-When the symptoms seem to taken lightly be due to a large single cavity, rib resection and drainage may be attempted

Abdominal Pain as Exemplified in Acute Appendicitis—John Morley discusses the light which a study of acute appendicitis throws on the mechanism of abdominal pain, emphasizing

the point that the initial pain is entirely differ ent in character and in its mode of origin from the pain which appears in the right iliac foss: a few hours later The initial central pain is a true splanchnic pain, due to increased intraappendical tension, it is not referred or reflected pain, as no radiation of pain or reflex process is involved. The appendix is developmentally a part of the mid-gut, and the brain can appreciate painful stimuli arising from any portion of the mid-gut only as vaguely situated in the center of the abdomen The localized right-sided pain is due to irritation of the parietal peritoneum Mackenzie's viscerosensory reflex theory of the production of cutane-According to ous hyperalgias is untenable this hypothesis the pain is due to stimuli arising in the appendix and traveling by way of the splanchnics to the spinal cord, but if this were correct, the pain would be bilateral Morley contends that the hyperalgia is a phenomenon in which the splanchnic afferent nerves take no part, but which is due to the fact that the nerves of the excrutiatingly sensitive peritoneum affect their cutaneous branches Protective muscular rigidity is also a reflex result of peritoneal stimulation alone If Mackenzie's visceromotor reflex were a fact, the muscular rigidity produced by it would be constant in position, since it would be determined by the segmental innervation of the appendix and would be unaffected by the position of the appendix in relation to the abdominal wall With recognition of the role played by the parietal peritoneum in the production of abdominal pain, the diagnosis of acute appendicitis becomes a far simpler problem according to different observers, hyperalgesia can be detected in only 21 to 59 per cent of cases of acute appendicitis and is often observed in neurotic patients, it is of doubtful diagnostic value On the other hand, muscular rigidity and tenderness are of decided value in the early stage of appendicitis, enabling one to locate the inflamed appendix with remarkable accuracy—British Medical Journal, May 2, 1928, 1, 3516

A Case of Scurvy Cured with Banana Diet—Although it is well known that the ripe banana furnishes a source of the antiscorbutic vitamin C second only to orange juice, and is protective against scurvy, few reports have appeared in the literature showing the cure of scurvy by banana feeding L von Meysenbug describes the case of an infant, 19 months old, who developed a typical case of scurvy while on a

tonsil and strong suction applied, repeating the procedure three times. The crypts of the tonsil are thus thickly smeared with the antiseptic cream. Eve employs mercury oleate, bismuth, kerosene (for its creeping qualities), and vanishing cream. The application is made at least once a week until no more puts is found, then the interval can be lengthened to 10, 14, 21, or 28 days. Under this treatment subinfective toxic symptoms often quickly disappear. Tonsillectomy is the best cure when possible, but in adults it is practically a major operation and often out of the question. The method here described provides a desirable alternative, which is available to the general practitioner.

Albuminuric Retinitis Without Nephritis — H Marx and K. Schmidt of Romer's eye clinic in Bonn relate in great detail a case of what they term "acute Bright's disease" in which there was no nephritic component, which at first sight seems to present a paradox. The pertinent question is naturally how a diagnosis of Bright's disease could have been justified without any evidence of renal lesion The urine was free from even a trace of albumin. There were no casts or red blood cells and the specific gravity was normal But there was edema of the lids and dorsal aspects of the feet with the facial suggestion of acute Bright's disease, high blood pressure, and residual nitrogen at the upper level of the normal The diagnosis seems to have been strengthened by the results of water ingestion in conjunction with blood studies These, while too long to quote, agree with the results obtained by others in actual nephritis Thus far there seems to have been very slight justification for the diagnosis of Bright's disease, but a follow up of the case shows that after the discharge of the patient she developed casts and blood cells in the urinary sediment, albuminuria appearing at a later period But it was found that these finds were not constant but followed only upon some unusual physical exertion, so that the albuminuma was placed among the orthostatic forms At the last account the patient was entirely free from symp-The case was most instructive as suggesting that Bright's disease is in reality a general disease in which the kidneys may be involved only secondarily and indeed only temporarily at The albuminuric retinitis, in reality the principal lesion for which treatment was sought, was typical -Deutsche medizinische Wochenschrift, June 1, 1928

The Effect of Calcium, Potassium, and Sodium Salts in Cases of Delayed Healing — W L T Addison reports a study growing out of an accidental finding in which calcium chlorate was given to control secondary hemorrhage This agent not only checked the hemorrhage but the granulations, which were grayish blue in color and sloughy, within thirty-six hours be-

came bright red and more than normally abun-Following this experience, observations made in two cases of the chronic ulcer type showed that potassium chloride, in 90 grain doses daily, stimulated active phagocytosis and was efficient in bringing about tissue regeneration Potassium citrate was equally efficient when given in amounts of 180 grains daily. When the dose was reduced to 120 grains a day healing came to a standstill It was also found that 270 grains of potassium citrate produced more rapid healing than 180 grains. The administration of sodium citrate in the first case inhibited the regeneration of the tissues, while in the second case there was an actual breaking down of the granulations already formed and of well established scar tissue to form a new ulcer author concludes that it is too much to hope that the functions of the body salts in relation of degeneration and regeneration of tissues has been worked out, but the evidence seems to show that the sodium ion tends to bring about a degeneration of the vessel structures, and calcium and potassium a regeneration of these tissues -Canadian Medical Association Journal, June, 1928, xviii, 6

Neurosis of the Vegetative Nervous System -Dr A Deuber refers to a syndrome described originally by Selter in 1903 under the name of trophodermatoneurosis This discovery passed unobserved, but Swift, an Australian, rediscovered it in 1914, and in 1922 Feer of Zurich placed it permanently on the map Swift termed it "erythroedema" and Feer "neurosis of the vegetative nervous system" Others have since mentioned it under such names as "pink disease," "infantile acrodynia," etc The affection cannot be so rare because in recent years 15 cases have been seen in Basle. The 10 cases seen in the University Clinic are described at great length and are summed up as follows by Deuber affection is almost peculiar to infants and young children, begins as a catarrhal grippe infection of the respiratory tract, mostly in the winter and early spring There is added a peculiar mental state of apathy, irritability, depression, and at nights restlessness and insomnia. The mental faculties are not affected. There is total anorexia and emaciation, a peculiar poverty and slowing up of muscular movements, and a high degree of muscle flaccidity, and to these are added paresthesias of the extremities which are accompamed by characteristic lividity and swelling The patients are continuously thirsty, itch intensely all over, and there are also various intes-The very number and variety of tinal troubles the symptoms can be explained only, it seems, by an affection of the vegetative system The female sex shows a decided predisposition. The affection is now well known to the pediatrists of most countries -Schweiserische medisinische Wochenschrift, May 26, 1928

conjunctivitis known as the Koch-Weeks ever, the virulent organisms can descend into the nasal chambers and in this way the eye disease may be propagated by sneezing, coughing, etc In dead nurslings the organisms were found in the nasopharynx and middle ear, and the meningeal complication doubtless resulted through direct extension into the cranial cavity The early febrile stage which lasted several days was due to the inflammation of the nasopharynx and sphenoidal sinus cells Convulsions were present as initial manifestations and again much later in the history of the meningitis and were of the tonicoclonic type None of the patients presented conjunctivitis and there was nothing of the kind in the environment—Munchener medizimsche Wochenschrift, June 1, 1928

Phlegmonous Gastritis of Bacillus Aerogenes Capsulatus (B Welchii) Origin —The rarity of phlegmonous gastritis, and the very unusual occurrence of B aerogenes capsulatus as the probable etiological agent, led John J Morton and Samuel J Stabins to report this case An arteriosclerotic man, aged 72 years, after an operation for perforated gastric ulcer, did not recover as rapidly as is usual in these cases, and after five days, during which time he had vomited "coffee ground" material daily, his condition changed decidedly for the worse. The symptoms were those of severe toxemia shock developed, he vomited suddenly nearly 1,000 c c. of bright red fluid, and expired invasion of the stomach by the Welch bacillus was not suspected clinically At necropsy a necrotic area was found about the suture line, which was probably the portal of entry of the gas In the pathological picture of phlegmonous gastritis the process appears to be chiefly limited to the submucosa In the case under discussion the gas bubbles indicated a marked submucosal involvement but the mucosa also showed much damage The gastric tissues were invaded by large number of Welch bacilli, and in the region of the gangrenous patch there were numerous streptococci, which were probably secondary invaders It seems rather strange in view of the prevalence of the Welch bacıllus as an inhabitant of the large bowel that infection with this organism occurs so rarely Apparently the local conditions are not usually favorable for the lodgement or propagation of this organism, even in the large intestine. It has only recently been demonstrated by several investigators that under altered physiological or pathological conditions, invasion of the whole gastroenteric tract is pos-The authors have personally recovered welchu repeatedly from high jejunostomy loops in patients suffering from obstructions or ileus due to any cause -Annals of Surgery, June, 1928, 1xxxvII, 6

Seasickness and Its Treatment -Professor M H Fischer of the Physiological Institute of Prague discusses this subject in an article in the Klimsche Wochenschrift of June 3, 1928 We know that the deaf mute is almost immune from seasickness and that nausea may be provoked experimentally by stimulation of the labyrinth, but the mechanisms involved are obscure It is possible to simulate the movements due to rolling and pitching of ships in the laboratory and this the author has essayed by a special form of apparatus Certain test subjects are more sensitive than others to these movements and nausea and vomiting may be provoked. The pulse rate, blood pressure and other readings were made and the vertiginous sensations were carefully No acquired tolerance was noted in the author's experiments nor was any expected for other factors enter into the complex, such as the ability of the subject to walk about on shipboard and to get the benefit of pure fresh Various drugs were tested with a view to determine whether action on the vagus is sufficient to modify the symptoms These drugs have for the most part been tested in actual seasickness, and formulae containing combinations of the remedies are being exploited commercially, despite the fact that the leading drugs are much too powerful to entrust with the laity According to recent abstracts in the New York State JOURNAL OF MEDICINE, a combination of scopolamine and hyoscyamine has been used with much success by marine surgeons The author tested this in the proportion of 1 part of scopolamine to 4 of hyoscyamine, and found it useful in controlling the nausea The salt used was the camphorate of each alkaloid, the levo-salt being preferred

Tonsil-Suction in Diagnosis and Treatment —Frank C Eve, writing in the British Medical Journal, June 2, 1928, 1, 3517, describes a device consisting of a small glass funnel with a rubber suction ball, for the removal of pus from infected tonsils With the stem of the funnel against the angle of the mouth, the "sucker" is pressed firmly against the opposite tonsil, the suction ball is squeezed and then released, with the finger over an air-hole on the stem of the The tonsil is thus extroverted By giving the funnel a combined pull and slide toward the cheek the pus is picked off by the incurved glass edge, and can be demonstrated to the patient and examined microscopically Eve has used this method of tonsil suction for three years and estimates that in patients with fibrositis pus can be demonstrated in from 90 to 95 percent of the For therapeutic purposes the tonsil-sucker is similar to the diagnostic one, but with a wider mouth and thicker rim and without the incurved A wetted finger-stall is slipped over the funnel to form a flat diaphragm and spread with This is pressed against the antiseptic cream

Sunday 10

thereof, to be held," or "E F, justice of the supreme court," or otherwise as the case may be) "at ______ on _____" "to do and receive what shall then and there be considered, concerning the said C D And have you then there this writ

When the writ is signed, the law declares that it cannot be disobeyed for any mere defect in form 11 So jealous is our law of the personal liberty of the citizen that it declares that "Where a justice of the supreme court, in court or out of court, has evidence, in a judicial proceeding taken before him, that any person is illegally imprisoned or restrained in his liberty within the state, or where any other judge authorized by this article to grant the writs has evidence, in like manner, that any person is thus imprisoned or restrained within the county where the judge resides, he must issue a writ of habeas corpus * * * for the relief of that person, although no application therefor has been made' 12 When the prisoner is brought before the judge, it is the duty of the judge or court to examine into the causes of the prisoner's detention, and if he finds that the prisoner is illegally detained, he must discharge him from custody, and if he is legally detained, he must remand him to imprisonment "13

In the early days of England, when the courts were subservient to the Crown, where a person was arrested at the instance of the sovereign, the writ of habeas corpus was of slight avail, because the judges feared to use it. The English people's discontent with this condition lay at the bottom of the struggles between Charles I and the Parliament of England. Long before the American colonies threw off the yoke of the mother country, the writ of habeas corpus was in force, and when finally the United States constitution was adopted, there was included in that American Magna Charta this sentence "The Privilege of the Writ of Habeas Corpus shall not be sus-

pended, unless when in Cases of Rebellion or Invasion the public Safety may require it '15 Our own New York state constitution has likewise guaranteed the right of habeas corpus It has done so in these words "The privilege of the writ of habeas corpus shall not be suspended, unless when, in cases of rebellion or invasion, the public safety may require its suspension" In the constitutions of Virginia, Vermont, Louisiana and North Carolina, it is provided that the privilege of the writ shall in no case be suspended 17

In the war between the states, President Lincoln deemed it necessary to suspend the privilege of the writ without authority from Congress, although later, authority (insofar as Congress had the power to grant the same) was given him. But a limitation was placed upon this right by the Supreme Court of the United States in the great case of Exp Milligan, 4 Wall, 115. It was there held that the writ could not be suspended in any section of of the country where the courts were open and there was no actual warfare.

The writ of habeas corpus is, then, one of the great privileges of the English-speaking race. It is a bulwark of liberty, a guarantee that no one can be here deprived of his liberty without due process of law, and that when so deprived, he can immediately invoke the strong arm of the law to examine into the legality of his detention, and where such detention is illegal he must promptly be discharged from custody.

REFERENCES

- 1 29 Corpus Juris 6
- 2 New York Civil Practice Act, Sec. 1230
- 3 NYCPA., Sec. 1231
- 4 29 CJ 9
- 5 Ex P Justus, 3 Okl Cr 111
- 6 Peo v Kling, 6 Barb (NY) 366
- 7 NYCPA., Sec. 1235
- 8 NYCPA, Sec. 1234
- 9 NYCPA, Sec. 1237
- 10 NYCPA, Sec. 1239
- 11 NYCPA, Sec 1240
- 12 NYCPA, Sec 1241
- 13 NYCPA, Secs 1251-3
- 14 The Great Writ of Habeas Corpus, by George Gordon Battle. New York Law Journal, April 12, 1928
 - 15 US Constitution, Art I, Sec. 9, Clause 2
 - 16 NY State Constitution, Art. I, Sec. 4
 - 17 Battle, supra.

OPERATIONS FOR BUNIONS—SUPERFICIAL INFECTION

In an action against a surgeon it was charged that on April 24th the plaintiff, a woman, suffering from bunions had consulted the defendant as such physician. After examination of the pa-

tient's feet he advised her to have the big toes operated upon and he represented that he was a specialist in this type of operation. That the operation was a minor one and by the operation



LEGAL



By LLOYD PAUL STRYKER, ESQ Counsel, Medical Society of the State of New York

THE WRIT OF HABEAS CORPUS

There is no more important guarantee of liberty to the citizen than that found in the writ of habeas corpus The writ of habeas corpus is an order of a judge directed to the person who is detaining another, and requiring that person to bring the body of the prisoner before the judge at a designated time 1 Our New York statute declares that "A person imprisoned or restrained in his liberty, within the state, for any cause or upon any pretence, is entitled, except, in one of the cases specified in the next section, to a writ of habeas corpus * * * for the purpose of inquiring into the cause of the imprisonment or restraint, and, in a case prescribed by law, of delivering him therefrom"² The exceptions referred to in the statute are where a person has been committed by virtue of a mandate issued by a court or a judge of the United States, where the Federal courts have exclusive jurisdiction, and where the prisoner has been committed by virtue of the final judgment of a competent tribunal of civil or criminal jurisdiction, "or the final order of such a tribunal made in a special proceeding instituted for any cause, except to punish him for a contempt, or by virtue of an execution or other process issued upon such a judgment, decree or final order"3

The name "habeas corpus" is derived from the Latin words originally used by the English courts when all writs were expressed in that "The date of the origin of the writ language of habeas corpus cannot be precisely ascertained It may have antedated Magna Charta, but it seems that until Magna Charta was assented to by King John (June 15, 1215), and for some time thereafter, various other writs were used for the purpose of enforcing the right of personal liberty * * * " The use of this writ, one authority has declared, became prevalent "before Magna Charta, and came to us an inheritance from the mother country, and exists as a part of the common law * * * "5 The office of this writ is to inquire into the ground upon which any person is restrained of his liberty, and when it is found that the restraint is illegal to deliver him from such illegal restraint "6

This judicial process has long been the favorite of the law. Thus our present day New York statute fixes heavy penalties against the judge himself for refusing the issuance of a writ in a proper case. A court or a judge

authorized to grant the writ, says the law, "must grant it without delay whenever a petition therefor is presented, * * * unless it appears from the petition itself or the documents annexed thereto that the petitioner is prohibited by law from prosecuting the writ For a violation of this section, a judge, or, if the application was made to a court, each member of the court who assents to the violation, forfeits to the prisoner one thousand dollars, to be recovered by an action in his name or in the name of the petitioner to his use"

In order to secure a writ of habeas corpus, there must be presented to a court or judge a verified petition that the person in whose behalf the writ is applied for is imprisoned or restrained in his liberty, the place where, unless it is unknown, and the person or officer by whom he is so imprisoned or restrained, naming both parties if their names are known, and describing either party whose name is un-The petition must set forth that the person in whose behalf the writ is applied for is not detained by any judgment, decree or final order or process of a Federal court It must set forth the cause or pretence of the imprisonment or restraint, according to the best knowledge and belief of the petitioner If the imprisonment is by virtue of a mandate, a copy of this must be annexed to the petition, unless the petitioner avers either by reason of the removal or concealment of the prisoner before the application, a demand of such a copy could not be made, or that such a demand was made, and the legal fees for the copy were tendered to the officer or other person having the prisoner in his custody, and that the copy was refused. If the imprisonment is alleged to be illegal, the petition must state in what the illegality consists 8

The form of the writ of habeas corpus is clearly set forth in our New York statute. It is as follows

"The People of the State of New York, To the Sheriff of," etc (or "to A B")

"We command you, that you have the body of G D, by you imprisoned and detained, as it is said, together with the time and cause of such imprisonment and detention, by whatsoever name the said C D is called or charged, before _____," ("the supreme court, at a special term or term of the appellate division



NEWS NOTES



JEFFERSON COUNTY

The last meeting of the Jefferson County Medical Society was held on June 15, 1928, at Clayton, N Y, following an outing held in the afternoon at the Clayton Golf Club

The meeting was held following the dinner at the Hubbard Hotel

Dr Wendell D George was elected to membership in the Society

Dr John \ Pritchard of the State Hospital for the insane gave an address on "Practical High Spots in Psychiatry"

WALTER S ATKINSON, Secretary

GREENE COUNTY

The midsummer meeting of the Greene County Medical Society held in Greenville July 10, 1928, was called to order by the President, Dr. A. O. Persons

The following answered to roll call Drs Daley, Sinclair, Rapp, Waller, A O Persons and Wasson There were present as guests of the Society, Dr James N Vander Veer of Albany, President-elect of the Medical Society of the State of New York, and Dr Huntington Williams, District State Health Officer

Dr Morris Axelrad of Tannersville, Dr Horace Baldwin, of Tannersville, and Dr Herbert Weinhauer of Windham were elected to membership

Drs Waller, Daley and Sinclair were appointed a committee to nominate officers for 1929, and to report at the October meeting

Dr James N Vander Veer, President-elect of the Medical Society of the State of New York, was then introduced and addressed the society on State Society matters, particularly in regard to various activities that the State Society very much wished the County Societies to take up, enumerating them in the following order

1st The attitude of the County Societies in regard to their relation to the State Department of Health

2nd The nursing problem, stressing the fact that there were only four counties in the State without hospital facilities, and that the State Society was urging these counties to take the initiative in establishing hospitals

3rd The committee on Public Health and Post Graduate work, suggesting that the County-Societies make application for post graduate courses for next year as early as possible

4th The Committee on Public Relations, urging the County Society to take

1st A survey of all Health Agencies in the County with their names, membership list, program, and manner of carrying on the same

2nd The collection of data concerning all types of medical activities, both curative and preventive, and whether carried on by official or unofficial agencies

3rd Confer with the Director or other agent of every organization interested in conducting or promoting curative and preventive medical activities in the County with regard to its program, for the purpose of offering assistance in the development of the medical phase of such program

4th Confer frequently with the Public Health Committee of the County Society regarding the methods employed in Public Health work throughout the County

5th Be prepared to take leadership in developing medical programs for the County agencies

Dr Rapp moved that a rising vote of thanks be given Dr Vander Veer for his enlightening and interesting address—It was seconded by Dr Daley and carried

Dr Williams, District State Health Officer was next introduced and discussed Dr Vander Veer's address, stressing the interest Dr Nichols took in organized medicine

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W M RAPP, Secretary

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the bunions would be reduced, the big toes assume a normal shape The complaint further stated that the patient was especially fond of walking, out of door exercise and dancing and desired to have the defect of her feet corrected, and for that purpose on the 27th of April engaged the defendant to operate upon her feet. That he did so in a negligent and careless manner, and that. although the patient repeatedly called to the defendant's attention an inflammation of the toes and complained of pain in the left foot, the surgeon failed to do anything to relieve her of her condition or to examine and treat the toe She further charges that while at the hospital where operated upon the surgeon merely glanced at her without doing anything or rendering any treatment to her to relieve the inflammation and pain of the left foot. It was further charged that the inflammation and pain continued until the 4th of May, at which time the surgeon opened the bandages and stated that on the next day she would be able to go home That thereafter the inflammation and swelling became increased, became unbearable and the surgeon continued to treat the left foot negligently and carelessly so that the inflammation and infection extended up the leg and he also refused to examine the plaintiff's feet That on the 7th of May, in fear of her life the plaintiff left the hospital and went home On the 8th of May the surgeon was called to her home, attempted to rebandage her feet in the presence of another physician, but did so negligently and carelessly, that on the 10th of May the defendant surgeon was discharged from further treatment and another physician engaged, who treated the plaintiff's left foot and advised that another operation would be necessary the 28th of May the plaintiff entered another hospital and the left foot was then operated on remained in the second hospital until the 29th of June, leaving said hospital on crutches inflammation of the left foot remaining unhealed, on July 2nd another physician attended the plaintiff, and on August 15th she entered another hospital for a further operation which was performed on August 16th She remained in the third hospital until August 22nd, again leaving this hospital on crutches and had to use crutches in walking for a long period of time charged that by reason of the defendant's negligence and improper treatment she suffered extreme pain and anguish from April 27th to the following October, had to undergo several operations and be treated by several physicians and

had to expend about \$3,500 in an attempt to be cured

On April 24th the plaintiff, a woman about 28 years of age, called on the defendant surgeon at his office and requested that he remove bunions from each of her feet That he sent her to a hospital and on the following day, under a general anaesthesia, cut away the bunions In doing so he made an incision on the inner side of the big toe with a Gigli-Hertle saw, cut off a section of metatarsal bone and then with a scissors cut off a section of the capsule and interposed it between the ends of the bones He then sutured the ends of the capsules, also sutured the skin with silk worm gut A dry gauze dressing was applied, bandage over the incision and a wooden splint placed on the foot. After operating on the left foot he proceeded to operate upon the right foot in exactly the same manner, using the same instruments and similar bandage and splint When the operation was completed the patient came out of the anaesthesia safely and was put Thereafter the surgeon called on her daily, saw that she was comfortable, but did not remove the bandages until the third day then found the right foot was doing nicely, but the left foot had a red spot at the incision opened one stitch to relieve the pressure and rebandaged both feet. He saw her daily and redressed with dry gauze her left foot up to the day that she left the hospital On the day following the day she left the hospital he called on her at her home and found her in bed He also found another physician in attendance He then removed the bandage from the left foot and took out one more stitch, redressed the foot and rebandaged it as before At this time he advised that nothing be done until he called the next day the following day he received a telephone message stating he need not call any more as another physician had been procured When last seen the woman's right foot had healed with a good result The left foot showed signs of superficial The surgeon states that his scalpel, scissors and forceps were all properly sterilized before beginning the operation and likewise the field of operation Nothing further was heard from the patient until the institution of this action

The plaintiff not proceeding with the trial of the action, a motion was made to dismiss the same for lack of prosecution, which motion was granted terminating the action in his favor





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MEDICAL WARES



ELASTIC STOCKING

Varicose veins of the legs require a support which takes the place of the missing elastic elements of the veins. The ideal support does not exert pressure in order to force blood and serum from the veins and arteries, but it forms a support which prevents the veins from distending

The basis of an elastic stocking is a rubber thread somewhat smaller than the finest lead of a lead pencil. It comes in skeins like ordinary thread of cotton or wool. The quality of the finished product will depend on the quality of the rubber of which it is made. Rubber is variable in its elasticity and lasting qualities, but good rubber has a standard quality of permanence which equals that of other goods. If the manufacturer uses the best quality of rubber, the elasticity of a stocking will continue a period as long as the life of the cotton thread with which it is woven

The first process in manufacturing a stocking is that of covering the rubber string with a fine cot-The rubber is fed through a bobbin ton thread which revolves rapidly and winds a fine cotton thread around the rubber It is then fed through another bobbin which winds a second cover of cotton in the other direction While the winding goes on, the rubber is stretched to double its flaccid length in order that, when it relaxes, it may expand and fill the cotton coating completely The completed string is and form a firm string then heated in order to render it more solid and The completed thread may be compared to a flexible tube full of elastic jelly It has the property adapting itself to a slight tension has a "tone" like that of an artery which transmits the impulses of the heart In fact, the elastic stocking performs for the veins the functions of the elastic and muscular coats of the arteries rubber stocking applies little or no pressure to veins when they are empty, but when they are enlarged, it springs into action with a force directly proportional to the fullness of the veins Many doctors suppose that the object of the elastic stocking is to exert a considerable degree of pressure constantly, but the pressure is not exerted to any appreciable extent unless it is required by the distension of the veins

When an elastic stocking is stretched, it is seen to be composed of two sets of threads first a rather coarse rubber thread which runs horizontally and is intended to encircle the limb, and second, fine threads which bind the rubber threads together

There are two general types of stockings, the seamed and the seamless The seamed is the original type and is still standard for the stocking which fits with the greatest exactness. It is woven flat on a hand loom whose operation requires skill and judgment. The looms are designed and built in Nottingham, England, and embody the same principles that are used in the great power looms for making lace curtains. However, the looms for weaving elastic stockings are small and are worked by hand power. Each rubber thread is passed back and forth like the woof of woven cloth, while the fine cotton threads which bind the rubber together are woven in such a manner that the fabric may stretch sidewise but is unvielding lengthwise.

The next step consists of sewing the edges of the stocking together so that its seam shall be flat. This is done on a sewing machine which applies the stitches on one side only and leaves the fabric flat on the side next to the skin

Seamless elastic stockings are woven on power looms and according to a standard measurement While they will be satisfactory to some person whose legs happen to conform to the shape of the stocking, it is usually by far the best plan to have a stocking made to exact measurement. In fact the manufacturer cannot usually fit a person unless the weaver has a measure before him. The seamed stocking can be shaped with far greater ease and accuracy than the seamless one. The seam is no objection, for the finest hosiery is seamed.

The color of the fabric has given the manufacturers considerable concern. It would be supposed that a flesh-colored fabric would be the most inconspicuous, but such has not been found to be the case. An elastic stocking that is worn under another stocking is the least conspicuous when its own color is something between a dull lavender and a light tan,—a color which in itself is by no means pleasing

Fitting an elastic stocking is a work to be done It is always best that a physician should send his patient to the manufacturer to be measured and fitted When once a stocking of the proper measurement has been secured, it may be duplicated at any time The fitters are usually expert workmen who have shown a special aptitude for diplomacy in dealing with customers While they are not trained in orthopedics or any other branch of medicine or laboratory work, yet they do know the character of the goods on which they work, and can construct a stocking to fit any They are therefore to be classed among the skilled assistants of physicians They are not merely salesmen, but they are the scientific advisors of the physician and his patients

2

THE DAILY PRESS



MUSCLE AND NERVE REACTION TIME

The time required for muscular reaction to a signal has an important bearing on safety and the prevention of accidents

The New York Herald-Tribune of Sunday, July 22, has a description of a ten-car electric train on the Long Island Railroad running into an open draw bridge over Jamaica Bay Only the forward car left the tracks, but that one plunged into the bay and stood on its forward end in twenty feet of water, but all the occupants escaped safely The motorman, under arrest, is quoted as saying

"I was sick—sick to my stomach, when we left the Flatbush station I saw the signal set against me, but I passed it I saw the bridge open, too I don't know why I passed it The first thing I knew after that, I struck the water I hadn't anything to drink I needed sleep and was sick"

This motorman was probably trained to respond quickly to signals, and yet he not only disregarded the danger signal but also failed to respond to an open draw in the bridge. It would seem to be simple prudence to install a device which would stop a car approaching an open draw bridge, but in practice railroads depend on one man to see the signals and stop the train when danger threatens.

Few persons realize the intricate nervous mechanism which is involved in responding to a signal, or the time required for a man seeing a signal light or bell, to set the brakes of a car

When a motorman responds to a signal, the order of action is usually as follows

- 1 Reception of the sensation of a signal, either of sight or of sound, by the nerve cells of the cerebrum
- 2 Transportation of the nerve impressions to a motor cell, and its transformation into a motor impulse.
 - 3 Transportation of the motor impulse to the

anterior part of the grey matter of the spinal column

- 4 A transmission of the motor impulse along the nerve of a muscle
- 5 The contraction of the proper muscle, and the adjustment of that contraction to the need of the car

All this takes an average of 12 seconds in a normal person. One with a quick response may do it slightly under one second, while one who is slow will take two or three seconds.

Not only do persons vary in their quickness of response or reaction time, but the same person will show a varied reaction time under various conditions Seldom will a reaction time be hastened It will always be slowed by fatigue and by alcohol The danger will usually be in proportion to the slowing A car driven at the rate of thirty miles per hour will go about 45 feet in a second, and a motorman with a reaction time of four seconds will travel a length of a city block before he sets his brakes and begins to stop the car danger of fatigue is therefore obvious The motorman in the accident confessed to no response at all to a danger signal, and gave as his excuse that he was sick and sleepy - and he probably told the truth

Who was responsible for the motorman's condition? The obvious duty of the railroad was to know the reaction time of every motorman, and if he is markedly slow, to reject the application at the outset. The slowing of the individual motorman under various degrees of fatigue should also be known, and if he is subject to undue fatigue, he has no place as a motorman

A physical examination of applicants will detect the majority of those who have slow reaction time, and will prevent a large proportion of accidents. The subject is of such importance that R. H. Macy & Co. tests the reaction time of its auto drivers before they are engaged as motormen.

CANCER CONTROL

The mystery of the cause of cancer is now as deep as it was a generation ago at the beginning of a widespread campaign against it. One of the best popular descriptions of the lines of the campaign is contained in the following editorial from the New York *Herald-Tribune* of July 22

"The war on cancer like a campaign against any enemy, follows two contrasted plans. One is to combat what the enemy does from day to day,

that is, to treat the symptoms of cancer and to remove its manifestations when they appear. The other is to try to learn the enemy's plans, so that they may be more definitely foreseen and frustrated. It is this second part of the campaign that is evidenced in discussions this week in London over the cause of cancer, for that cause is but another name for the ways and means that cancer uses to work its ravages against mankind.

In the simplest terms, the intelligence department of the anti-cancer army has imagined three different theories of the enemy's plans the theory that cancer is due to some invading germ, perhaps too small to be visible, but still a living agent which must be nourished and transmitted alive and which conceivably can be killed This theory is advocated notably by Dr W E Gye, of London A second theory is one which considers the causative agent to be some chemical. perhaps the "ferment" or "enzyme" referred to in the suggestions put forward in London by Dr James B Murphy, of New York, a ferment being merely a chemical of unknown nature, very tiny quantities of which have power to cause widespread and intimate chemical changes in other sub-The two essential differences between this theory and that of Dr Gye are that the ferment is not alive and that it may be elaborated somewhere inside the afflicted body instead of needing to be introduced from outside still a third theory, not importantly emphasized in London, which lays the blame for cancer on some

illness, self-contained and probably self-caused, of the particular living cells that develop into the growths. For this no foreign influence, either of gerin or ferment, would be necessary

"To decide among these three contrasted viewpoints is the task of the intelligence department of the anti-cancer army, that is, of the research It may be years before the answer is forthcoming, and in the mean time the captains on the actual firing line must do the best they Without waiting for the staff to tell them what are the enemy's plans, these field commanders in the cancer hospitals must treat symptoms and remove cancers where they are removable, meeting each day's operations of the enemy as that day comes To give these firing line surgeons their best chance it cannot be too often repeated that the duty of the public is early diag-Even without knowledge of how cancer is caused, the death rate of the malady could be reduced enormously if every one sought instant medical advice on the appearance of any disquieting symptoms"

HOLDING UP PHYSICIANS

The New York Herald-Tribune of July 23 prints a letter from Dr J Gardner Smith, 21 West 122nd Street, New York, regarding robberies and hold-ups of physicians and dentists, both in their offices and on their way to patients The letter says

"I am requesting the Medical Society of the County of New York to protect the lives and property of physicians when making calls at addresses strange and unknown to them. With the approval of Police Commissioner Warren, could not the society notify all physicians to telephone immediately to Police Headquarters in advance of making such calls, so that a policeman or detective could meet or precede the physician in an effort to apprehend criminals?"

The Doctor is also quoted as saying

"Conditions now are such that when I get a call at an irregular hour from an unknown patient, I refuse to answer it unless I am afforded protection. The reaction of this underworld work is that doctors are absolutely afraid to go to people who may need them very much, unless they are known. These things all injure persons who are actually in need of a physician. It is for the

protection of meritorious cases of worthy patients that I wrote the letter"

While sneak thieves may consider the valuables of physicians and dentists and their patients as their legitimate prey, there is the further fact that physicians on their way to patients are immune to hold-ups to a greater degree than any other group of persons. The physician is admitted to private houses and dens of vice without question when his profession and mission are evident, for his errand of mercy is respected even by thieves

However, there are other phases of medical relations to be considered. A physician is respected only so long as he is entirely truthful and sincere. But there are increasing numbers of instances in which physicians have been impersonated by non-medical men. Ambulance chasing physicians have claimed to represent patients when they had no right to go near the cases. Also physicians have been known to pretend to be on medical missions when in fact they were on a sporting lark. Such a case is discussed on page 937 of the editorial department of this issue

The medical profession faces a serious problem in preserving the sincerity of action of physicians



BOOK REVIEWS



Bedside Diagnosis By American Authors Edited by George Blumer, M D Three octavo volumes, totalling 2820 pages, containing 890 illustrations Philadelphia and London, W B Saunders Company, 1928 Cloth, \$3000 a set Separate desk index volume free.

This is an excellent and complete system of medicine by sixty-four American contributors. The title of "Bedside Diagnosis" is not exactly applicable to this set of three volumes, for many pages are given over to instrumental and laboratory methods such as electrocardiography radiography, and bacterial cultural characteristics. A large part of Volume III is devoted to the gross and microscopic anatomy of the nervous system. Too much space is alloted to such diseases as undulent fever, 24 pages, plague, 24 pages, leprosy, 22 pages. On the other hand, pneumonia is dismissed with about 8 pages, typhoid fever, 12, and pulmonary tuberculosis, 21 pages. On the whole, most of the articles are up-to-date and contain references to the recent literature.

RECENT ADVANCES IN OPTHALMOLOGY By W STEWART DUKE-ELDER M A., D Sc. Octavo of 343 pages, illustrated Philadelphia, P Blakiston's Son & Company, 1927 Cloth, \$3 50

The most difficult factor in reviewing the recent works on opthalmology which have come to us from the writers of England is the continual temptation to enthuse over each chapter. This is particularly true in discussing the value of this little volume by Duke-Elder. Moreover, others reading the book are similarly affected, for, new as it is, writers feel compelled to commend it in their scientific writings. (G. O. Ring, Amer. Jour. of Oph. Jan. 1928, P. 35)

In the preface the author points out the scope and relation of his effort.

- 1 To supply a connecting link between the text-book and the bulky and cumbersome periodic literature.
- 2 To indicate the acceptable and reliable steps of progress in opthalmology during the last few years
- 3 The book is written for the senior student.

The material presented represents (though he does not state the period) additions to ophthalmology during the last twenty-five years or thereabouts. The writer has separated the wheat from the chaff and presented his morsels of scientific pabulum in a very wholesome and well-balanced manner.

The jumor and senior alike should carefully study this work as is very evident from the first sentence of the introduction in a quotation—"There is nothing permanent but change nothing certain but that everything is uncertain"

The material is well arranged and its viewpoint so broad as to include the most progressive work from the lowly atom and the theory of relativity to the fundamentals of operative procedure. The growth in our field of physics, embryology, anatomy and physiology is presented as the stepping stone for the chapters on pathology, diagnosis and treatment. Special subjects are accentuated as cataract, glaucoma, and ocular neurology, and the present status of the slit-lamp, red-free light and physio-therapy are clearly shown.

It must be obvious to every one that the presentation of this material presented a complex problem, but the author has certainly made a very worthwhile contribution to ophthalmic literature in arranging it.

CLINICAL RESEARCHES IN ACUTE ABDOMINAL DISEASE By ZACHARY COPE, BA, MD Second Edition Octavo of 214 pages, with illustrations London and New York, Oxford University Press, 1927 Cloth, \$350 (Oxford Medical Publications)

It is quite interesting to see a physician or a surgeon trying to justify his existence in the scale of things medical. A delightful peroration is here exhibited as to the relative merits of the surgeon and the laboratory man. There is no suggestion that the two should be combined, which after all is the ideal way.

The author has in his mind to call attention to some neglected methods of examination in connection with acute abdominal diseases, and is most interested in hyperaesthesia. Sherren found this in 32.3 %, Robinson in 21%, and the author in 59% of acute cases of appendicitis. In all abdominal cases regardless of cause the author has found this phenomenon in 47%

The location of the hyperaesthesia in each condition is clearly shown by graphs, which are easily remembered

He devotes considerable study to the signficance of phrenic shoulder pain, and gives a list of diseases in which this phenomenon may be expected, but in no event without involvement of the diaphragmatic area

Subacute perinphritic abscess without kidney disease is discussed, and the essential criteria for its recognition presented. Equally as interesting discussion is given of extravasation of bile.

An unusual condition called "Acute Ascending Paren chymatous Enteritis" is described with the symptoms, and the treatment.

A simple presentation is given at the close of the book at Shock and Collapse.

This is an interesting discussion of more or less overlooked signs and symptoms in connection with acute diseases of the abdominal organs, and the author has carefully tried out their relative merits. It helps pave the way to a more perfect examination of the suffering

J ARTHUR BUCHANAN

NEPOLASTIC DISEASES A Treatise on Tumors By JAMES EWING A.M., M.D. Third Edition, revised Octavo of 1127 pages, with 546 illustrations Philadelphia and London, W. B. Saunders Company, 1928 Cloth, \$1400

The American classic on tumor pathology appears in a new third edition. Its simplicity of style makes reading it delightful, yet the voluminous details and excellent illustrations will satisfy the most critical scholar.

The author begins with a complete review of the present theories of the nature and etiology of tumors and discusses the methods of their metastasis

Then follow detailed descriptions of tumors classified according to their origin epithelial, mesenchymal, muscular, nervous or vascular

Finally each organ and glandular structure receives a complete analysis of its tumor pathology

The chapter on Sarcomas of Bone has been rewritten to conform to the classification adopted by the Codman Registry of the American College of Surgeons

HARRY MANDELBAUM

OUR NEIGHBORS



MEDICAL PUBLICITY BY COUNTY MEDICAL SOCIETIES

The Medical Society of Bergen County, New Jersey, has appropriated one thousand dollars for medical publicity during the coming year. The following account of the action, from the pen of Dr S T Snedecor, reporter for the county society, appears in the July issue of the Journal of the Medical Society of New Jersey—Editor's note

"Bergen County has decided to promote ethical medical publicity After careful consideration of the report of the special committee, consisting of Drs Donald A Curtis and Harry B Wolowitz, the society accepted the report and passed a resolution appointing a Committee on Public Relations with an appropriation of \$1,000 to spend on publicity this coming year The report of this committee is of special interest to all members of the profession and is herewith printed in full

"Report of the Committee on Publicity

"'This Committee has investigated the question of publicity by the society and has come to the following conclusions

- "(1) That a properly conducted compaign of ethical publicity sponsored by this society is most desirable as a means of clarifying the relationship between the physician and the public, of stimulating interest in matters medical, of educating the public in the prevention and early recognition of certain diseases, and of opposing the cultists
- "'(2) That such publicity must be of two types, direct and indirect. The direct method means the insertion of material in certain publications by paying for space. The indirect method calls for free publication of articles of public interest and for public benefit. All material is to be released under the name of the Bergen County Medical Society.
 - "'(3) As for direct publicity, the cost can

be nominal at first and increased later if it is found desirable to widen the scope of our publicity. For example, the Bergen Evening Record charges 63 cents an inch per day. For an "ad" two columns wide by six inches high the cost is \$7.56 a day. If such an "ad" were inserted twice a week the annual expense would be \$786.24. However, by contracting for a certain space to be used at stated times this cost can be decreased a little. Furthermore, the copy will be written by The Record without additional charge. If it is preferred to have a professional copywriter do the work an additional expense of 20% of the advertising cost must be included.

"'(4) That there is a wealth of material for indirect publicity which is easily accessible The State Society Journal, the Anti-tuberculosis, Anti-cancer, and Red Cross Societies all have interesting copy that they are glad to furnish without charge. In addition, members can help by submitting short articles on various medical subjects

"'This committee therefore recommende

- "'(a) An active campaign of ethical publicity be embarked upon by this society as soon as possible
- "'(b) A publication committee be appointed with power to go ahead-and make all arrangements and contracts for such a campaign. It is suggested that this committee consist of men who have had previous experience in work of this sort, and that they be preferably volun-
- "'(c) Direct publicity be published in one or more daily papers of wide circulation in the county at least once or twice a week, and that articles for indirect publicity be presented three times a week'"

ETHICS AND DISCIPLINE IN MASSACHUSETTS

The Report of the Committee on Ethics and Discipline of the Massachusetts Medical Society considers a number of subjects which are of interest to general practitioners of New York State. The following extracts are taken from the report printed in the New England Journal of Medicine of June 28

Disciplining Members - The Committee held

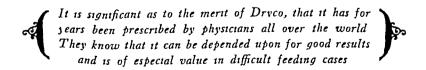
five meetings during the year, and its sub-committees held numerous conferences and investigations. The matters brought before the Committee were of the usual type but were both more numerous and on the whole of more serious character than usual. Indeed it seems to the Committee that whether due to the changing spirit of the

(Continued on page 952—adv xiv)

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CHESTER FORD DURYEA, M.D. DIRECTOR

(Continued from page 950)

times or to the increase of alien elements in the profession, the ethical standards of physicians are tending to seek a lower level. No fewer than four Fellows were recommended to the President for expulsion from the Society In three of these cases it has been recommended that their resignations be accepted in order to avoid the useless expense and the notoriety connected with a board These were all instances of the performance of or the attempt to perform illegal The fourth case is that of a Fellow abortions who in a suit for malpractice against a fellowmember, in his testimony for the plaintiff made statements not justified by the facts, and evpressed opinions which were not in accordance with medical experience or teaching. His license to practice was revoked by the Board of Registration in Medicine

Unethical Advertising - Charges of unethical advertising have as usual occupied a great deal of the Committee's time and have presented the usual perplexing problems. One of the abuses which is creeping into the ethical practice of medicine is due in part to the employment by charitable hospitals and clinics of professional promoters of campaigns or "drives" for the collection of money These professional managers, not being themselves physicians, are actuated by the standards of commerce rather than by those of a liberal profession. They are likely therefore to employ methods of publicity and advertising which are offensive to the traditional standards of our profession. Pictures of physicians are printed in the daily newspapers representing individual members of the Staff of these institutions in the performance of their merciful duties, and articles extolling the professional work of these physicians are published, as a recommendation to the public of the merit of the institutions which these gentlemen serve Such publicity methods, in these instances wholly ethical and proper in their purpose, are pointed to with justice by other members of the Society when they are called to account for similar advertising of a more personal character If great charitable institutions permit such advertising of the achievements of their professional Staffs, and this is condoned by the Massachusetts Medical Society, it cannot be expected that the similar but less conspicuous violations of our traditions on the part of individual Fellows, shall be controlled by the authority of the Committee on Ethics and The professional Staffs and Superintendents of medical charities should not permit themselves to be thus exploited by the laytrustees of the institution or by professional managers of campaigns for the securing of endowment

(Continued on page 954-adv xv1)



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(Continued from page 952-adv xiv)

Supervision of Private Cases in Hospitals— A somewhat novel problem has been presented by the appointment by certain small hospitals throughout the Commonwealth whose Staffs are "open," of a supervising physician or surgeo who is charged with the duty of overseeing and if need be of criticizing the work of his professional colleagues of the community who may have private patients in the hospital with a view of insuring that all the work done in the hospital shall reach a certain standard of excellence. If such a supervisor is a man of ability and per forms his duties conscientiously it seems clear that the good of the patients is served, but it is also clear that such supervision appears to be meddlesome and offensive to the physician whose patient is the subject of investigation Certainly in private practice such a relation of physicians would not be tolerated, and the fact that the Staff is "open" rather than organized according to seniority or authority makes this relation as diffi cult as where the patient is ill in his own house. It is clear that where this arrangement exists it should be made amply clear by the governing authorities at the hospital that any physician who has a private patient there must expect to have his work overseen by the physician appointed as supervisor It is also clear that in the exercise of his duties the supervisor must be governed by the greatest tact and consideration of the feelings of his brother physician Any other attitude would lay him open to the charge of a violation of the traditional mutual relations of Fellows of the Society

MEDICAL PUBLICITY IN WEST VIRGINIA

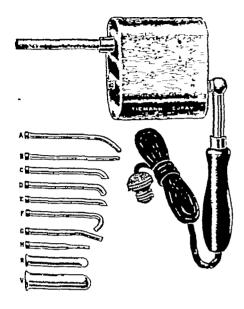
The report of Dr J R Schultz, Chairman of the Committee on Professional Relations of the West Virginia Medical Association appears in the July issue of the Journal of the Association The following extracts show the scope of the work of the Committee

"The business of the Committee on Professional Relations is to get before the lay public the value of scientific medicine, to educate the public on various matters of health and the advantage of periodic health examinations, and to tell the public what it should know about the medical profession. In other words, the Committee on Professional Relations is the liaison officer between the doctor and the public at large.

"Up to the present year we have tried to attain our objective through the newspapers of West Virginia It has been a tough battle and we have been losing ground year after year The reason for this is easily to be seen The doctors

(Continued on page 956-adv viii)

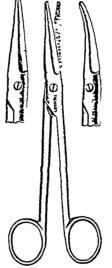
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(Continued from page 954—adv xx1)

do not advertise and the newspapers dependipon advertising for their very existence. As consequence, most of the material we sent out to them quickly finds its way into the waste based to them quickly finds its way into the waste based to th

"At the council meeting in December, 1927 we outlined our new plan and it was unanimously approved. Then we went to work. At the present time we have twenty-four doctors, located all over the State, who have agreed to go out when called upon and talk before the West Virgin service clubs in language that the public can understand. These doctors were selected for the oratorical ability, and they were lined up about the first of March.

"Shortly after the first of March we sent out letters to the Lions and Rotary clubs in West Vir ginia, notifying them that we had a number of speakers available for duty, whose subjects would deal with the relations between the physician and the public. We set forth that these speakers could be had for the asking. To date we have filled a number of engagements and in practically every case, the speeches by our own doctors were picked up and published in the news papers.

"When a request is received from a club for one of our speakers, we get in touch with the one living nearest to the city or town in which the club is located. But we never allow a doctor to address a club in his own home town, for we believe that no man is a hero in his own community."

"In furthering the work of the Committee on Professional Relations, my only suggestion is that all of you, when the opportunity presents itself, lend any assistance you can to the newspapers in this State. We may feel that their attitude toward the medical profession is unjust, but that is not the point. The point is that the newspapers are none too fond of the medical profession, and that's all there is to it. Those of you who own or operate hospitals, or who are employed by your city, county or state governments, are in an excellent position to build up more friendly relations between the press and the profession.

"Some day I hope the time will come when the West Virginia Medical Association can set aside an appropriation to combat through advertising the vicious paid publicity of nostrums and quacks in this State When that day arrives, it will be a simple matter to place scientific medicine in West Virginia up a few rungs upon the ladder of enlightenment"

(Continued on page 957-adv xix)

(Continued from page 956-adv viii)

Two points in this report are worthy of comment. The first is that no doctor is authorized o speak in his home town, and the second is the trained relations between the doctors and the newspapers. However, these conditions will right themselves if the Public Relations Committee carries out its plans.

THE NEW JERSEY ANNUAL MEETING

The July issue of the Journal of the Medical Society of New Jersey contains an editorial on its annual meeting, June 6th to 9th, from which the following extracts were taken—Editor's note

The 162nd Annual Meeting of the Medical Society of New Jersey proved to be the largest and best in the long history of this organization

The number of members registered was 443, as compared to 390 the previous year, an increase of approximately 14% Such evidence of growth is very gratifying to those who labored upon construction of the program and development of the infinite details attending upon such a convention

The general scientific program was most attractive, and yet we cannot see a sufficient degree of difference in that respect to account for a material increase of attendance. To what e tent the new sections showed drawing power it is difficult to say but we believe it was very considerable, and probably accounts for the major portion of increased attendance. At all times, throughout the four sessions of each section on Thursday and Friday, the meeting rooms were well filled and interest in these special programs was deep and sustained

The next most important difference from previous meetings was the coincident gathering of the Woman's Auxiliary, where the registration figures mounted well above 100. There is no doubt in our mind that a large share of the credit for increased general attendance is due to the Auxiliary. If called upon to apportion the honors we would say that at least as much credit for bringing members to the convention was attributable to the Auxiliary as to either of the new section programs.

ludging from figures presented in the past it would seem fair to say that an allowance of 10% would cover the normal natural swelling of membership registration. If the remaining 90% of the increase be divided equally among the Auxiliary and the two new section meetings, we find that each of these three factors proved their value to the Society in a decided manner, and the conclusion points clearly

(Continued on page 958_adv xx)

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(Continued from page 957-adv xix)

the direction for further developmental work Definite and clean-cut separation of in House of Delegates from the general session proved most satisfactory, doing away entirely with conflict of interests and interference will proceedings. The amount of business demanding serious consideration by, the Delegates is now become so great that a full day of time is none too much, and it is to be hoped the plan that worked so well this year will be continued.

THE PHYSICIAN THROUGHOUT THE

The following editorial review of a recent book is contained in the Medical Journal and Record of July fourth

It is characteristic of this so-called practical, age that few persons, even among physicians, know anything of the cultural aspects of medicine, of the way in which the science of medicine has attained its present high position in the healing art, of the difficulties that had to be overcome, of the persons who played the leading roles in this advance, of the biographical and historical It is well to background of these individuals pause once in a while and look back to take stock of the achievements of medicine Each period of time steps on the shoulders of the preceding period and benefits by the accomplishments of these periods. Thus is advance pos-Familiarity with the lives and labors of sible those who have contributed to medical progress not only provides human interest but is also an inspiration to future endeavor. In the hustle and bustle of modern life it is too easy to forget New developments crowd upon us 50 fast that they are accepted as part of the daily science and practice almost before their origin and development have become impressed upon those who have occasion to make use of them

Little indeed has been written about the physician's great services to mankind This is the unpelling motive that has induced Arthur Selwyn-Brown though himself not a physician, to write The Physician Throughout the Ages work of the physician is traced from the earliest times down to the present day with sufficient detail to enable the reader to form his own conclusions as to the status of the medical profession After describing the hisat any given period torical background of each period of time, the leading lights of that particular era are mentioned and their work recalled—the only way to give a truly historical picture of progress of the Thus the evolution of medicine is medical art traced

(Continued on page 959-adv XXI)

(Continued from page 958-adv x) .

The role of the physician as a great ameliorator sorrows and a sage friend, national adviser, alige and even ruler is shown. This book will doubtedly serve as a literary monument to scientific and beneficent accomplishments of medical profession.

THE MEDICAL RADIO

The July number of the Journal of the Missouri ate Medical Association contains a report of —e Committee on Public Policy, which discusses e radio as follows

Radio —One of the most important matters of terest coming before this committee was the imaging effects upon public health education of roadcasting over the radio by quacks, patent redicine manufacturers, and various commercial roups seeking to make financial profit for themalies and advance their own selfish interest ander the guise of "public health lectures"

The matter has been taken up first, with various roadcasters direct, second, through the Federal adio Commission at Washington, and third, with the United States Congress in session in Asshington

We have found that the various broadcasting rms are quite sensitive to criticism by the organted medical profession. Where not bound by ontract they have mostly acceded to our proposals to keep the field of public health above exploitation However, their expense is great in coroadcasting a program and there is strong com-- nercial temptation in the offer of entertainers , and a cash bonus for an apparently harmless suppeal over the radio from the owner of a remedy "for sale, a "sanitarium" or "school" to be expoloited Many radio franchises are upon a firm Innancial footing and a very high plane and others are upon a "shoe string" The latter are prone y 0 listen to any one with cash We must insist that commercial exploitation be kept away from senume public health education The influence not the profession is most valuable here

Congress flatly refuses to pass special rules in regard to broadcasting on public health topics. Your committee urged that all broadcasters of matter claiming to be health talks or conveying information on public health be required to be inspected and approved by the legal health authorities of the State in which the broadcaster is located. This was declared impossible. The whole radio subject is new and rules must be developed from needs as they appear.

Bills in Congress affecting the medical prolession have been reported by the Secretary

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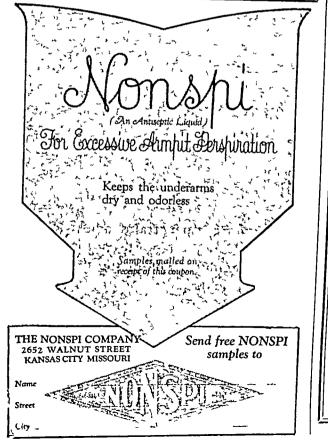
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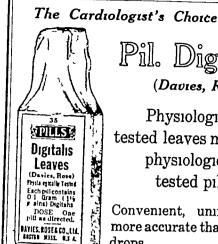
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The June 20th issue of the Medical Journal and Record contains the following editorial comments on forms of rice in the market. This information will be of interest and value to the family physician—Editor's note

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"The advantages of polished rice, the form which is used almost exclusively in the United States of America, are that it is easily kept, has, to many, an attractive appearance, and is not irritating to the stomach in cases of gastritis or ulcer The fact that it is easily kept makes its shipment to distant countries possible The white color appeals largely because we have become accustomed to it cum is used in the polishing and this accounts for the milky appearance of water in which it is soaked

"Strange to say, much has been written in this country on the advantages of entire wheat products but little regarding en-The analysis shows a tire rice great similarity between the comparison of entire wheat and wheat products and refined brown and white rice. The same reasons can be urged for using brown rice as for whole wheat The polishings that are thrown away are the most nutritious parts of the grain, except in fuel value alone There has been some increase of late in the use of brown rice in the United States, but it is safe to say that the majority of our population have never tasted it"

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THE PRACTICING PHYSICIAN IN COURT*

By L HOWARD MOSS, M D, RICHMOND HILL, N Y

THE decision to enter the profession of medicine is ordinarily made either prior to or during the period of preliminary education, rarely subsequent to college graduation. So far as there is any anticipation of the study of medicine, at most it consists of the pursuit of studies in the sciences, such as, physics, chemistry biology and bacteriology and possibly the mental sciences, that are regarded as fundamental to the science of medicine. Courses of instruction that have even a remote bearing upon legal practices either in court or out, are not only not included in pre-medical education, but are not even included in the list of suggested electives.

In the Medical School, the instruction includes certain basic subjects pursued in the earlier part of the curriculum, including in addition to those already mentioned, anatomy, physiology, pathology, and pharmacology, with their ramifications. Here, for the first time, may be presented to the student, anticipating specialization in public health, something pertaining to law and order. He may be permitted to spend a few hours in

the study of sanitary law Later in the medical c

Later in the medical curriculum, the instruction is devoted entirely to the various fields of clinical medicine, including internal medicine, dermatology, neurology, surgery, otology, rhinology, laryngology, ophthalmology, obstetrics, gynecology, pediatrics and to a limited extent psychiatry. Some institutions give a few lectures on medical-jurisprudence

If he emerges successfully from his struggles through this imposing list of studies of the science and art of medicine, and passes the board of medical examiners in the state where he anticipates the practice of his profession, he is legally recognized as qualified to practice medicine

Sooner or later, however, he is confronted with a demand for services for which he not only has no specific preparation, but of the very existence of which he may be wholly uninformed, or at most has heard of only as a remote possibility. He is called into court. Here a new world con-

fronts him Of the methods of procedure, of the rules of evidence, of his particular obligations and rights, he is wholly uninformed, so far as he has received any instruction for his career as a practicing physician

Notwithstanding this condition of unpreparedness, his obligations far transcend those of any ordinary witness. By reason of his professional status, he may be asked not only to testify as to facts within his knowledge, but to give his opinion as to the significance of these facts. That is to say, the Court recognizes him as a super-witness, an expert.

As a practicing physician, he is received alike into the home of rich and lowly, as a messenger of hope. The treatment accorded him is almost universally friendly and even gracious. He enters to render a much needed service and as he leaves the home the appreciation of the good offices he is rendering is apparent. "Thank you so much, Doctor. We are leaving everything in your hands and know that you will do all that can be done." Thus, he is accustomed to responsibility, and it is his aim in life to merit the trust and confidence which is imposed on him. Lack of confidence, lack of trust and lack of appreciation are rare exceptions.

His very entrance into the courtroom, reveals to him a different atmosphere to what he is daily accustomed. He has been issued a subpena to be present at 10 A M and give testimony in the case of James Brown vs. the X-Y-Z Corporation. He recalls that a year and a half ago he was called to attend little Jimmy Brown, the son of James Brown, and was told that the day before, while playing in the street, he had run into and been hit by a vehicle of the X-Y-Z Corporation. There had been no intimation that blame was to be attached to any one, other than Jimmy, since he was playing tag or attempting to steal a ride. The physician did not just remember the detail of what Jimmy was doing

He remembered clearly that the boy was suffering merely from minor injuries. There was a slight simple contusion of the right thigh and the right shoulder, hardly calling for treatment

^{*} Address of the incoming president, presented before toe Society of Medical Infisprudence at the New York Academy of Medicine January 9 1028

However, he prescribed rest in bed for a day or two, and suggested a mild lotion. It would at least keep the boy off the street. On leaving, he told the mother that if it would relieve her mind she might bring the boy to the office after a tew days, and he would look him over again. The people were in moderate circumstances, so he made his fee \$2.00, which was paid by the relieved and apparently appreciative mother.

He remembered that about a month later, the mother had brought the boy to the office Wouldn't he examine his spine? It seemed to his father, and the mother concurred, that there was a slight curvature of the spine. To be sure, it was very slight, but they had never noticed it before He examined the spine It was easy to appreciate how an uninformed and imaginative person might convince himself there was a very slight curvature, yet it was about as straight as boys' spines usually are, and presented no basis for the opinion that it had been in any way of to any degree, whatsoever, injured by the acci-Something was said about having a specialist examine the spine, but the physician did not remember anything very definite on that point

About a month before the serving of the subpena, the physician had received a call from the boy's father, accompanied by a stranger, whom he introduced as a representative of the firm of lawyers who were handling the case of his son's injury. They informed the physician that the case was on the next calendar and should be reached early. The stranger wished merely to refresh the physician's memory in regard to the boy's condition when he had attended him, following the accident.

On learning that the physician had made no extensive record of the case, the lawyer stranger reminded him that the boy suffered from severe shock, that there were extensive contusions over the entire right side of the body, and that there was evidence of twisting of the spine The physician was quite clear in his memory, and from his record, that the case showed merely slight contusions of the right shoulder and thigh "Try to refresh your memory on these points," suggested the lawyer "We shall want you to testify and it is important that you recall all of the details mentioned Of course, you will be well paid for your testimony, if we obtain the verdict to which we are clearly entitled," assured the lawyer stranger, as he was leaving

The physician was mystified It couldn't be possible that he had failed to appreciate the seriousness of the boy's injury. He, of course, would be willing to tell the Court just what he had observed. He had answered the subpena with that intent firmly in mind.

Somehow the Courtroom did not present the appearance he had expected. Although it was now five numbers of ten there was considerable

disorder Many were in seats, others were stand ing around in groups, chatting more or less friv olously Men in some instances had their hats There was no apparent effort at order or decorum After a while, he espied in a far part of the room, little Jimmy Brown with his mother and father, and the lawyer stranger who had called a month previously The latter immedi ately came over and led him to another man to whom he introduced him, saying "This is Dr A who attended Jimmy He is prepared to tes tify fully as to the extent of his injuries" Was it possible that the lawyer stranger winked at him as he made this remark to the new stranger, whom he now understood was Mr Jones, the trial lawyer for Jimmy? "Are you experienced as an expert witness?" inquired Mr Jones The fact that he was not, seemed entirely satisfac tory, and Mr Jones at once advised our physi cian, having his first super-man experience, that if he desired to make a good expert, he should limit his replies to the direct answer of questions asked him, and not volunteer any information It might hurt the case, he was warned Mr Jones let it be said, was a man of high standing in the legal world, a member of a well-known and, as he believed, highly successful firm of lawyers The advice of Mr Jones was not to be taken lightly He thanked him, and would be on his guard to follow it

It was now well past ten o'clock, and there was no indication of the Court doing business He heard an attendant remark that the Judge Stepping was in conference in the Chambers out into the corridor, he came unexpectedly upon Mr Jones, in conference with little Jimmy and his father "Now, Jimmy," Mr Jones was saying, "you remember just how this accident occurred, don't you?" "Oh, yes sir," replied Jimmy, "I was playing—" "You mean you were crossing the street, don't you?" interrupted the trial lawyer "Y-e-s," replied the boy-"and before starting across you looked up and down the street to make sure that the coast was clear, continued Mr Jones "Oh! yes," eagerly responded the boy, "and seeing no cars approaching in either direction, you started to walk rapidly across," said the lawyer "Oh, no," replied the boy "I ran" "Now think carefully," interrup-"When you come to think of it, ted Mr Jones aren't you quite sure that you just walked briskly across the street at the crossing?" "Oh, but I did run," repeated the boy Mr Jones, apparently annoyed by the persistence of the lad, turned a bit sharply to the father with the state-"Well, if the boy insists on saying that it is no use to continue with the case. No jury on earth will give a verdict under such circumstances" Thereupon the father took the box in hand, saying gently "Now Jimmy, you know that Mr Jones is a great lawyer who is trying to help you' "Yes su,' came the reply, somewhat hesitantly, "and he knows a great deal more than either you or I," continued the elder James "Yes," said Jimmy, "and if he said you walked across the street, why in all probability that is right." "Now, you're only a little boy and don't fully understand how important it is to say it just the way Mr Jones tells you to Now think carefully, and see if you can't say it exactly as Mr Jones wants you to" "I'll try," faintly replied the boy, and leaving them further rehearsing the testimony, our young physician, in Court for the first time as a super-witness, returned unseen to the Courtroom, his confidence in the integrity of evidence somewhat shaken by what he had overheard

It was ten thirty-five when the court officers awoke the waiting assembly to attention were ordered off, those sitting were aroused to their feet, and the Court entered and ascended the bench, the Court crier proclaimed his "Ovez! Ovez!" and something more, ending with "you shall be heard," and the attendants ordered everyone to be seated. At last something of the dignity and order that had been expected was assumed Now, surely, the trial to which he had been subpenaed was to begin "Call the calendar," said the Court Thereupon, the clerk read from a list the names of cases, to which there were various replies from the audience such as "defendant" or "plaintiff ready," after which there were conversations, frequently heated on the part of the one addressing the Court difficult for a mere witness, even though he be a super-witness, to understand much of this proceeding, excepting that three-quarters of an hour were thus consumed Finally, Mr Tones emerged from the group surrounding the bench and came towards them "We are number 27 on the calendar" was his remark "and we ought to be reached any time within a week or ten days I will let you know beforehand" he remarked "Then the case is not to be tried today?" remarked the physician "No, but we had to be Sometimes the whole list answers 'unprepared,' and we have to go right ahead," was the reply "I wish I had known," was the physician's only remark, as he visioned the sacrifices he had made to answer the subpena, and the cases he had referred to other physicians "We shall try to be very considerate of your time, Doctor," said Mr Jones "Try and keep in touch with your office, and we will telephone you when the case is reached'

It is unnecessary to recite the period of waiting for the case to be called. How many times he called his office, lest the summons should come and he not be within reach. The hours he spent looking up the pathology, the symptomology, the sequellae of a simple contusion, lest he should be found lacking when the supreme hour arrived, the search of the medical literature for cases of curvature of the spine, induced by a fall or blow

that would leave a simple contusion of the right shoulder and thigh if such indeed existed. He had thought it all so simple, but he must at least justify his opinion, and modify it, if he found that he was mistaken

After two weeks of uncertainty, he was informed on arrival home at the close of a busy day, that Mr Brown had called up and left word that the case had been reached, the jury chosen, and the taking of testimony begun, and that Mr Jones wished him to be at the Courthouse, promptly, at 9 30 in the morning, for a conference He was to be the first witness of How was it possible, with his morning the day already filled with calls on important cases? He would do his best By getting out an hour earlier, he would see several of the more serious sick cases, and that perhaps would enable him to spend an hour at Court His testimony surely would not take but a few minutes—it was so simple By 10 30 at the latest, he surely would be free

Vine thirty the next morning found him at the appointed place. Mr. Jones arrived at fixe minutes of ten. He was very sorry to have kept Dr. A waiting, but several important matters at the office had detained him. After all, there really wasn't much to be said. He had gone over the case with the lawyer of record, and everything was understood between them.

The first procedure Court opened promptly was to withdraw the jury, while the lawyers discussed some technicality regarding the admission of evidence Both Mr Jones and the lawyer for the XYZ Corporation were fully prepared Each was given full opportunity to state and to cite cases in support of his views. Law books were produced the attendant several times going into the chambers, and returning with volumes for the Judge the attorneys standing respectfully by while he read and pondered Then followed more At first—each of the lawyers had teen calmly persistent. As the Court appeared to lean to a decision in favor of Mr Jones, the lawver for the XYZ Corporation grew more em-When finally the Court gave his ruling and the jury was recalled, Mr Jones appeared calm, while his opponent was visibly perturbed The mien of the Judge also was now sterner than It was 10 45 o'clock "Call your next witness, said the Court, somewhat briskly, addressing Mr Jones

Undisturbed, Mr Jones turned to our superwitness, and called in a voice easily heard throughout the Courtroom, "Dr A, will you take the stand?" The moment had arrived Assuming an outward poise that belied his internal feelings our practicing physician quietly arose, and started for the witness box, conscious that the eyes of all in the room were upon him. He had proceeded but a few steps, when he was firmly, even though gently grasped by the arm, and directed by a uniformed Court attendant to

alter his course and pass behind the jury box Disturbing as it was, it at least gave him a minute longer in which to get a hold on himself Emerging from behind the jurors, he found himself facing the witness chair, beyond which was the bench at which the Judge was seated, busy with his papers, and apparently unconscious that a man of professional standing was approaching He started to sit down, but was restrained by an-"Raise your other attendant who said to him right hand" Whereupon, the clerk of the Court arose, and said in stentorian tones, easily understood, "You solemnly swear that the testimony you shall give in the matter now pending between James Brown, the plaintiff, and XYZ Corporation, the defendant, shall be the truth, the whole truth and nothing but the truth, so help you, God?" "I do," solemnly and sincerely asserted the prospective witness, ready to sink into the chair Not yet, however, continuing to restrain him from sitting, the attendant leaned forward, so as to bring his ear nearer the witness' mouth. and said in a loud tone "Name, please" Fortunately, his name was the one thing with which he was familiar Had it been otherwise, it is quite probable he would have been unable, certainly without considerable hesitancy, to comply with the demand made upon him. He gave it in sufficient voice, as he supposed, for every one to hear, nevertheless, the attendant turned to the Court reporter, seated immediately in front, and repeated the name in a much louder tone, as though every one present was not already fully aware who he was "Be seated," then said the attendant

Mr Jones arose With a deliberation that was reassuring, he addressed him "Dr A, will you state your place of residence?" The lawyer for the defense corporation was already on his feet extending his hand, in gesture to the witness not to speak Then, addressing the Court, he said. "Your honor, in view of your honor's ruling while the jury was out, I respectfully request the privilege at this time of further cross examination of the last witness, Mrs Brown" Mr Jones objected, explaining that Dr A was a very busy practitioner, that he had already been waiting in Court, an hour, to give his testimony, and that any further delay would impose a hardship upon His opponent regretted exceedingly the necessity for pressing his point, but assured the Court that it was essential that the further cross examination be conducted, before the testimony of Dr A was received "Withdraw the witness," ruled the Court, whereupon, the practicing physician was addressed by the attendant with the "Stand aside!" command

Mrs Brown took the stand How the cross examination was conducted, her replies, at times, timid and uncertain, again explosive and vindictive, the subsequent redirect examination in which Mr Jones attempted to fortify her story

where it seemed to have been weakened, and the many interpolated objections and discussions between the counsel and the Court, these are all beside the point. From it, the waiting practicing physician gained a new revelation of the case. For hours after the accident, the boy had been in a semi-conscious condition. The right side, including the arm and leg, were extensively brussed, from which the boy did not recover for two or three weeks, there had been extreme pain in the back for a period of months, with occasional recurrences, even at the present time, and as a consequence, the whole demeanor of the boy had changed From a perfectly healthy, robust lad, he had become weak, irritable and timid, unable to participate in the usual sports of boys, afraid to be left alone, even in the day, in fact he had become, since the accident, "a nervous wreck," as the mother expressed it.

It was 11.25 o'clock when our practicing physician was recalled to the stand "The witness has already been sworn," said the Court, as Dr A took the chair, this time quite ignoring any effort of the attendants to direct or restrain him. "Will the stenographer read the question that was asked when we were interrupted," asked Mr Jones, with a side glance at his opponent The question was read, and answered, and the usual qualifications to practice medicine were established

"Do you remember being called to attend Jimmy Brown, the son of James Brown, the plaintiff in this action?" questioned Mr Jones "I do," was the reply

"The witness will uncross his feet," stated the Court in a voice heard throughout the room Dr A looked at the Judge in amazement. Had he misunderstood him? Was the Court indulging in levity, that he should so address him?

The Judge repeated his command Dr A glanced at his feet, and then at Mr Jones, who motioned him to comply with the request. He reluctantly did so, the Irish in him thoroughly aroused, that he, a professional man, a practicing physician who had just qualified as an expert witness, and above all, that he, a gentleman, should be publicly subjected to such an indignity. Glancing at the jurors, he observed for the first time, that among them was a patient of his, from a well-to-do family that he attended The juror avoided his glance.

"About when was it that you first attended Jimmy Brown," continued Mr Jones in a gentle voice, as though to subdue his aroused feelings "On July 5th, 1925," was the answer "Now, of course, Doctor, we all appreciate that you see a great many sick people, and that it is sometimes difficult to remember all of the details of a particular case, but will you inform the jury, as fully as you can remember, just what you found when you first examined Jimmy Brown?" On objection from opposing counsel to the pre-

"The Doctor liminary remarks, the Court ruled may state what he found on his examination From Mr Jones, "Will you so state, Doctor" "I found a simple contusion of the right shoulder and the right thigh" "To make it plain to the jury, will you state just what you mean by a contusion, using every day language? And, Doctor, will you kindly direct your answers to the jury and speak loud, just as though you were talking to that last juror over there?" pointing to the farthermost juror on the back Dr A cleared his throat, took a deep and replied in full voice "Why a conbreath and replied in full voice tusion is a lesion resulting from trauma, I mean a blow, and a simple contusion is one in which there has not been produced any accompanying dermal discontinuity, that is the skin is not broken" "Does it necessarily mean that the blow has not been a severe one?" queried Mr "Not necessarily," was the reply it necessarily mean that the tissues beneath the skin have not been severely bruised, and the blood vessels torn, and possibly the muscles and the nerves injured?" continued Mr Jones was the reply

"Now, Doctor," interrupted the Court, "did you, in fact find injury of the blood vessels and tissues, generally, at the various sites where the bruises occurred of which you have testified?" "Yes," said Dr A "So that there was indication of the parts having been hit a severe blow that it what you want the jury to understand by your testimony on this point, is it?" said Mr Iones, resuming the questioning "Yes," was the reply

Further questions and answers covered the general condition of the boy, the Doctor testifying that the boy might have been a bit restless, and that he did not notice any condition of the spine at that time He had advised that the boy remain in bed, and the application of a lotion to the contused areas

"Now, when did you last see the boy in connection with the injuries from this accident?" asked Mr Jones, further adding, "I mean the time that he called at your office?" "That was about a month later" "And at that time what did you find?" was the next question the contusions had healed," was the reply I correct in stating that you, yourself, are not an orthopedic surgeon?" next inquired Mr Jones "I am not," stated the Doctor "However, your education includes a general knowledge of surgery, am I right in that?" asked the lawyer "Yes," replied the practicing physician let me ask you this question," said Mr Jones, "and I will ask you to follow it closely, and to wait before giving your answer till the Court has ruled on its competency" Then followed a long reading of a complicated hypothetical question It recited a robust boy, in normal health, walking briskly across the street, being struck by a

rapidly moving vehicle, thrown on his right side, thereafter suffering from severe shock, and being in a condition of semi-consciousness for some hours subsequent to the accident, found on examination the next day by a physician to be suffering from severe bruises on the right side, involving particularly the right thigh and right shoulder, with the underlying tissues severely damaged, the condition being such that the boy suffered severe pain, and was confined to his bed, for at least, two or three weeks, that when at the end of a month, the case was discharged by the family physician, he was still suffering from injury to the spine, with curvature and subsequently was treated by a specialist, that, after the accident, the boy had exhibited, and even at the present time, continues to exhibit irritability, nervousness and other symptoms of chronic traumatic spinal neurasthenia, etc., etc., etc, ending with the query "Assuming all of the above facts, can you state with reasonable certainty, the cause or causes of the various abnormalities manifested, as described?"

As always happens at the completion, the opposing lawyer was on his feet, objecting that the question was irrelevant and immaterial, containing facts not in evidence in the case, and, further, objecting to the form of the question, and so forth and so on When, with the aid, or at least with the assent, of the Court it had been specified, among other things, that no evidence had been submitted of a condition of chronic traumatic spinal neurasthenia, Mr Jones, addressing the Court, stated "If it please your honor, those portions of the question will be put in evidence through the testimony of a specialist, who will be the plaintiff's next witness. I am asking Dr. A the question, at this time, to expedite the trial, and conserve the time of the Court, and, as well, to avoid needlessly retaining Dr. A who is a busy practitioner, and has important cases awaiting his attention. I would respectfully ask that your honor permit the witness to answer the question at this time, subject to the introduction of this evidence, with the understanding that, if such testimony be not subsequently admitted, that this portion of the witness' testimony shall be stricken from the record, without objection on the part of the plaintiff

The opposing lawyer objected to this assumption of facts not in evidence. The procedure was irregular, and prejudicial to the interest of the defendants. The Court suggested that he specify his other objections, and that they take the time to argue upon the form of the hypothetical question.

When, after a considerable time, during which the practicing physician was thinking more of his neglected practice than of the legal technicalities under discussion, the question had been adjusted, the opposing lawyer withdrew his objection to its being answered at this time, reserving the right to move it be stricken from the record, if the plaintiff failed to supply the missing evidence, and Dr. A was instructed to answer "I can," was the reply "Will you so state," quickly followed "The accident and resulting injuries," said the practicing physician "In other words, Doctor, you wish to, and do state to the jury, that the accident, as described in the hypothetical question, under the conditions therein stated, was a competent producing cause of the results therein described" "Yes," was the reply "You may cross examine," and with these words Mr Jones, with an approving glance at the jury, resumed his seat

The cross examination was relatively brief, and was almost entirely directed to the hypothetical Had he seen any considerable number of cases of chronic traumatic spinal neuras-Answer "No" Had he ever seen a case prior to the one here under consideration? "No" Had he made the diagnosis of chronic traumatic spinal neurasthenia in the case of Jimmy Brown? Answer "No" Had he ever heard of the disease or condition of chronic traumatic spinal neurasthenia, prior to its being called to his attention in this case? Answer "He believed he had" Question "Where?" He believed he had seen it in medical literature Would he describe the condition of chronic traumatic spinal neurasthenia would say that the condition was characterized by a tendency to over excitability, and excessive fatigue, as a result of an injury involving the spine Had he observed this condition in Jimmy Brown? He had not So that from his own knowledge, he would not say that Jimmy Brown was suffering from the condition? Answer "No" Question "Yet you felt justified, in answer to the hypothetical question, to state that the condition was induced by the accident" Answer "Under the conditions—" The oppos-Answer "Under the conditions ing lawyer, interrupting—"Now, Doctor, never mind about any explanation. The question is perfectly plain and I must ask you to answer it yes or no" Answer "Yes"

"That is all," said the cross-examiner with a smile directed to his associate-counsel, evidently intended to show to the jury his feeling of triumph

Dr A moved as though to leave the stand when Mr Jones arose with "Just one minute, Doctor You are a general practicing physician and not a specialist in injury cases. Is that correct?" "Absolutely," replied our practicing physician "That is all," said Mr Jones "Stand aside," said the attendant "Call your next witness," said the Court, and Dr A dissatisfied disappointed and dismayed, left the stand, and taking his hat and coat, departed from the scene of his unhappy experience, as Mr Jones was announcing the name of another physician of whom he had never heard. It was 12 40 o'clock

The next morning the following appeared in the local daily

"LOSES SUIT FOR SON'S INJURIES

"The jury in the action of Mr James Brown against the XYZ Corporation, to recover damages for the alleged serious injuries sustained, a year and a half ago, by his son, James, who was hit by a heavy vehicle of the defendants', brought in a verdict, late yesterday afternoon, in favor of the defending corporation. The jury was out less than half an hour Dr A, of blank street, was the leading expert for the plaintiff Dr B, of somewhere else, also testified It seems that Judge J, before whom the case was tried, instructed the jury that it was their duty to decide whether the experts had testified intelligently, and without bias or whether they were influenced by venal motives The testimony of our esteemed citizen, Mr C, director of the YMCA gymnasium, that young Jimmy had, for the last year and a half, regularly attended the boys' classes, and had taken a leading part in all of the heavy exercises for boys of his age, without complaint or injury, is believed to have influenced the jury in reaching their verdict"

I have presented the incidents just described, not as anything unusual, but to picture ordinary occurrences which a practicing physician may experience. The picture may be erroneous in technical details—but that matters not. Every important incident is a statement of an actual occurrence. It is my purpose in bringing this subject before you, to stimulate a diagnosis of the causes of certain existing situations, that seem undesirable and unnecessary, in the relation of the practicing physician to court procedures, with the hope that, with these conditions in mind, you will be able, from time to time, to suggest appropriate remedies

Probably all agree that any class of individuals who are especially liable to be summoned to Court as witnesses, and particularly as expert witnesses, should have included in their education, some simple fundamental instruction on the rules of evidence, and the obligations and rights of an individual as a witness. Such instruction might either be given in a special course in premedical education, or be included in a course on medical jurisprudence as a part of the medical curriculum I do not doubt that in many instances physicians who have inadvertently become involved in a case, by reason of their services as a practicing physician, are qualified as experts without the knowledge that such qualification is optional with them, and that by refusing so to qualify, their examination may be limited to a mere statement of facts

Again, physicians as a rule understand in a general way that their relations to patients are confidential. Few, however, have any definite knowledge under what circumstances, and on

what occasions, they are at liberty, or even compelled to reveal information which they possess by reason of such confidential relations. To be sure, when on the witness stand, they are advised and protected by the Court, but in their relations to family and friends, and in their relations to lawyers in conference, under these and other circumstances, the occasion is always liable to arise where they are in need of authoritative information.

From time to time, I have discussed with individual members of the Society, the possibility of some plan to lessen the sacrifice of time imposed upon the practicing physician in the matter of court attendance. It would seem that this ought to be accomplished, not because it is a matter of his personal convenience, but primarily because it has to do with the efficiency of the service he is rendering the community even to the extent of its becoming a question of life or death

Nor can the practicing physician always foretell when a serious demand is made upon him It is because of this, that frequently he puts aside his personal convenience, sacrificing a social engagement, or leaving his bed in the middle of the night, more often, to be sure, to see a case of minor importance, but occasionally, and he knows not when, to treat an illness, so serious, as to demand immediate attention. Even the matter of his routine office practice, and outside calls, cannot be taken lightly. The failure of the physician to arrive in the home at the expected hour, may deprive him of the opportunity of a conference with the nurse going off duty, who has attended the case for twelve hours, so that he may learn details, the importance of which, he cannot anticipate, and are only appreciated by himself Or again, the failure to see a patient as expected, may, as physicians well know, result in unfavorable reactions in the patients themselves, who become excessively nervous, tending thereby to exacerbate the diseased condition. It not infrequently happens that conditions arise which require prompt changes in the medication, the digitalis should be stopped or increased, as the case may be Indeed, there are a multitude of situations that render it important not to interrupt the routine of the physician's practice, certainly not simply to render a service in some legal proceeding of relative unimportance hasn't to do with his duties as a physician, and so is not illustrative of the reasons for conserving the time of the practicing physicians which I have just put forward, nevertheless the following situation, with which I am personally familiar, well illustrates, I believe, the disparity in obligation and sacrifice that may be demanded in the matter of court attendance.

A physician friend of mine saw a case in consultation. Some time subsequently a suit was instituted against the attending physician. Unknown to my friend, the consultant, the case was

set for trial on the very date on which he was to be married, in Canada He was to be called as a witness No subpena had been served, as the family physician had assured his lawyer that the consultant would willingly step into the Courtroom and give his testimony whenever it was The conflict of dates came to the attention of the family physician's lawyer, on the very date that the consultant was obliged to leave for a distant city The lawyer at once issued a subpena, and attempted service, posting men in front of his house and office. The consultant did what I believe every man would expect him to do under the circumstances He evaded service, even at considerable sacrifice of his dignity, managed to land on the blind end of a baggage car immediately behind the engine, and arrived at his destination looking more like an Ethiopian than a Caucasian bridegroom Even if there be some question about the legal propriety of procedure in this case, there can be none on the need of conserving the time of the practicing physician in Court attendance on relatively unimportant

The introduction of testimony by deposition in civil actions would enable the practicing physician witness to select the time, which, in a measure, would clarify the situation, but I am told that this is untenable, since it would deprive the opponent of the right of cross-examination. This is not so with regard to testimony taken outside the jurisdiction of the Court, and I cannot appreciate why it need be so in the matter of testimony of practicing physicians within the jurisdiction of the Court Such deposition might be limited to testmony as to facts, excluding expert opinions I am informed that there is a provision already existing, under which a practicing physician is not obliged to recognize an ordinary subpena to testify in regard to services rendered a patient in a charitable institution, but is obliged to recognize a subpena signed by the Court, it being assumed that the Court will issue such a special subpena, only when he has convinced himself that the testimony of the practicing physician is of vital importance to the case. To what degree the extension of such a procedure to all minor civil actions would relieve the situation, I am not prepared to state It would seem as though much would depend on the idea of the Court as to what constituted "vital importance"

The subject of the hypothetical question with its "yes" or "no" answer is ever with us In our November meeting the speaker, Dr William A White, gave emphasis to the fact that in regard to mental conditions, the hypothetical question is based upon an archaic conception, in law, of what constitutes mental competency and responsibility, and that the "yes" or "no" answer may be entirely misleading. Hence it frequently follows that conscientious physicians of equal ability, and of equally wide experience, give opposite answers

because of the particular interpretation that they feel justified in putting upon the hypothetical question This is done to the confusion of the Court and jury, and brings discredit to the medical profession, which the witnesses honestly and honorably represent This misrepresentation of the facts in the case by an unqualified answer of medical questions, including the hypothetical question, is by no means limited to conditions of mental diseases, yet I state from my personal experience that I have, more than once, been enjoined by the Court to limit an answer to yes or no, without qualification, when, in justice to the truth, I should not be required to do so "Yes" or "no" may be half right, but even if it be minety percent right, the witness is not true to his oath who fails to testify as to the qualification necessary to justify his answer Practical considerations and matters of policy may make it desirable to omit such qualifications from the standpoint of a particular party in the issue, the qualifications may weaken the force of the answer, but if this be so, it is merely because the truth is less firmly established than the yes or no answer would seem to indicate

It has only recently been said that the foremost national problem that calls for solution in the year 1928 is concerned with the spirit of lawlessness that prevails Our courts are an institution to cope with this problem. Is it possible that this same spirit has crept into the Courts themselves, and that attorneys and witnesses alike, at times, become so zealous in the winning of decisions that they are not fully mindful of the high ideals of character which constituted the very foundations of our nation? My only purpose in raising this question is to importune the practicing physician to be mindful of his obligations to himself, as well as to the interests of his patient at law Lawlessness in a nation of culture and power is a sign of decadence, in an individual, it is a sign of weakness. It is of greater worth to be honest than clever, even for a practicing physician in Court

May I say a word in closing about the treatment of citizens at the hands of the Court, and the attendants. It is agreed that the Court is entitled to and should receive the fullest respect of all in attendance, no matter in what capacity, and, as well, of the community in which it has jurisdiction, and that this respect should be observed in every relation of individuals to the Court. To this end the Court is empowered with

authority, that, within its own jurisdiction is nearly if not quite absolute

This very fact, however, carries with it a reciprocal obligation, namely, that the Court shall so conduct itself as to be entitled to the respect which it demands Subjecting those who unwittingly offend in some relatively minor and perhaps even questionable particular, to unnecessary public indignities, does not, in the speaker's opinion, constitute conduct that inspires respect, even though it may constitute an exhibition of power that in-The delegation of power does not lessen but rather increases the obligation to maintain dignity of behavior, as well as of position If there be truth in the saying "once a gentleman always a gentleman," then it may well be expected that the Court shall not cease to be a gentleman in, the expectation that thereby it shall create respect

There is an angle of the attitude of the Court towards witnesses including, and perhaps more particularly, the expert witness, that we cannot escape considering In a jury trial, the Court renders decisions on matters of law, and the jury is given the responsibility of deciding on ques-There is perhaps the danger that tions of fact an inexperienced jury may be unduly influenced in reaching a decision by extrinsic factors, such as the personality or demeanor of witnesses Can it be that the Court, realizing this, in its discretion to lessen undue influences of this kind and avoid what it believes to be a miscarriage of justice, willfully humiliates, and in a measure, even discredits witnesses in the eyes of the jury? Whether or not this intent exists the conduct on the part of the Court as described, certainly at times must react in this way. If such, indeed, be the purpose of the Court, it would seem to be a questionable practice from the standpoint of the intent of our system of trial by jury, and unfair, as well as ungentlemanly, treatment of the decent witness who is the victim of such treatment

Fortunately, it is the exception rather than the rule for those who hold this high office to offend in this particular, and the practicing physician may expect to ordinarily receive courteous treatment from the Court. Nor should he fail to realize that the Court rightfully demands courteous and respectful treatment from him, even more than from citizens in general, because of his outstanding position, both in the Court and in the community

DISCUSSION

Judge Alfred E Ommen This is the most delicious and immitable paper I have heard in many a month and I wish that every member of the bar might have heard it. It is particularly opportune because at this time the Appellate Di-

vision and the Supreme Court are trying to eliminate some of the things Dr Moss referred to There is to be a special term of the court to investigate ambulance chasers and the utmost possible is being done to clear the calendar of much

of that sort of thing There are many things to be said on the subject of the young physician as an expert witness. In-so-far as the picture Dr. Moss has painted of that neophyte it is simply splendid. But there is another side to that picture and this is presented by the trained physician who is not so disturbed by his neglect of his patients and who is frequently seen in the courts, particularly in accident cases. He not infrequently has waiting for him, not sick patients but half a dozen cases in which he wishes to testify. That presents the other side of the picture

Regarding the treatment of people in the courts by the judges and attendants, I have always felt and I know the bar in general feels keenly this frequent lack of politeness and disagreeability, and if it depended on the bar it would be altered but we, unfortunately, have two conditions in connection with that Often a man goes on the bench with the idea that he has a call from God to dominate over his fellow men and he wants to indicate it definitely so he expresses himself Regarding the attendants, we have the very common situation that putting some men in a uniform and brass buttons and giving them a little authority makes them insufferably domineering I once appointed a man who at the club was quiet, anemic and far from strong as a court attendant and later found to my astonishment that he had become a roaring lion. That is the explanation for that We have had judges who were examples of courtesy and good manners These is probably not a lawyer here who does not remember Judge Leventhal, who whenever he entered the court room said "Good morning, gentlemen," to those present before taking his seat. He listened with attention to the attorneys and even when he differed with them did so cour-That could so easily be always done, but, unfortunately, is not the rule I was recently a fellow traveller on a cruise with a judge of the Court of Appeals and was glad of the opportunity to tell him how delightful it was to enter that court with its quiet, pleasant atmosphere, where one feels he will have full opportunity to present a case where all the facts in law will be carefully weighed

Much of the criticism of Dr Moss is sound but there is no reason why there should be cause As to the broad question of medical testimony, that would require a long time to discuss However, I may say that it would be impossible to have testimony taken by affidavit on one side. because that is too dangerous, there must be opportunity for cross-examination and the jury should have the right to look at the witness and decide if he is or is not telling the truth. How the time of the physician could be saved I do not know There are many lawyers at the bar today -who are discouraging litigation for reasons of delay, three years before a case is reached, three weeks of bringing witnesses day after day

waiting for the case to be tried until the witnesses rebel against coming at all, arriving at the court room and having the judge act in an unnecessarily severe manner in the conduct of the trial Consequently, many lawyers avoid litigation and turn it over to men who have nothing else to do but that For the average practicing lawyer with three to five trials a year it is better to turn these cases over to somebody else. He is, therefore, better off than the doctor who as a witness cannot turn the onus over to anyone else

I think this was a splendid paper and I close with what I said at the beginning, that I sincerely wish it could have been presented to every lawyer in New York because there are many things in the administration of justice that need changing

Edward Adams, MD I heartily enjoyed Dr Moss' paper which I am in a position to appreciate since I have many times appeared in court as a medico-legal expert. He has, however, merely scratched the surface, it would be impossible in one evening to cover the subject thoroughly I feel I am in position to amplify one or two reasons why the general practitioner does not want to go to court First there is the loss of time, due to postponements he is generally asked to go several times Secondly, many lawyers engaged in this work have some idea of medical terms and when they get a doctor on the witness stand who is not an expert they make him appear ridiculous. In other words, they "make a monkey out of him" I hope at some later time this year to take up this subject myself from the standpoint of the medico-legal expert, and tell you what he has to put up with as well as the general practitioner

Louis Cohn, Esq Due to the activity in negligence cases the internes in the hospitals have been educated as medical witnesses, not only by those lawyers soliciting the cases but by representatives of casualty companies and railroad companies We find that in many serious cases the medical witnesses are hospital attendants and when a person is brought in injured his case is recommended to a lawyer by someone connected with the hospital and the physician is interviewed in the hospital When the case comes to trial the doctor has a good idea of what is expected of him in the way of testimony The average practicing physician is seldom called to court, it is the physician associated with one side or the other that testifies and he is experienced in court The lawyers bring their own physicians and that is one of the evils in legal work in connection with expert testimony

Dr L W Zwisolm Dr Moss has by no means overdrawn the picture, the average medical practitioner who goes to court is subjected to just such indignities and lack of consideration as

Dr Moss outlined He is not treated as a specially qualified man, on the contrary, as Dr Adams said, there seems to be a special effort made to "make a monkey" of him by one side or the other There are medical men whose standing is so high that no one dares subject them to ridicule, Professor Loomis was such a man But the average practitioner, called to testify in a case he has treated at the time of the original injury, is freely bullied and badgered in an effort to make his testimony seem worthless in the eyes of the judge and jury

Dr William Stemach Dr Moss' picture was very well drawn But there is a way to discourage litigation in trivial injuries and that is by the expert insisting on being paid before entering the court. The lawyer has everything to gain, on the 50-50 basis, and he expects the doctor to go to court on the understanding that he will be paid if the case is won. If they lose they pay nobody. The lawyers handling these accident cases on a contingent fee basis have a bad reputa-

tion as to paying If the doctor insists that someone of responsibility be compelled to pay him, or that he be paid in advance, most of the lawyers would hesitate to bring him to court and the case would be dropped

Dr Moss (closing the discussion) I had in mind in writing this paper, and I have had enough experience to know, that our friends in the legal profession often say a thing cannot be done and then they settle down to work and prove that it really can be done That was illustrated in creating the Grievance Committee of the medical profession in this State and now operating When the Grievance Committee was first mentioned to the Board of Trustees of this Society, the lawyers on the Board were unanimous in declaring it was impossible to create such an organization, it could not be done Then some of them got their heads together and accomplished it When I hear lawyers say a thing cannot be done, I know it means

PHYSICAL MEASURES IN GENERAL PRACTICE* II Ultra-violet radiations and mechanical measures By RICHARD KOVACS, MD, NEW YORK, NY

PHOTOCHEMICAL MEASURES The application of electromagnetic radiations for the treatment of disease or the stimulation of lagging biologic processes forms one of the most interesting chapters of modern physical therapy. A maze of clinical and experimental material is still accumulating, so that only some of the most important facts, those of practical application, can here be presented.

Physics A table by Coblentz presents a summary of the physical and biological characteristics of the principal regions of the electromagnetic spectrum The physical difference between these regions depends on the wave lengths as well as on intensity at the source Wave lengths usually are expressed in Angstrom units, representing onetenth of a millimicron, Coblentz, however, uses the millimicron (or millionth of a millimeter) so his figures have to be multiplied by ten erally speaking, electromagnetic radiations, to be considered here, can be divided into five main groups the far infra-red $(15,000 \text{ to } 150,000 \text{ A}^{\circ})$, the near infra-red (7,600 to 15,000A°), the visible spectrum (3,900 to 7,600 A°), the near ultraviolet (2,900 to 3,650 A°), the far ultraviolet (1,800 to 2,900A°) Below this range are the still longer Hertzian waves used in wireless telegraphy and radio, above, the still shorter X-Rays and radium emanations

Summarizing the different spectral regions the probable depth of penetration and the probable physiological action of the 1835 from different sources

Spectral region	Penetration of rays	Physiologic action	Source		
Far ultraviolet, 180° to 290° mis	Superficial 01 to 03 mm	Photochemical	Metals in car bon are and spark of met als (mercury		
Near ultravio let, 290° to 365° mu	Superficial, 03 to 05 mm	Photochemical	sun. Metals in carbon are and are of metals		
Visible spec trum 390° to 760° mu	Superficial 05 to 5 mm	Thermal, nerve stimulation	Sun. Carbon arc		
Near infrared, 760° to 1500°	Deep 10 to 30 mm	Thermal nerve stimulation	Sun Carbon arc. Gasfilled tungaten lamp		
Far infrared 1500° to 15000° mu	Superficial 3 to 0.1 mm	Thermal nerve stimulation	Carbon arc In frared (radi ant) heaters		

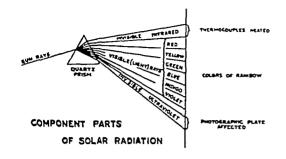
FIGURE I

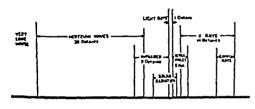
Summary of physical and biological characteristics of the principal areas of the electromagnetic spectrum (after Coblentz)

The second table shows the relative position and extent of the various waves, which cover a range of 62 octaves. Of interest in this table is the fact that light rays—those affecting the retina—form only a very small proportion of the total waves of the spectrum. With the physiological action of the visible rays still undetermined, it is difficult to retain "light therapy" as an adequate expression to signify the therapeutics of all of the vast ranges of the electromagnetic spectrum. Various sources of electromagnetic energy emit radiations with a

^{*}Part of a course of lectures on Physical Therapy arranged by the Committee on Public Health and Medical Education of the Medical Society of the State of New York, given before the Columbia County Medical Society, and also read in part before the Kings Oncens and Nassau County Medical Societies and the Medical Association of Greater New York, in the Spring of 1928

varying quality and intensity of the different wave lengths. When we consider that up to very recent times there was no detailed information available





The component parts of light and the electromagnetic spectrum

for comparison of the output of these sources and that there are likewise not enough definite data available as to the specific therapeutic effect of the different wave lengths of both the visible and invisible spectrum, we understand why the present status of light therapy is mainly empirical Various types of apparatus emit a varying quality and quantity of thermal, luminous, near and far ultraviolet rays, and even those who maintain that a generator that would give a true reproduction of the sun's rays is the ideal one for light therapy would be embarrassed to state what kind of natural sunlight they consider best. For the analysis of natural sunshine shows a considerable difference in summer and winter, at high noon and in the morning, in low and in high altitudes, in the tropics and in our latitude, and even within the same latitude in different parts of the world

Thermal vs Photochemical Radiations We must emphasize the fact that all of the generators of ultraviolet rays produce a varying amount of heat and light rays so that, to attribute almost all of the vitalizing effects to the ultraviolet part of electromagnetic radiations, would be an exaggeration. The tremendous energies of the lower spectral ranges are at least as essential for all organic life, as proven by the fact that flowers thrive in glass houses at all times in spite of the absence of ultraviolet rays—which are arrested by ordinary window glass. Thermal rays penetrate subcutaneous tissues, heat the blood, accelerate vital reactions and act instantaneously, they produce a burning sensation or immediate burn when their

intensity is too great. Ultraviolet rays penetrate only to fractions of millimeters, they are absorbed by protoplasm and this absorption results in physical and biological changes which manifest themselves only several hours after exposure Generally speaking, we apply thermal radiations more for their immediate local effects and ultraviolet radiations more for their remote effects on the general organism

Short and Long Ultraviolet The "Vital" The fact that within the ultraviolet field there is a very marked difference between the biological action of the various wave lengths adds another source of complication for the proper conception of its action. We know in a general way that the short rays are more bactericidal and the long ones promote nutrition, we also know that in the long ultraviolet spectrum the band from 2900 to 3200 Angström units (nearest to the short rays) is the most effective for the prevention and cure of rickets. This portion has been named the "vital" range, and based upon the experimental findings in rickets, ultraviolet enthusiasts are apt to lay too much emphasis on this particular portion of the spectrum The short (far) ultraviolet

Giving the radiant flux in waits per square centimeter at a distance of one millimetre from the centre of the arc and the ultraviolet spectral radiation components in percent of the total to 1200 mil (from table 2 of the Bureau of Standards Scientific Paper No 539)

Source of , Radiation	cness of rode in metres	8	ស្ត	Ultraviolet Spec tral Component in Percent of Total to 1200 ms		
	Thickness Electrode Millimetr	Amperes	Watts per Centimetre	180 to	310 to 370 mx	
Sun sea level (Washington)			(1 25 cal)	-		
Sun 7000 feet elevation (Flagstaff Arizona)			0 088 (1 65 : cal)	gr	28	
Quartz mercury arc Gas filled tungsten lamp Neutral core carbon	6	12 7 5	0 115 0 002 0 012 0 001	6 57 5 0 1 02	3 0 2 8 0 2 0 3	
Neutral core carbon 'Dochtboble Nickel core Nickel core	12 7 7 6 10	26 10 10 29	0 036 0 002 0 001 0 033	8 03 9 10 2* 26	1 1 0 4 1 1 3 1	
White flame White flame White flame White flame	10 10 12 7 12 7	10 20 30 90	0 005 0 012 0 043 0 049	1 29 0* 21 0* 16	3 1 2 2 1 5 2 0 4 7	
Blue flame Blue flame	10 12 7	16 29	0 005 0 033		1 2 2 3	

FIGURE 3

Ultraviolet emissions from various sources measured quant tatively by the radiant flux at a distance of one millimetre from the center of the arc

rays penetrate the skin to only about one-tenth of a millimeter, while the long (near) ones penetrate from three-tenths to one-half of a millimeter. The sun's spectrum contains none of the short ultraviolet, the noon summer sunlight contains the antirachitic zone, but the winter sun contains very little of it, and even this is likely to be

filtered out by the impurities of the atmosphere Ordinary window glass does not transmit the vital rays The various sources of artificial ultraviolet, the mercury vapor lamp, the carbon arcs of varying impregnation and under varying electrical activation, contain a varying admixture of the far and near ultraviolet, as shown in two tables, one by Coblentz and one by Goodman and Anderson

Ultraviolet Units in Ergs per Second per Square Milimetre of Area at Forty Inches

Type of Arc Lamp Direct Current	Are Volt	Arc Am perage	Arc Length Mm.	ı vital	Vital 3 200 to	Extra vital, 2,900
	-,,-	1	•	3,200	2 200 .	2,500 -
Quartz mercury are	,			5,200		
(used 200 hours)	75	3 4	55	10 981	8.585	4 034
White flame, thera	,,	J 4	25	10 901	0.303	4 437
peutic carbon A	35	17 0	15	7 803	1 120	0.407
Therapeutic earbon B.	33	27 0	13	1 903	1 120	0 407
blue flame "iron'	35	16 0	14	- 12-	4 1 4 4 4	
		100	13	6 635	2 190	1 441
		100		*0 ***		
iron aluminum	43	160	8	18 661	6 106	3 197
Carbon E red flame,						
strontium fluoride	40	160	10	5 188	1 534	0 577
Carbon F tungsten	38	160	7	7 332	1 855	1 228
Carbon G nickel	40	16 O	11	10 108	2 441	0 668
Carbon H, yellow						
flame, calcium						
fluoride	40	160	12	4 296	1 215	0 439
Carbon K, cobalt	40	16 D	15	13 651	1 663	0 763
Carbon A	42	8	10	4 274	0 593	0 213
Carbon B	41	8	12	0 516	0 180	0 118
Carbon C	42	Ř	8	1 919	D 601	0 329
Carbon E	40	8 8 8 8	18	0 714	0 235	0 094
Carbon G	41	Ř	3	1 644	0 363	0 099
Carbon H	40	Ř	13	1 173	0 326	0 118
Carbon K	40	Ř	13	2 221	0 261	0 130
Alternating current.	,,,	Ü	•	2 221	0 201	0 130
quartz mercury arc						
(three electrode)						
type) (not recti						
fied)	150	5	120	9 380	11 313	6 286
	120	٠	360	7 300	11 313	0 200

FIGURE 4

Ultraviolet emissions from various sources, measured forty inches from the source (after Goodman and Anderson)

Physiological Action and its explanation General Effect Ultraviolet rays exert (1) a rapid germicidal action to which bacteria are more uniformly sensitive than to chemical agents and (2) They cause after a well-defined and as yet unexplained latent period, a marked erythema of the skin, which is accompanied by a marked dilatation of the superficial capillaries and is followed by desquamation and pigmentation This erythema varies considerably with the personal idiosyncrasy of the patient (3) They cause an increase of the red blood cells, the blood platelets and the white blood cells—the latter increase being mainly lymphocytic in type—and also an increase of the calcium, inorganic phosphorous, iron and rodine content of the blood, and evidently produce an active change in the blood stream which is preventative or curative of rickets. According to latest investigations, there is also a decrease in blood coagulation time

Beside the objective and laboratory effects, in many instances there also appear subjective changes consisting of an analgesic effect in painful areas and a general feeling of buoyancy and well-being When there has been an overdose of radiation or the individual is particularly sensi-

tive, there may follow drowsiness, malaise, lasting several days These symptoms are usually met with in patients with low systolic and diastolic pressure, and may follow what would appear a perfectly safe dosage

The explanation of these actions is still under 1udgment The bactericidal action and tissue change may be due to some change in the protoplasm of cells, and is especially marked following exposure to the shorter (far) ultraviolet rays The longer ultraviolet rays may penetrate in part to the cutaneous capillaries and so directly affect the blood, although it appears that more of the action on the blood is indirect. Direct action can take place upon the nerve endings of the skin, and this may reflexly affect the depths. The influence on rickets has been explained by (1) an equalization of the disturbed ratio between calcium and phosporus, (2) by an activation of the light sensitive cholesterol in the skin, (3) by an increase in vitamin D There is also claimed an increased activity of endocrines under ultraviolet and an undoubted increase in general metabolism. The combined application of photochemical and thermal radiations can increase oxidation and reduction, and in systematic application of heliotherapy the climatic factors of outdoor exposure undoubtedly play an important additional part in the action on metabolism Pigmentation or tanning is by many considered an index of the powers of resistance of the patient, and its intensity taken as an aid in prognosis and in determining the relative value of ultraviolet radiation

(b) Local Effect The local effect of ultraviolet rays ranges from mild skin erythema to complete destruction of albumin The founder of ultraviolet therapy, Finsen, led the rays of a powerful carbon arc through a telescopic system of lenses which concentrated the light while circulating cold water simultaneously filtered out the heat rays The "cold" ultraviolet applied through quartz lens compression to the diseased areas causes an intensive local inflammatory reaction which leads to the clearing up of the lesion modern "water cooled" mercury vapor lamps with quartz rods attached furnish a simple technic for the application of cold ultraviolet directly to the skin and mucous orifices. For the purposes of the general practitioner we have to consider the general ultraviolet radiations only

Therapeutic Uses Fairly consistent clinical experience enables us to state that general ultraviolet irradiations are beneficial (1) in all forms of surgical tuberculosis, such as tuberculosis of the glands, intestines, peritoneum, bones and joints, as well as of the skin, also in some chronic forms of pulmonary tuberculosis "Open" forms of tuberculosis respond not as well as closed ones (2) In all forms of malnutration in children rickets, marasmus, restless, nervous, anemic and rheumatic children, madequate increase in growth

and weight, spasmophilia or tetany

In these two groups of conditions the action of general ultraviolet radiation may be called specific

Ultraviolet rays may act as an important adjuvant in the following conditions all forms of secondary anemia, general debility, convalescence (especially after infectious diseases and operations), repeated colds and other respiratory diseases, asthma and hay fever, mucous colitis

Local irradiations act powerfully in a wide range of chronic skin diseases and infections, in pyorrhea, burns, pruritus ani. It has been the experience that the results of local treatment of any tuberculous or other lesion will be considerably enhanced if systematic general exposures are applied simultaneously.

Contra-indications In very active or progressive forms of pulmonary tuberculosis, especially those accompanied by high fever, both heliotherapy or artificial light therapy may cause a fatal flare up similar to a strong tuberculin injection. Advanced heart disease, severe arteriosclerosis, extreme nervous irritability, renal insufficiency are further contraindications. In febrile cases in patients with low blood pressure, or patients showing depression instead of a feeling of well-being after irradiation, and those with abnormal sensitivity of the skin, great care must be used in determining subminimal doses to which these types will still respond favorably

There is considerable danger in the indiscriminate employment of ultraviolet generators by the unskilled in private homes, as pointed out in a recent editorial of the American Medical Association Journal. The tonic effect often ceases after a certain period and a constant control of the weight and blood picture is necessary. It is interesting to know that children can stand relatively larger doses than adults. The increased sensitiveness of blonds and those of light pigment is well known. Cases of acute eczema and derinatitis with blister formation seem to get worse under ultraviolet.

Heliotherapy Sunlight consists of 7 per cent ultraviolet (of the longer rays), 13 per cent light, and 80 per cent infra-red rays Regulated solar irradiation produces objectively hyperaemia of the skin, later pigmentation, increase of tonus of skin and muscles, and improvement in the blood picture, subjectively a pleasant sensation of warmth, lessening of pain and fatigue, and increased appetite. Local tuberculous lesions undergo progressive favorable changes, especially if the treatment is combined with suitable immobilization and extension in orthopedic cases

The general practitioner should get acquainted with the simple technic of heliotherapy, a knowledge readily acquired, because in summer curative insolation can be successfully applied in high and low altitudes alike. (See Rolliers chart.) At the seaside diffuse light is intensive and rich in ultraviolet rays, and even increased when the sky is

covered with light clouds The winter sun is poor in effective ultraviolet, except in high altitudes

Transparent Window Glass The present widely advertised ultraviolet transparent window glasses do not provide sunlight when there is none. The sky radiation from the north contains little efficient ultraviolet The sun's rays passing

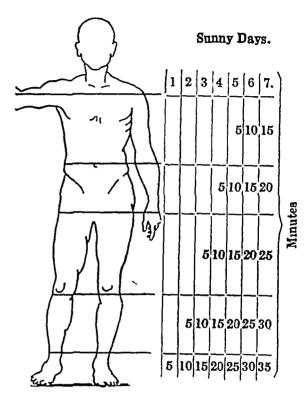


FIGURE 5
Diagrammatic chart of exposure to heliotherapy (after Rollier)

Diagramatic Course of Sun Cure.—According to the individual reaction, the daily dose may be doubled or tripled.

The dorsal surface of the body is treated in a similar manner wherever permitted by localization

The insolation continues progressively beyond the seventh day, so that a maximum duration of two to four hours is reached

After the third week one may proceed to a full sun bath. Neck and head lesions may be exposed to the sun only after a previous preparatory irradiation of the rest of the body.

through these glasses will not exert any appreciable influence unless they reach a large surface of the bare skin. It has been proven that transparent window glasses deteriorate even quicker than the quartz containers of the mercury vapor lamps, and so after a while transmit only a fraction of the sun's ultraviolet. Their use, therefore, can be considered really beneficial only in special solaria and sun-parlors with southern exposure,

where patients can be exposed, fully or partly uncovered with their bodies protected from cold

Artificial light sources furnish a much more desirable and convenient substitute for the sun's rays and those mainly used in this country are the carbon arc and mercury arc in quartz

Carbon Arc Lamps An electrical current passing between two carbon rods forms an arc which produces an intensive illumination. The spectral composition of this radiation is very near to that of the sun, especially in regard to the near ultraviolet rays The intensity of emission and its composition is determined by (1) the input of electrical energy (amperage), (2) the size of carbons. (3) the purity of carbons or their impregnation by metallic salts At the Finsen Institute in Copenhagen, where carbon are therapy originated, it is stated that because the carbon arc emits more of the long wave, deeply penetrating ultraviolet rays, its therapeutic action as a tonic is far superior to that of the mercury vapor lamp The carbon arcs emit a great deal of the thermal rays, and patients seem to enjoy the warmer rays of the carbon arc more than the relatively cold rays of the mercury vapor lamp

The advantages of the carbon arc lamps are (1) that there is no waiting in starting treatment, as the arc at once emits the full spectrum, (2) that the rays are of constant composition, not influenced by deterioration of the quartz burner, (3) that carbons are quickly and cheaply replaced, (4) that by using cored carbons of different composition a variety of spectral bands and therapeutic effects can be produced, (5) that carbon arc lamps are much less expensive. Some of the drawbacks of the carbon arcs are (1) the carbon arc often sputters, produces ashes, and the carbons need adjusting and replacing, (2) long exposures are necessary, on account of the lesser amount of ultraviolet rays-four or five times as long as with the mercury vapor lamp, (3) the larger carbon arcs (consuming over 20 amperes) require special wiring and consume a considerable amount of current

In spite of these minor drawbacks, the small 15 to 20 ampere carbon lamp constitutes an effective and relatively inexpensive addition to the equipment of the general practitioner. The technic of application is simple exposure to the entire body at a distance of about three feet, beginning with ten to fifteen minute periods, divided between the front and the back, and working up to those of one hour or more. With the B carbon of the National Carbon Company, which furnishes a radiation rich in short ultraviolet, erythema and pigmentation can be produced as fast as with the mercury vapor lamp.

Mercury Vapor Lamps Pure mercury vaporized in the vacuum of a quartz container by the passing of an electrical current, emits a radiation very rich in ultraviolet, especially of the short wave lengths A few minutes radiation with one

of these "air-cooled" lamps may produce an inten sive sunburn, so that short and effective treatments can be applied in all cases where ultraviolet radiation is indicated Their efficacy and simplicity of handling has hitherto made the mercury vapor lamps the more popular in the United Compared with the carbon are lamps, they require much less current and their burners if properly cared for last for years. Their ultraviolet output, however rapidly decreases at the beginning, due to deterioration of the quartz, but then remains fairly constant for a long period Mercury vapor lamps are rather expensive on initial cost, and the replacing of a burner may cost nearly a hundred dollars, compared to twenty-five cents for a pair of carbons There is no question that both types of lamps have their distinct place in therapy and, with the extended clinical and experimental work going on with both, more definite statements as to their relative value and indications can be made before long

In the present stage of our knowledge there is no definite measurement of ultraviolet radiation possible, and dosage therefore is entirely empirical, depending upon the clinical effects of erythema production. According to the age of the burner in mercury vapor lamps and the sensitiveness of the patient, a varying length and distance of exposure is necessary. Aside from these factors, a fairly accurate technic has been developed and can be acquired without much difficulty

MECHANICAL MEASURES

Mechanical measures are applied (1) for their local effect such as improving the circulation, removing the immediate effects of trauma-hemorrhage, exudation and muscle spasm-or its remote effects-adhesions and stiffness (2) for their reflex action on remote nerve centers producing a multitude of general effects Mechanical measures used in modern physical therapy comprise massage, mechanical vibration, the static wave current and certain forms of low tension interrupted, wave and alternating currents, these currents acting primarily through electrochemical stimulation and their effects is restricted chiefly to muscular tissue Active and passive exercises are properly classified under mechanical also measures

Massage Massage is the oldest form of mechanical application to the body, and has the advantage of that it requires only a pair of skilled hands and a trained head, and with such can be applied at any place. It acts principally through aiding the circulation by speeding up the venous return and increasing the movement of the lymph. It also exerts a mechanical effect by stretching such type of fibrous tissue as the yellow elastic that can be broken down mechanically. Contrary to popular belief, massage does not cause an active hyperemia, as do the thermal measures, though by friction it exercises a gently warming effect.

There is modern experimental evidence to prove that massage is of only very slight benefit in preventing atrophy in paralyzed muscles. In paralysis only the lightest form of massage is indicated, because owing to the atrophy of the muscle, pressure may be transmitted to blood vessels, causing paralytic dilatation. In muscles which are not paralyzed, but have remained passive for weeks, the refreshing, stroking and invigorating effect of massage helps to restore muscle strength, by reviving the power of spontaneous action.

The second important action of massage is its reflex influence through skin stimulation. It relaxes spasm, influences general metabolism, and often aids promptly in run down nervous conditions. Disorders of the digestive system, atomic dyspepsia, some forms of chronic constipation, visceroptosis respond to skilfully applied massage.

Physicians should learn how to apply massage themselves or at least when and how to prescribe it. To tell the patient to go and get some massage or some electricity is equivalent to an instruction to go to the drugstore to get "some" medicine "Baking and massage" is an incorrect label for the often wholesale and slipshod work done under the guise of physiotherapy by some insurance concerns. Insured workmen are entitled to the best aid that modern methods of physical therapy can furnish and not to perfunctory rubbings. Massage usually works to best advantage when properly combined with other physical measures such

as preliminary deep or superficial heating and subsequent active or passive exercise or electrical muscle stimulation

Massage is contraindicated in acute inflammation conditions, infectious processes, neoplasms. The training of massage operators should be done under the auspices of hospitals and by medical men, and their licensing and supervision considered a function of the health department and not a police measure. The profession of a massage operator should be considered a noble one, just like nursing and be practised by persons trained thoroughly in its art and science and in the proper conception of medical ethics.

Mechanical Vibration consists of a series of strokes applied to the tissues through a vibrating attachment activated by a small electric motor. It exerts effects in many respects identical to massage it increases circulation, tones up arterial coats and muscular structures, relieves passive congestion and aids in removing inflammatory products. Properly used therefore a small vibrator furnishes a potent therapeutic measure and once the physician learns how to vary the action of mild and powerful stimulation, he can use it to advantage in combination with massage or electrical muscle and tissue stimulation or as a partial substitute for these

There is also a reflex action of vibration of which a great deal has been written and of which little has been accepted and practiced by the pro-

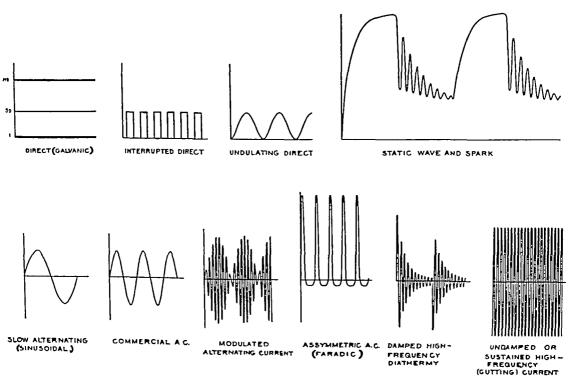


FIGURE 6
Graphs of the various forms of therapeutic currents

fession in general. Vibratory stimulation of the spinal nerve centers seems to exert powerful influence in the regions controlled by these centers

Muscle and tissue stimulation by electricity Classification of currents in electrotherapy, as shown in the attached chart, is done in direct relation to their action on the human body directional electrical currents flowing constantly with no change in intensity exert a purely biochemical effect, according to their polarity, but when applied or broken abruptly or varied in strength, increasing sensory stimulation and marked response of muscular tissue occurs mechanical effect is due to chemical changes and varies according to the voltage, amperage, frequency and suddenness of impulse. The unlimited number of varieties possible by these forms of alternating and wave currents offer a wide range for the stimulation of muscular and other tissues of the body When the interruptions or alternations of the current traversing the human tissues, however, rise above 10,000 per second-high frequency currents—the resultant electro-chemical response is nil, due to the extreme brevity of each impulse and hence the demonstrable effect of these currents is merely a production of heat due to the resistance of the conducting tissues The therapeutic application of heat-producing currents has been described under diatheramy

The time honored faradic current produces tetanic contractions of muscles with an intact nerve supply, and in its original form is quite painful and impleasant, it is therefore being used only as a diagnostic measure. By modifying this current to a pleasantly tolerable surging form it can be used advantageously for actively exercising weak and flabby but not paralyzed muscles, reduce obesity improve atony of abdominal muscles. There are mexpensive pieces of portable apparatus—such as the Bristow coil—available which enable us to apply it at the bedside, after fractures,

in atonic conditions, etc. The galvanic current, when flowing steadily, does not cause muscular contractions, but when broken or made suddenly it causes a brisk response in normal and a sluggish worm-like contraction in paralyzed muscles The lack of faradic response and the sluggish response to interrupted galvanism constitute the "reaction of degeneration" This is the most important electro-diagnostic evidence of a lesion either in the anterior horns of the spinal cord-such as infantile paralysisor of severe traumatism, or toxic degeneration of a peripheral nerve However, contrary to a formei widespread belief, the reaction of degeneration does not always signify an irreparable lesion but sumply denotes that the final recovery will require a considerable period of time-several months or longer in the majority of cases

Testing for the reaction of degeneration enables the rendering of an almost always accurate verdict from the standpoint of diagnosis prognosis and therapy in any case of paralysis following in jury or disease. It requires only a simple and in expensive apparatus—a galvanic and faradic outfit—and enables the skilled physician to testify as an expert in cases of paralysis and pseudoparalysis in industrial injuries and other accident claims

Interrupted galvanic currents, or slowly or rapidly alternating sinusoidal currents, induce graduated contractions in paralyzed muscles which cannot be produced by any other form of physical therapy. Such treatment preserves the deficient function of contraction until the muscle regains its lost connection with its spinal center Electrical stimulation also enables us to exercise any individual muscle without moving the joints it pon which it acts, and without putting any strain on the patient. These treatments, however, require anatomical and technical knowledge as well as equipment which is usually beyond the scope of

the ordinary practitioner The static wave current Some thirty years ago, static machines were greatly in vogue, but being mainly used for general tonic effects and for psychic conditions they were superseded by much more effective methods, and the large cumbersome static machines were gradually relegated to the scrap heap The war-time impetus of the successful application of the static modalities in the treatment of traumatic conditions through me chanical action, has brought on a revival and a proper appreciation of the static machines, which is best proven by the fact that institutions and specialists in physical therapy have practically bought up all the available old machines action of the static wave current consists of a discharge of a current of very high ten-ion but of infinitesimal volume, producing by its mere impact, powerful tissue vibration and active contraction of all contractile tissues under the electrode It is indicated for the relief of local congestion with pain and dysfunction as in all acute traumatism and in chronic inflammatory conditions without infection. Static sparks produce sudden, powerful contraction of tissues, breaking up adhesions, relieving muscle spasm and affecting deep seated congestions, peri-arthritic conditions, especially of the spine, beyond the reach of The static brush discharge may be deecribed as a nebulised spark and is relieving local induration and pain in an effective and painless manner

The static machine thus, when properly understood and utilized forms a very valuable part in the armamentarium of physical therapeutists, but it is unlikely that it will ever come back in the hands of the general practitioner

Therapeutic Evercise The general practitioner should have a working knowledge of the value of exercise for both local and general conditions

Local exercise is valuable in increasing the range of motion of joints and redeveloping muscle power after all forms of traumatism, sprains,

fractures, chronic inflammatory conditions, hemiplegias, paralysis and deformities

General exercise is indicated in conditions due to sedentary habits, such as constipation, enteroptosis, in neurasthenia, hysteria, gastric or intentinal neurosis, compensated valvular or myocardial lesions, some forms of hyper- and hypotension

Exercise can be classified as active, passive and resistive and its proper execution naturally requires training and skill The tendency is now to omit the use of apparatus as much as possible, or use only apparatus of very simple constructions, free and active exercises are most valuable for general conditions Every physician should be able to prescribe at least some breathing, abdominal, weak foot and setting up exercises Local exercises should always be taken after preliminary preparation of the parts by thermal or mechanical agents

Physical therapy when applied with proper indications and with proper technic will benefit a wide range of conditions, embracing the entire It behooves the field of medicine and surgery practicing physician to be familiar not only with the theory and indications, but also with the practical application of the principal physical meas-The general public demands physical therapy nowadays because it feels instinctively that it includes real therapeutic values quately trained lay people are only too willing to give the public what it wants The present leaders in medical teaching are still likely to be indifferent towards physical therapy because its development to an independent and so very promising science took place after they had finished their clinical studies Research work covering the entire field of physical therapy should go on, theoretical and practical courses for both students and practitioners of medicine must be established in all teaching centers and physical therapy departments, properly equipped and under competent medical leadership, should be part of every hospital—only thus can this most important part of modern therapeutics, which is entitled to be on equal status with pharmacotherapy, serve to the fullest advantage of the public and the medical profession

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THE SURGEON—A POEM By LOUISE BARBER HOGG

The following verses were submitted by Dr by the author, while she was convalescing after I Richard Kevin to whom they were dedicated a successful operation for appendicitis

> God bless the surgeon whose wonderful hand Brings health to the sick, throughout the land Who waits at the portal of death, and saves Countless souls from the onrushing waves Calm and poised at his work he stands With the thread of a human life in his hands, With minute knowledge and perfect skill, He bends to his task of curing the ill There's no greater gift that God could give. Than men who can make the dving live

REMARKS ON SOME OF THE MORE COMMON SKIN DISEASES*

By ALBERT M CRANCE, MD, GENEVA, NEW YORK

THE study of dermatology is based principally upon what one sees upon careful observation. It must necessarily cover the location, size, character, both gross and minute, description of the lesion or lesions. In each of the many hundreds of skin diseases there are innumerable characteristics upon which we base our diagnosis and likewise our treatment.

It is therefore impossible, in this paper to go into details of each or even several of the many dermatological conditions At best we can only cover a few, and I believe that by spending the time on some of the more common skin diseases that you will take home more food for thought than if we try to cover too much of the subject which might result in a jumbled up mess If the physician in general practice understands the chief outstanding features of such common conditions as eczema. epidermophytosis, psoriasis, ringworm, impetigo, scabies, urticaria, herpes zoster and syphilis he will save himself the embarrassment of failure in curing the condition, because today, in dermatology, there are more specific treatments for the various diseases than there are perhaps in any other specialty of medicine

And furthermore, these specific prescriptions do not seem to work well in other conditions except for which they were intended. In fact,



Fig 1

Chronic ecsema of the hands in an elderly lady due to constant irritation from soap and water

it often happens that skin conditions are made worse by the application of wrong treatment

*Read, in connection with lantern elide demonstration at the meeting of the Ontario County Medical Society, held at Canandaigua, New York, January 10 1928.

Take eczema, for instance, which is sometimes diagnosed as scabies in its acute itching stage, sulphur ointment is prescribed, which of course



Fig 2

Serpigmous syphilide in the palm (unilateral) occurring in a voung man. Had treated for four years with various diagnoses such as eczenia, psoriasis, ringworm, etc. Disappeared immediately upon treatment with arsphene nume.

might be compared to trying to put out a fire by pouring kerosene upon it The result is obvious Eczema needs a soothing application and lots of oil, rather than soap and water It also responds quickly to quartz light treatment Eczema of course, is the most common skin disease, but a great many casse are called eczema, which, in reality, are not eczema at Eczema has many forms or types see it in acute and chronic forms, both of which have several types, namely, vesicular eczema, papular eczema and squamous eczema latter form or type is more apt to be found in chronic cases and as a rule requires considerable time in getting results. If we picture eczema as a whole as being due to some irritation from either within or without the body, and more often without, we will be more apt to use better judgment in our treatment of this stubborn affection

Epidermophytosis in its occurrence is quite as common as eczema and at times it is almost more common than eczema. In fact, a large number of cases are treated today as eczema, when in reality, they are cases of epidermophytosis Several years ago many cases were treated for eczema which were not eczema at The disease is due to a fungus and the afall fection is closely associated with that of ringworm although epidermophytosis does not by any means produce ringworm lesions primary lesion of epidermophytosis can very frequently be found between the toes, such as fissuring or scaling, or even crusty lesions is also commonly found in the perineal region and between the folds about the buttocks. It is also very common on the forearms and hands, especially on and between the fingers

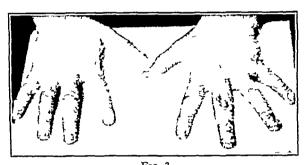


Fig 3

Typical epidermophytosis in a boy (Previously treated as eczema with no result)

The lesions, when occurring in the folds of the skin are usually of a moist character. When it occurs in other regions it is more apt to be dry and scaly with a slightly raised and discolored border. The center of the lesion does not seem to assume a healthy appearance as we find in true ringworm. The treatment is the same as that of ringworm which will be described under that heading. It is not uncommon to see cases of epidermophytosis which have been treated for weeks and months.



Fig 4
Typical interdigital epidermophytosis which disappeared entirely after two weeks treatment. This man also had been treated for several months for eczema

for eczema without results, completely disappear in a few days when treated correctly

Psoriasis is also a very common disease, and its treatment is still a matter for considerable argument. If we but knew the cause of psori-



Fig 5
Typical psoriasis lesions in a girl of 19

asis we might be able to treat it more specifically. The diagnosis of psoriasis first of all depends upon the lesion itself with its red base

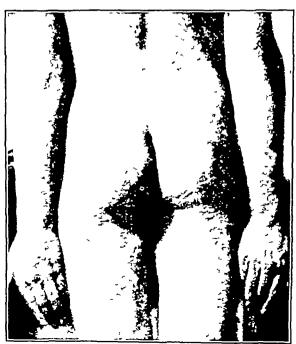


Fig 6
Universal psoriasis in a boy of 13

and white silvery scales which when removed may produce superficial hemorrhage, together with the fact that the lesions are usually found on the extensor surfaces near the elbows and knees, as well as on the body and in the scalp Psoriasis is a recurring disease and as a rule presents the above symptoms. Up to the pres-

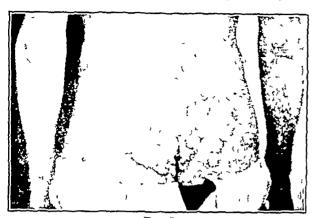


Fig 7
Psoriasis illustrating large gyrate figures on the extensor surfaces of the forearm and on the buttocks

ent time psoriasis may be called a controllable disease, but not curable. It can be controlled by the application of quartz rays or x-rays if



Early lessons of herpes easter (Note how the lessons begin at the midime)

we are careful to not over-treat the skin and also by the injections of inactivated autohemic serum. A diet free from milk or any products of milk has been suggested by Schamberg as being very helpful. Arsenic in my experience has never helped psoriasis. It may be entirely cleared up and will sometimes remain so for from six months to a year, and in some cases

longer Ointments in psoriasis do very little good except to help remove the scales The

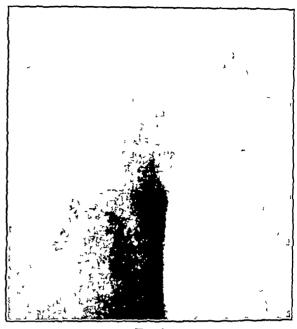


Fig 9

Annular lesson of tertiary syphilis on the left buttocks of a young man (Previously treated for ringworm)

new gold treatment which was reported by Tooiney in the December 1927 Urologic and Cutaneous Review sounds very encouraging for a better treatment of psoriasis

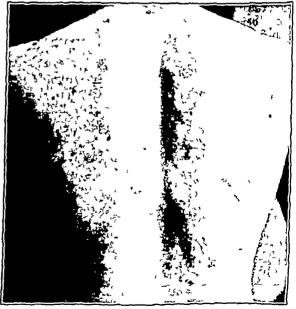


Fig 10
Acne vulgaris

Ringworm is among the common skin diseases and is due to a fungus. Its location

may be most any place. It may itch but slightly or the itching may be severe. Strange as it may seem, ringworm frequently is diagnosed as eczema. Primary lesions of ringworm are often found between the toes and many



Fig. 11
Ringworm of the scalp



Fig 12
Two large ringworm lesions in the scalp

of the cases with cracking and rawness and severe itching between the toes are nothing more than ringworm. The disease is also very common in the perineum and sometimes to a very severe degree. Some of these so-called cases of chaffing are ringworm, although not all Ringworm usually presents a slightly raised border and a healthy center. The specific treatment of ringworm is a simple one. The parts should be soaked at least once or twice a day in a one to four thousand solution of potassium permanganate. Every other night Whitfield's ointment should be used, which is made up as follows ac salicyl 30 Ac Benzoic 60 Lanolin 150 Petrolat qs ad 600

Impetigo is undoubtedly more common in children and is highly contagious, as its name implies. It is more of a crusty disease than it is a scaly one. Dr. Wende used to have a very characteristic way of describing the appearance of impetigo. He resembled it to a



Fig 13
Proriasis patch occurring in the palm of the hand

hunk of mud which had been thrown against the side of a building and stuck there. This describes very strikingly the appearance of impetigo. Its location is usually about the mouth chin nostrils, face, cheeks and nose, and at times on the hands. Impetigo is curable in forty-eight hours by the following treatment. The crusts should be softened by tincture of green soap and then allowed to dry for five minutes. This is followed by the application of amoniated mercury ointment 15 to 20%. This procedure should be done twice daily

Scabies continues to be a rather common

skin disease, and yet, this spring the writer saw a man with universal scabies who had been treated for six weeks by a physician for a rash due to "some acid condition of the stomach" It was a very severe case of scabies and yet was practically all cleared up in three or four days by the use of soap suds and two baths daily

Fig 14

A case of universal scabies which had been treated internally for six weeks for some "acid condition of the stomach"

and the application of sulphur ointment at night. It must also be remembered that scabies is due to an animal parasite which will live in underclothing, bed sheets and night clothing and that a very important part of the treatment is to boil or iron with a hot iron each garment after it is removed. This is one reason why some cases of scabies do not clear up as they should. It is simply a matter of reinfection.

Urticaria occurs commonly throughout the year but it is of course most prevalent during the summer months, if we classify the various

food rashes as urticaria Fruits in particular will produce lesions which belong to the urticaria classification. Take time to run your finger nail over the back of the patient and you will find that dermographias will appear within one minute, whereas in acute eczema it will not. Urticaria is due to some food toxin in an individual with a highly sensitive skin. The following treatment seems to be very successful in most of these cases. Begin with a dose of citrate of magnesia, from eight to ten



Alopecia arcata in a girl of 13 The condition was completely cured by the use of the Kromayer quartz lamp

ounces, and follow for a few days with large amounts of water and about a dram of citrocarbonate in a glass of water four times daily The diet should be rather light Two baths daily, using a cup of baking soda to the bath, will greatly relieve the itching

Herpes Zoster or shingles, I am sure needs no particular comment except, that herpes zosters is occasionally the diagnosis in diseases showing bilateral distribution. As to the treatment of herpes zoster, the writer believes firmly in the intravenous treatment with sodium iodide especially in cases in which the pain is severe. In the early stage of herpes zoster we find that the condition responds very satisfactorily to heavy exposures with the quartz lamp

Syphilis of course, has to be kept in mind in practically all of these conditions because it is very apt to be confused with other diseases. Its diagnosis depends on so many different forms that it would be impossible to cover the subject in this paper. There is one thing, however, in the various rashes of syphilis both

secondary and tertiary which I think might be a practical point to mention, and that is the reddish ham color macular or papular spots in the eruption have a general appearance as that of a reflection. It seems under the skin If we look at these spots carefully we will notice fine lines running across the lesions parallel to each other, as well as close to each other. The diagnosis of skin syphilis should not depend upon the Wassermann because it is less accurate than it is in any other manifestation of the disease. The therapeutic test is also as important here as the Wassermann

Little mention has been made of such diseases as acne, rosacea, pityriasis, dermatitis herpetaformis, lupus vulgaris and others, simply because it would require too lengthy a paper to discuss them However, acne is a very common disease and of course its diagnosis needs no mention. It might be well, however, to

emphasize the fact that acne is due to an infection in the skin as a result of a general lowered body resistance, as well as a lowered resistance of the skin itself. Its treatment should be directed therefore equally in both directions. Ray treatments help acne, but if the general resistance of the individual is not improved, the disease is most certain to return. On the other hand acne is amenable to treatment, and curable in most instances if both phases of the treatment can be adhered to

In closing may I again emphasize that we have only covered some of the more common dermatoses and perhaps a few points of interest regarding each. Dermatology is best explained by the details of each lesion and for this portion of the paper we will turn to a series of lantern slides, which will perhaps bring out the points of interest in a more vivid manner.

A CASE OF CEREBELLAR TUMOR, CEREBELLAR ABSCESS, AND AN OTITIS MEDIA

Three Cases of Brain Disease with Similar Symptoms but Diverse Pathology
By DAVID L POE, M D, NEW YORK

THIS paper is inspired by the fact that each one of the three recorded cases herein discussed occurred at three different institutions in three different cities during a short interval of time, each case presenting phases of similar type, the phases of similarity being the extreme difficulties the attending physicians experienced in localizing the foci. In each one there occurred clinical symptoms pointing to a lesion in a definite area, then these symptoms in turn becoming clouded by the appearance of other symptoms, which in the main, were essentially alike, yet showing evidences of deviation sufficient to induce the attending doctors to hunt for lesions in parts other than the organs first outlined

There are certain signs and symptoms which experience has taught the medical profession as belonging to disturbances of given organs, yet almost the very same clinical manifestations may occur when entirely different organs are affected In consequence of the similarity of symptoms produced, as a result of disease of different parts of the body, the entire clinical picture may be so clouded that the clinician may face the most arduous task, necessitating indefatigable labors and the closest vigilance in order to place the trouble where it belongs The last drop of experience and ingenuity is required to get at the bottom of the ailment. It goes without saying that the proper measures of relief can only be instituted after the malady is localized and diag-If to definite major symptoms, which in themselves produce extreme difficulties in diagnosis, other symptoms are superimposed, one clouding the other, the diagnostician finds himself in a very unenviable position. Add to these difficulties a lack of co-operation, coming either from the patient directly, or from the patient's kin the doctor faces a most perplexing situation each one of the three cases herein recorded presented just such problems makes the discussion extremely interesting. That they had occurred in three different cities is evidence, carrying particularly strong weight, that all engaged in the problem of alleviating the ills of man, are not infrequently called upon to unravel similar skeins three cases are not pathologically alike They present clinical perplexities of a like character, therefore I grouped them together Many of the hard cases, heart-breakers, so to say, leave us, for one reason or another, ere we have had a good chance to make a thorough study. In other instances, permission is refused to make a pathological examination after death, offering us no chance to verify or disprove our clinical interpretations

These three cases have been watched carefully in the respective hospitals, the progress of their condition carefully noted and pathological findings eventually made, supplying a complete study in each instance

The first case is that of W J S, male, white, American citizen, 47 years old Family history Father died at the age of 72, mother died at the age of 65 Patient had six brothers, all dead, six sisters, five of whom are dead and one living The cause of death of each of the foregoing is unknown

The patient is the father of ten children who

are all living His wife had only one miscarriage The patient informs us that he had a chancre in 1901 for which he received intravenous injections In 1915 the Wassermann reaction was two plus, for which he was immediately given antiluetic treatment Subsequent Wassermann reactions

were negative

In 1923 the patient had an attack of shortness of breath which came on suddenly as he was climbing some steps in his home. He had been suffering from severe coughing spells for sometime, but now they have become much aggravated Soon after this the patient visited one of the leading clinics in New York City where he was informed by the attending doctor that he probably was suffering from Asthma The patient was able to work until Dec, 1926, when he developed paralysis of the entire left side of the body was just following an irrigation of his antrum, which, however, had been irrigated several times before It is of extreme importance that we note and mark carefully that the hemiplegia followed an irrigation of his antrum. There are instances of this type recorded in medical literature. Some cases have been reported in full I call particular attention to this case because a hemiplegia following an irrigation of a nasal accessory sinus is not a usual thing but rather rare, but that it may occur is evident from a perusal of the rhinological literature It might be stated that I could not verify the occurrence of a hemiplegia in this patient from the records of the hospital where he informed us he was treated The paralysis gradually became better until there was almost a complete return of functions of the left side Since Dec, 1926, the man had several fainting spells, became very weak on slight exertion, and had palpitation of the heart. For the past three years he had to rise two or three times at might to urinate He had no burning or tenesmus

In June, 1927, the patient developed a severe pain in his head which has been present since. This pain is not localized and is intermittent, but is present most of the time. He states that he has not been free from this pain a whole day since it started He vomited frequently The vomitting was of a projectile type, with no apparent The vomittus contained many curd-like effort

In September, 1927, two days after admission to the hospital he was examined by the staff with the following findings recorded

X-ray of the head essentially negative No evi-

dence of a brain tumor

X-ray of the chest disclosed probable bronchiec-

Electrocardiagraph, myocardial damage with extrasystole (Myocarditis chronica)

Physical findings

Blood pressure, 110 systole x 75 diastole mg

Hg Lungs, full of sonorous rales No cavity dem-

Severe cough with expectoration of onstrable thick muco-purulent sputum Sputum has never been tinged with blood About ten examinations for tubercle baccilus were made but none were found, making the examinations for tubercle bacilli essentially negative. There was well marked low grade inflammatory changes in the right base and lower lobe The right dome of the diaphragm cannot be outlined. The findings resemble what is usually seen in bronchiectasis

Abdominal, obesity, otherwise negative tient's former weight was 164 pounds and at the present time the man weighs 220 pounds gain in weight occurred since being confined to

Neurological, slight hemiplegia of the left side, probably residual from old hemiplegia Evidence of muscular weakness The man had to be fed, seemingly unable to feed himself No spon-Adiodochokenesis, positaneous nystagmus Spinal puncture done. tive in upper extremities Fluid clear, under increased pressure Wassermann negative

Bloom serum Wassermann negative Larsen Ring Test is negative

Blood Examination

	8-17-27	8-26-27
RBC	4,860,000	
WBC	7,050	9,650
BG O	[*] 90%	
Polys	69%	73%
Lymphs	22%	•
Monos	2%	6% 1%
Eosin	6%	1%
Transitional	1%	•
Blood Chemistry		
Urea N		15
Uric Acid		32
Creatin		16
Sugar		12
U		

Funds oculs, Choked disc in both eyes, the papilla in the left eye more pronounced than in the right The choking was quite pronounced The field of vision could not be taken on account of lack of cooperation, the patient would not hold his head quietly Motility of the eye ball appeared normal There was no complaint of double vision There was no ocular inflammation observable Reaction to light and accommodation prompt and within normal limits The patient complains of dizziness, but there is no spontaneous nystagmus

The patient remained confined to his bed The temperature remained within normal limits occasionally going as high as 101 degrees F, once even going as high as 103 degrees F but that was

only of a passing nature

Under careful medical attention the patient seemed to show marked signs of improvement The headaches subsided, there was no vomiting But he continued to cough and expectorate large quantities of muco-purulent fluid Repeated microscopical examinations of the sputa repeatedly disclosed large numbers of spirillae. As a result it was thought advisable to give the patient salvarsan medication, after which he showed rapid signs of improvement. He could even sit up now

The question which baffled the clinicians was are we dealing with a tumor cerebri, a metastatic cerebral abscess secondary to the definite signs of bronchiectasis, a syphiloma, tuberculoma? Tuberculoma could be ruled out with a reasonable degree of safety because no clinical evidence of tuberculosis could be found Having definite signs of bronchiectasis with continuous discharge of large quantities of a muco-purulent substance it is quite possible that we were dealing with a At any rate it could not be metastatic abscess entirely ruled out There have been a number of such cases observed That too may give us a choke disc

What about syphilis of the brain? It is true that we have negative laboratory findings negative laboratory findings do not exclude cerebral syphilis and bilateral choked disc is sometimes an accompanying symptom of that condi-We must not forget that the patient had had a syphilitic infection, and that his Wassermann was positive at one time He also suffered a hemiplegic attack at one time. That may have been due to a luetic condition of the brain How can we account for the vomiting? There were opinions expressed that the vomiting may be due to local conditions of the stomach and intestines That, howsecondary to the lung involvement ever, cannot be thrown off quite so easily for the vomiting has been observed to be of a projectile character, and came at times without any effort. Such a type of vomittus does not frequently come from an involvement of the gastro-intestinal tract Yet, we were obliged to admit that almost immediately the patient showed an improvement in his general condition after salvarsan medication

The individual was taken out of bed and placed in a wheel chair. Very soon all the former symptoms returned,—headache, vomiting, incoordination and loss of balance. He was placed back into bed at once. The symptoms soon abated in their severity.

A fundi oculi examination was again undertaken. This time the choking was markedly decreased. Perhaps a beginning atrophy? Field could not be taken.

The speech remained normal at all time Cerebration was somewhat slow

The headaches became very severe Ataxia Cerebelleus was distinct Ataxia of both upper and lower extremities Intentional tremor present Adiadochokenesis positive The leanings towards the acceptance of a cerebellar lesion became pronounced The question arose, with what type of cerebellar lesion are we dealing? What part is the purulent bronchiectasis and what part is syphilis playing in the cerebellar or cerebral

involvement? Or are we having to do with an entire independent lesion of the brain? Independent of his former luctic infection, independent of the purulent lung condition. The cough, which persisted during this entire period, was now less productive.

The patient suddenly passed out about six months after admission to the hospital

The post mortem findings were as follows

Brain, in the cerebellum was a tumor about the size of an English walnut, cystic in the center, but with a definite neoplastic wall. Its position was such as to destroy practically the entire worm

Heart, the heart showed advanced fatty infiltration. The muscle was degenerated. The right side was acutely dilated. There was no valvular disease. The coronaries were patent.

Aorta, showed advanced atheroma

Lungs, disclosed moderate emphysema and passive congestion

Liver, the liver showed only passive congestion, the gall bladder contained a stone about the size of a large marble. The mucosa was atrophied and the wall thickened by fibrous tissue.

Gastro-intestinal tract, negative

Pancreas, negative

Spleen, negative Outside of passive congestion

Adrenals, negative

Kidneys, showed a moderate chronic nephritis with some congestion

Urmary bladder and prostate, negative Microscopical pathological findings

Brain tumor the section presents glia-cells and The typical astrocyte is predominant glia fibres There are also large glia cells with cytoplasmic processes, large nuclei, with multiple nucleoli and these closely resemble ganglion cells Occasionally there are cells containing multiple nuclei. The significance of these ganglionic glia cells has generally been interpreted as an expression of the normal developmental tendency of the originating cells of the tumor, both glia and ganglionic cells being derived from neuro-epithelium normal brain tissue Golgi and V Koelliker find glia cells approaching the form of ganglion cells and Renaut's view that glia-cells functionate as conducting nerve-cells is being regarded with increasing favor Throughout the section the blood vessels are very abundant Some appear as medium sized arteries with well developed walls, some are capacious venules with thin walls, and a few are large sinuses The walls of the vessels have undergone hyalinosis, terminating in lamellated homogeneous masses The capacity of the blood vessels has been very great, and the blood content must have been subject to wide As a matter of fact, the course of glioma is usually marked by intermittent symptoms dependent on variations in the blood content, and hemorrhage with apoplectic symptoms is frequent. Hemorrhages in this case are not

It is quite possible, however, that a apparent sudden variation in the blood content of the vessels with consequent pressure upon the vital centers may have been the immediate cause of death We have searched through the brain to account for the left sided hemiplegia noted in the history of this case without avail. The cerebral hemisphere did not disclose any lesion which might have affected the pyramidal tracts. Nor did sections thru the crus cerebri, pons, medulla oblagota, or basal ganglia disclose such lesion

Heart, I failed to emphasize that a clinical diagnosis of Miocarditis Chronica was made in addition to findings The microscopical examination discloses a beautiful picture of cardiac degeneration of the Right Ventricle, the muscle shows pronounced degeneration proceeding from granular fatty to hyaline changes Right Auricle,

same as R Ventricle

Left Ventricle, there is a rather pronounced hypertrophy of the muscle There is a definite granular degeneration, altho for the most part striations are visualized. The degeneration is nowhere as near as that of the right ventricle

Left Auricle, there is considerable cloudy

swelling of the muscle

Aorta, there is a definite atheroma, but no definite luetic changes are apparent

Right lung, base—there is a moderate passive Many alveoli are filled with a purulent exudate The tributary bronchioles are similarly affected There is also moderate emphysema

Middle lobe-shows moderate passive conges-

tion and emphysema

Apex-same as middle lobe

Left lung, Base—moderate passive congestion and emphysema

Apex—same as left base

Kidneys there is a moderate increase in the interstitial connective tissue with a retroactive glomerulo fibrosis There are several foci of round cells distributed irregularly throughout the Many of the convoluted tubules have their epithelium swollen and present granular degeneration Many of the tubules are occupied by desquamated epithelium and granular debris There is a pronounced passive congestion

Pancreas, Adrenals Stomach, Urinary bladder

were negative

Liver, shows passive congestion considerable fatty metamorphosis consequent thereon

Spleen, shows moderate passive congestion

Lieut Comdr F S Johnson (MC) who made the pathological examination of this case made the following pathological diagnosis

Tumor occupying the worm of the cerebellum, chronic myocarditis with acute dilatation of the right heart, terminal broncho-pneumonia, chronic nephritis and passive congestion of the viscera

In this particular case we are faced with the

consideration of an early syphilitic infection which may have had all kinds of consequences in its wake In the early history of the patient's ailment from which he did not recover he showed all evidences of an asthma which pointed to a possible lung involvement which afterwards manifested itself as a purulent bronchiectasis He also suffered from a myocarditis chronica which was clinically recognized and diagnosed These produce fairly well established symptomatology Their complications can be reasonably well mapped out as they are pretty well known internists, especially the chest specialists, can be reliably depended upon to block out the disease, as has been shown in the observation of this But superimposed upon the affliction, (Myocarditis Chronica), as originally diagnosed, is another of a most serious type of an independent character, is not of common occurrence. Its diagnosis taxes every grain of medical expenence and ingenuity as shown in the course of this man's affection It also proves most conclusively that a patient may be suffering from multiple fou, one being practically independent of the other, any one of which may be of sufficient destructive-The multiplicity of foci ness to produce death are the considerations which must be continually kept before one when called to the bedside of the

The second very instructive case concerned a male, about 38 years old Married and had five children Wife had no miscarriage Color, white American citizen

The patient became suddenly ill, with severe vomiting, headache and dizziness. A doctor was called, who diagnosed the condition as a possible gastro-intestinal disturbance After several days the symptoms became much more pronounced It was observed now that the patient's sclera and skin was becoming gradually discolored The mucous membranes also showed signs of discoloration. He was very sensitive to pressure around the liver, The tongue especially the gall bladder region There was epigastric fullness was coated conjuctiva assumed a slight yellowish discolora-The pain at times was agonizing and There was more or less collapse paroxysmal The temperature was of a septic type. There was The most distressing loss of appetite, flatulence symptoms were the dizziness and vomiting There was no spontaneous nystagmus observable. After careful attention from the internist, after proper medical treatment, the patient's condition became markedly improved The vomiting subsided, the dizziness became considerably less pronounced and the pain and tenderness in the epigastric region The conjunctiva, the skin and mudisappeared cous membranes commenced clearing in color, in fact they were practically normal now shortly, i e about a week after the patient commenced feeling quite comfortably, again an aggravation of all the previous symptoms,-dizziness, vomiting, pain over the liver radiating to the right shoulder, and there was also more or less collapse Again the attending physician was called to the house, and again the same medication applied, and once more almost an immediate Only several days, after improvement occured the general condition, showed marked improvement, the patient began complaining of severe ear ache and headache An otologist was called The drum membrane appeared to be abnormal in color, it was therefore incised A muco-purulent discharge exuded It was cultured Staphy-The headlococcus seemed to be quite abundant The earache was aches increased in severity also very bad There was no spontaneous nyst-The man was admitted to the hospital No history of a previous ear affection could be obtained either from the person himself, or from any member of his family. The immediate family attributed the severe headaches to a psychic trauma as a result of domestic difficulties he had been experiencing the past six months of the total absence of all history of a previous ear affection, the attending otologists were very much inclined to the belief that an ear affection existed just the same Serum Wassermann was negative There was no history of a luetic infection, and no history of tuberculosis puncture produced a clear fluid, under no increase of pressure, but it contained about 300 cells differential count was not made A mastoidectomy was done The bone was found to be very hard, eburnated There were evidences of some pathology having existed The surgeon recognized that it was a serious condition with possible intracranial complication But before assuming the responsibility of exploring further, he considered it advisable to have the consent of the immediate He therefore placed the entire matter Notwithstanding the earnestness before them with which the patient's condition was presented they did not feel that the complication was due to pathology of the ear They felt that his suffering was mainly attributable to his domestic troubles They absolutely denied a previous ear affection Yet the various tests pointed quite distinctly to a possible labyrinthine affection. The writer was called into consultation At this time it was not difficult to diagnose the case as a possible menigo-The patient's breathing was sterencephalitits torous, labored, the pupils were unequal, pateller jerk exaggerated, Babinski positive, the fundus oculi disclosed a partial choking of the discs account of the patient being in a semi-conscious state further neurological tests were difficult to carry out with satisfaction The following day the patient passed out The family gave permission for a partial post mortem examination. The gastro-intestinal tract was very imperfectly ex-The brain, on the contrary, was very carefully gone over Immediately after the calvarium was removed, meningitis, even tho imperfectly, was in evidence. At the base it was very marked As the brain was removed it was observed that there was a large cerebellar abscess, with destruction of almost the greatest part of the There was considerable purulent matter within the skull on the side of the abscess When some of the pus was wiped out it could be seen that there was a communication between the labyrinth of the internal ear and the cavity Purulent matter was seen to of the cranium come from this communication into the cranial cavity On close examination it was found that the communicating orifice was at the place where the subarquate fossa is usually found to exist. At first it was thought that since this fossa is quite pronounced, and that in the infant it frequently acts as a communication between the cranial cavity and the internal ear, and that because of developmental deficiency it remains open in the adult, we were dealing with a natural opening thru which the mection passed from the internal But on further scrutiny ear into the cranium it was discovered that while there was a tendency for an opening in the region of the subarquate fossa, there was in reality a destruction of bone which enlarged the natural opening thologically it was clearly shown that clinically we had to do with a labyrinthitis with subsequent cerebellar abscess, meningitis circumscripta, superimposed upon a possible cholecystitis and cholelithiasis The latter diseases made their appearance clinically first, while the former showed up shortly afterwards

This case presented features of unusual interest

First, there was an absolute denial of any ear affection previous to the patient's illness

Second, The appearance of a septic cholecystits, cholelithiasis, gastro-intestinal infection produced a train of symptoms which entirely clouded the symptoms of an early infection of the labyrinth

Third, how did a labyrinthitis occur? Was it a result of an exacerbation of an early otitis media or was it secondary to the septic gall bladder trouble? I am inclined to think that it was an exacerbation of a former otitis, and not secondary to the gall bladder affection. I am making a histological examination of the temporal bone (the petrous portion) and shall report as soon as it is finished. It will in all probability shed some light as to whether the labyrinthitis with the subsequent cerebellar abscess was due to an exacerbation of a former otitis, or was secondary to a septic cholecystits.

In this instance the large number of symptoms which first presented themselves were soon intermingled with symptoms as a result of a diseased condition of another major organ making a localization of the affected parts extremely difficult. The symptoms produced by disease of both major organs have many common features,

and when they occur simultaneously it is frequently extremely difficult to separate one from the other, and to know which are produced by disease of one organ and which are produced by the other. A postmortem examination is the only means by which a true diagnosis can be established.

The third case concerns a child V L B, age 11 years Color, white

The history states that the boy had had a running ear for about two years for which he was being treated. The ear was associated with more

or less pain for a long time

12/3/27 he was admitted to the hospital, where the following history was given. Three weeks ago the child began to have abdominal pains and vomitted frequently. His mother gave him cathartics for constipation. Two weeks ago the child began to run fever from 103 to 104 degrees F. He had a running ear at this time. The mother called the family doctor who advised that the boy be taken to the hospital at once, which was done and the boy admitted

Physical examination at the hospital

Ear, chronic mastoiditis, discharging ear left side

Nose and Throat, crusts and muco-pus in the right nares

Abdominal, tenderness when spleen is palpated, also when epigastrium is palpated. Abdominal pains severe

Lungs and other organs appear to be normal The boy suffered from constipation for which he had to be given enimata. He also vomitted occasionally Some complaint of pain in the chest There have also been occasional chills His temperature continued steadily between 103 and 104 Because the ears had stopped discharging he was brought to the ear department, since he was still running a septic temperature. Both ear drums were lanced, but only blood tinged serum was obtained It was not cultured ears and mastoid appeared normal The child was being observed carefully until 12/31/27 Up to that time it was thought that the little patient showed evidences of a typhoid infection The results of the various laboratory tests left the diagnosis open There was nothing definite to establish the disease from which he was suffering But the crux of the was considered atypical whole matter was the boy was steadily running a septic temperature, the tenderness about the gastrium, spleen, etc., became considerably de-In fact, at times the tenderness could creased not be elicided thru pressure About the abdominal region the youngster seemed to be feeling quite The ears were now again slightly discharging The temperature was thought now to be perhaps due to the ear infection 12/31/27 a left The bone apradical mastoidectomy was done peared to be very much necrosed It cut almost like decalcified bone The extent of the necrosis

seemed to be enormous Some pus was encoun-After the radical mastoidectomy, the boy appeared to be doing nicely He commenced becoming more cheerful, a bit stronger, and the temperature slightly decreased Several days afterward again the temperature rose to its former height and remained there Physical examinations, and X-Ray of the lung did not disclose any pathology It was deemed advisable to do an exploration, reopening of the mastoid, as well as to hunt for a possible sinus thrombosis The jugularis interna was tied off, the walls of the sigmoid sinus appeared to be unhealthy looking with granulations extending about its walls The child passed out the same evening

A post-mortem examination disclosed that the lungs and heart to be without any notable changes Findings of other organs as follows

The liver and gall bladder show no noteworthy

naked eye changes

Kidneys the left kidney is very flabby, blush red in color, cutting without difficulty. The substance of the kidney bulges noticeably beyond the cut edges of the capsule. Cortex and medulla are sharply differentiated. The cortex is dirty pink in color and the markings are extremely irregular, in places completely obliterated by opaque, cream colored, swollen parenchyma. Near the upper pole, just beneath the capsule, is a somewhat triangular shaped, cream colored, slightly softened area which extends downward into the substance of the organ for a distance of about 1 cm.

The right kidney is essentially the same as the left and likewise presents a small cortical col-

lection of pus, yellowish in color

Stomach, The greater curvature of the stomach at about its center presents, immediately under the mucosa, a large, irregularly rounded, opaque, dirty cream colored, softened area which, on section, is found to be infiltrated with pus, the pus lying between the mucosa of the stomach and a large batch of externally attached omentum. The rest of the mucous membrane of the stomach shows no noteworthy naked eye changes.

Spleen, It is extremely flabby and, seen thru the capsule, is bluish red in color. At about the junction of the upper two-thirds with the lower third, at the anterior edge of the spleen, the omentum is firmly attached and, on breaking up this attachment, the splenic tissue immediately beneath is the seat of an abscess, filled with greenish This abscess is irregularly rounded, measuring about three cm in diameter and two cm in depth In the outer portion of the spleen, a few cm above the lower pole, lying immediately beneath the capsule, is another, slightly smaller abscess which, on section, extends downwards into the substance of the organ for a distance of about 11/2 cm and is likewise filled by faintly greenish yellow pus The splenic substance is abundant, soft, markedly congested and scattered through it

are innumerable pinhead sized or larger, rather dirty grayish follicles

Aorta, Suprarenals, and structure of the scrotum and pelvis are negative

Brain, On removing the calvarium, the pia and arachnoid covering the vertex is slightly edematous, but on section, the brain shows no noteworthy naked eye changes. The inner surface of the dura, corresponding to the area of the mastoid where the bone had been removed, is a quantity of reddish granular material, probably representing granulation tissue. The lateral sinus, on being slit open, was found to be lined by a smooth, glistening membrane, free from all signs of thrombosis. The pathological examination of this last case was made by Drs. Gonzales and Symmera.

The pathological diagnosis was multiple abcesses of the spleen, purulent infiltration of the greater curvature of the stomach, small abscess in each kidney, radical mastoidectomy

The three cases are here recorded with reasonable completness for purposes of study. The clinical picture is presented practically in their entirety followed up with the pathological findings.

In each case vomiting and dizziness seem to be a dominant symptom. The last case showed the least evidences of the last named symptoms, while the two adults were quite distressed with them, one during the early period of his illness while the other the latter period of the disease. Headache was present in all three cases. Again it must be

remarked that the boy suffered the least from it while the two adult patients were made miserable While the boy did not suffer from headaches as much as the two adults, it did however, present a prominent clinical manifestation, to which attention of the attending physicians were frequently directed Pain in the abdominal region existed in all three cases, in the first case it was not a prominent condition. Definite choked disc occured in the first case described in this paper, haziness of the discs in the second, while in the third the papilla seemed to be normal the third case there was a manifested ear disturbance, while in the second case, there probably was a latent of this with an exacerbation, and in the third there was none discoverable although clinical tests showed evidence of an internal ear dysfunction. In all three cases the clinical pictures were not clearly defined were clouded by overlapping and intermingling of symptoms, some of which were the result of derangement of one group of organs and others were present because another group of organs were dis-The intermingling and admixture of symptoms in all three instances were as a result of abdominal, chest and cerebral manifestations The pathological findings clear up the entire clinical course

In closing, I desire to add my thanks to the following for their cooperation in obtaining the data for this paper. Lt Comdr. J. F. Neuberger (MCUSN), Lt Comdr. F. S. Johnson (MCUSN), Lt F. M. Harrison (MCUSN), Drs. Solon Rhode, and Wesley Bowers

A PUBLIC SPEAKING COURSE BY THE QUEENS COUNTY MEDICAL SOCIETY By LEOPOLD M ROHR, M D, JAMAICA, N Y

THE following paper describes a concrete demonstration conducted by the Queens County Medical Society under the auspices of its Committee on Economics, of which Dr The object of the demon-Rohr is the Chairman stration was to develop the ability of the physicians to speak in public-clearly, concisely and The preliminary reports of the course were published in this Journal of March 15, 1928, page 346, and April 15, page 463 in public speaking are being conducted in Y M C A s, and physicians who have taken them have been enthusiastic in their praise Queens County Medical Society seems to have been the first one to adopt a public speaking course as one of its projects. It has set an example which other county societies may follow with advantage -Editor's note

Last autumn, Dr John H Wyckoff, Secretary of the faculty of the New York University and Bellevue Hospital Medical College, delivered at a regular meeting of the Queens County Medical Society, Queens County, Long Island, a most

Instructive and illuminating paper on the heart At the close of Dr Wyckoff's paper, the President of the Society, Dr Francis G Riley, threw the meeting open for discussion. What happened? Perhaps it may best be described by a line from Edgar Allen Poe.

"The silence was unbroken

And the stillness gave no token"

There were physicians in that audience who could have given, and who should have given, their own experiences along the lines discussed in Dr Wyckoff's paper. Why didn't they? The answer can be set down in a monosyllable—FEAR. They were self-conscious, they dreaded to stand up and face an audience they feared that they would not be able to think coherently. They owed it as a duty to their profession and their society to stand up and give the rest of us the benefit of their experiences.

If this situation were exceptional, the recording of it here would not be worth while. But it is not exceptional. It is rather typical of what

were marticulate

happened at the various scientific sessions as well as business meetings of the Queens County Society, and that organization is not unique in this matter

But bad as this situation was, it was mild in comparison to another one that confronted the medical profession of Queens County health organizations, mothers' clubs, schools, parent-teachers' associations, civic bodies, fraternal organizations and radio stations were continually sending in requests to the county society for speakers Certain organizations, such as the Queensboro Tuberculosis and Health Association, even offered to pay speakers for their ser-Here was an opportunity, or rather opportunities, for these things were happening all the time Here was an excellent way for the county society to create prestige for itself and its members and to render an emphatic public service by spreading the gospel of preventative medicine

Did we make the most of it? We did not In fact, we fell down woefully We found it practically impossible to find physicians who would agree to speak, and the few who would accept these assignments were well nigh worthless when it came to addressing lay audiences. They were too technical, too labored, too involved, too inclined to talk about things that interested them, rather than speaking in terms of the experiences and selfish desires of their hearers. In other words, they committed the greatest of all speaking sins—they were neither clear nor interesting

Such was the situation that confronted us, the county society There seemed to be but one intelligent way to meet it, and that was to launch a course in public speaking for physicians. The suggestion met with the enthusiastic approval of all of the officers of the society and plans were immediately made to turn the hope into a reality

The first problem was to secure the right kind of an instructor. We felt that he should be a layman. He would then be in a better position to help us prepare and deliver the kind of material that interests a lay audience. As a layman, he would aid us in clearing away all technicalities and making our points clear to the man in the street.

We also felt that we should avoid, at all costs, the "Professor of oratory"-the long-haired pedagogue who would open each session with voice exercises and lectures on "Medium stress" and We wanted something in-"Orotund" qualities tensely and immediately practical, and so we felt that we should have a man who had been successful in training business and professional men to speak in public, rather than someone who had devoted his life to teaching in the academic We secured the seratmosphere of a college vices of Dale Carnegie, who conducts courses in effective speaking each year in a number of clubs and chambers of commerce and cavic organiza, tions in New York and Philadelphia

We sent the following letter to all members of our society This letter was written on electrically driven Hooven typewriters and was ad-

dressed to each physician personally

"The Queens County Medical Society has reached the decision that it is imperative to develop public speakers to spread the message of our Society and public health and we feel they should be trained speakers. So we are forming a class which will meet every Wednesday evening from 8 45 to 10 45 for training and practice in Effective Speaking under Dale Carnegie.

"Wouldn't you like to become a member of

this group?

"The purpose of this course is not to make 'orators,' but to train physicians to 'think on their feet,' to develop their poise, to increase their self-confidence and to give them the ability to talk more interestingly and with more conviction to one person or an audience

"Many requests are coming for speakers who can do this, requests from health associations, mothers' clubs, schools, parent-teachers' associations, civic bodies, medical bodies and broadcasting stations. It is highly advisable, if not imperative, to develop physicians to meet this demand

"In addition, a long experience has shown that this training develops ones personality and increases ones effectiveness in talking to patients daily. It is unquestionably a distinct asset for every professional man. The medical societies in Kansas City and Chicago have already conducted similar courses with very gratifying results.

"There is enclosed a page giving the experience of a few of the men who took this training under Dale Carnegie last season, and also a booklet which you will want to read

"Here is a reply post card Will you be good enough to pencil your reply across it right now

and drop it in the mail at once?

"The membership will be strictly limited to 40, and a special rate of \$25 00 each will be made to the first thirty-five men who send in their enrollments. For further details, see the other side of this page."

The tuition fee for the course was \$50 But the Queensboro Tuberculosis and Health Association—a lay health organization—was so eager to obtain the services of trained speakers that it offered to pay one-half of the fee for the first thirty-five physicians who enrolled

This letter produced thirty-eight enrollments from the membership of our own society. A number of physicians living in New York City and Brooklyn asked to be admitted to the class,

but we were compelled to refuse them

The course consisted of fourteen weekly sessions. A number of our members had to travel from twelve to twenty miles to our meeting place, and so the classes were held from 9 to 11 o'clock Wednesday evenings. At the initial session of the course, each man was requested to stand up

and speak for two minutes on why he had joined the course and why he thought such training would be of value to the physician Sometimes Mr Carnegie suggested subjects for discussion, sometimes a committee that he appointed announced the topics a fortnight in advance, usually, however, each member was allowed to choose his or her own subject—I say her for there were three women in the class

The speeches were limited to three minutes—strictly A stop watch was held, and the time-keeper called out "time" at the end of the allotted quota. At the close of each talk, the instructor pointed out and praised its good features and showed how its weak ones might have been strengthened or eliminated entirely. At his own request, a stop watch was held on the instructor also, and he tried to limit his criticisms to one or two minutes. This enabled the sessions to move with commendable celerity and despatch

Our first aim was to eliminate the fear of public speaking that beset all of us. The members of the class acquired self-possession and poise and the ability to think clearly on their feet—they acquired these things with a swiftness that was truly surprising

As the course progressed, the members were shown how to make their talks interesting, how to be clear, how to state their facts impressively, how to begin and how to close No one was permitted to use notes or to parrot memorized words

The text used was the book, "Public Speaking for Business Men," by Dale Carnegie This is the official text book on this subject for all the YMCA. schools in America, and also for the educational department of the American Bankers Association.

What were the results of this training? In the first place, we are now able to take care of every request that we receive for speakers. The requests are numerous, and, since we can supply interesting and helpful speakers, the number of requests is constantly increasing. In the past, the charlatan and the quack advertiser have been sleeplessly active in spreading their pernicious propaganda before the public. We have sat silently by and as Mark Twain remarked about the weather "Every body has talked about it, and no one has done anything" Now, for the first time, we are equipped to do something—to send out ethical physicians, trained speakers, under the auspices of their own county society to educate the public concerning the laws of health, the necessity for early diagnosis and periodical health examinations, etc. We find that the public is willing and eager to get this information Isn't it our duty as well as our opportunity, to supply this legitimate demand?

In the second place, our meetings, both business and scientific, have taken on added color and interest More of our physicians are willing to prepare and present papers-and many are now willing to join in the discussions. We cite only one concrete case Our society is planning to erect a building for its own home at a cost of two hundred thousand dollars Had this question come up for discussion a year ago, only a few men who were able to think on their feet would have had the courage to stand up and say anything But now, thanks to this training there were a considerable number of men who willingly joined in the discussion. In almost any organization, medical or otherwise, are not the men who can stand up and speak the ones who run things? Haven't we been training our men for Leadership?

We have already had a number of requests for another class, and expect to organize and conduct it next season

CLINIC LECTURE ON THE TREATMENT OF HYPERTENSION

By MEYER A. RABINOWITZ, MD, BROOKLYN, NY

THOROUGH study of the history and Aphysical findings should be made for the factors in the production of the hypertension with reference to that particular individ-Syphilis, chronic infections and toxemias, climacteric disturbances, hyperthyroidism, hyperadrenalinism, hereditary predisposition, sclerosis of renal vessels, sclerotic or syphilitic disease of the aorta, sclerosis of the renal blood vessels, disease of the kidneys whether of medical or surgical nature, diabetes, gout, or increased intracerebral pressure must be looked for and treated accordingly At the present time there is a great tendency to overtreatment rather than undertreatment of hypertension

Judicious neglect with careful regulation of the habits may be of the greatest advantage

The treatment of hypertension must be individualized to obtain the best results. A complete change in the life habits of the individual will effect far greater results than the use of drugs. The amount of rest, occupation and exercise must be carefully determined in each individual case. If there is no especially marked exertion at the occupation of the individual, it is best to decrease the amount of work as little as possible in conformity to the needs of the case, or one will produce new symptoms or hypochondriasis. Absolute rest in bed should only be ordered in the event of

closely repeated severe attacks of angina pectoris, cardiac decompensation, or during periods of marked decrease of food intake on a couch will often prove of great value without the necessity of putting the patient to absolute rest in bed Naps or periods of rest on the couch during the day, occasional rest days on the couch or in bed, holidays spent with complete physical and mental relaxation, and frequent short vacations should be indulged in Rest, as already stated, must be not only physical but mental The avoidance of all factors tending to create irritability should be particularly guarded against in nervous, excitable and restless people should be carefully taken care of and will be discussed at length under the symptom insomnia

Smoking should be markedly reduced, and stopped completely if there are evidences of coronary sclerosis, angina pectoris or intermittent claudication. The use of heavy cigars or cigarettes is to be forbidden, as these cause an increased tendency to vasospasm. Residence should never be at a greater than moderate altitude.

Psychotherapy—The patient must be assured that increased blood pressure does not mean incurable hardening of the arteries. He is not to be told his blood pressure figures and one should not stop all work or exertion. Careful balneotherapy and the D'arsonyal current act in the main as suggestive therapy.

Hydrotheraphy and Balneotherapy—Hot foot baths with or without mustard are of value for dizziness Half or three-quarter-full baths, warm, lukewarm or at indifferent temperatures may be used Cool rubs may be used when the blood pressure is only moderately in-Cold douches, vapor baths, or hot baths are absolutely forbidden because of the danger of sudden increase of blood pressure and resulting cardiac insufficiency or apoplevy Carbondioxide (Nauheim) baths are to be used with extreme caution and are contraindicated in the presence of very high blood pressure, impaired vaso-motor regulation, tendency to angeiospasm, secondary contracted kidney, renal arteriolar sclerosis or primary contracted kidney, tendency to tachycardia, or aortic A temporary stay at a spa where radio-active springs are present may be of some

Diathermy to the precordial area may be of some value where there is a tendency to angina pectoris. The use of a sunporch and sunbaths for periods of several months are of decided value for the dilatation of the blood vessels. Careful protection of the head against sunstroke is necessary.

Diet —The diet must be regulated according to whether there is associated arthritis, asthma, glycosuria, liver insufficiency, cardiac insufficiency, obesity, flatulency, or nitrogen reten-

tion A decrease of calories is always indicated in the presence of obesity. A slight decrease of food intake for short periods, except in the very badly nourished, may prove of decided One must avoid starvation presence of obesity, marked reduction of the carbohydrates is essential and one should watch the weight and blood sugar Hunger days in the nature of compotte days or milkfruit days may be of decided value. The use of a compotte day every ten to fourteen days in which nothing but three pounds of well cooked apples, sweetened with lactose, as much as the patient can tolerate, together with the use of a half to one liter of water a day, all given in six divided portions with the patient resting on a couch has been advised by Jagic and Falta Morawitz believes that milk and fruit days may be of even greater value. The amount of fluids allowed should be varied according to the thirst of the individual, never being over one to one and a half liters a day It is important to remember that if the patient drinks less he will also eat less

Salt should be decreased in amount, being markedly decreased where there is marked One should avoid the long use of salt free diet for fear of producing marked anorexia In certain instances the salt deficiency may be covered by the use of sodium bromide to replace the salt at the table Alcohol should only be used in very small amount in those accustomed to it Wines and beer should be forbidden because of the large fluid content Coffee and tea may be allowed, except in the very nervous and excitable There is no point in the restriction of coffee or tea where the use of theobromine is indicated Proteins such as meats, eggs and milk are to be given in Occasionally meat free days moderation should intervene The proteins are only to be markedly decreased where there is marked nitrogen retention, and even then at least 25 to 40 gramms of protein should be allowed daily Spices are to be decreased Cathartic waters are of decided value to deplete the organism in the plethoric and robust

Drugs—It will be found best to give small doses of drugs, such as sedatives and vasodilators wherever necessary in combination. The chronic intermittent use of sedative drugs will be found distinctly advantageous. It is best to start with small doses for fear of rapidly losing the effect. Sodium bromide 30 to 45 grains a day will be of value in the hypertension of the climacteric, neuropathic and the essential types. Adalin—4 grains two to four times a day for periods of three weeks is particularly of value in the insomnia and hypertension of central causation. Luminal—1/2 grain three times a day may be advantageously combined with theobromine and papaverine in in-

somnia, angina pectoris and intermittent claudi-Medinal—1/2 grain three times a day may be used with theobromine. Veronal may not be well borne in the presence of cardiac decompensation Codein-34 to 1 grain may be used with bromides Papaverine in large enough doses to show slight sedative effectsuch as 3/5 to 3/4 of a grain, two or three times a day, will prove of decided value in the presence of essential hypertension, coronary disease or angeiospasm. It is absolutely of no value in the presence of fixed hypertension dependent upon vascular changes hydrate is of decided value and is a drug insufficiently used The dosage should be 15 to 20 grains daily and one must watch for chlor-It is not to be used in the presence of a fatty heart, myofibrosis or coronary sclerosis It is of decided value in insomnia, vascular crises, contracted kidney, cardiac asthma, beginning pulmonary edema and cardiac decompensation Calcium chloride intravenously, or in the 15 grains together with small doses of atropin-1/200th of a grain four times a day, with or without theobromine is recommended in the hypertension of the climacteric, irritable vegetative nervous system and essential hypertension

Vaso-dilators - These are particularly to be recommended in the presence of a tendency to angeiospasm and in essential hypertension They are not to be used with the single purpose of knocking down the blood pressure Among the vasodilators we may consider the nitrites, chloral hydrate, the purins, benzyl-The nitrites are benzoate, and papaverine especially recommended in the presence of coronary spasm or migraine of hypertensive The chronic use of nitrites is not to be recommended, in order to avoid the patient becoming accustomed to it without obtaining any therepeutic effect Amyl nitrite by inhalation in small dosage has a marked effect on the brain and blood vessels of the upper part of the body In large doses it effects the blood vessels over a greater area Nitroglycerin 1/60 to 1/40 grain, in the form of spiritus glonoini may be given by mouth. It effects a decrease of blood pressure of about 25 mms of mercury in five to seven minutes, which lasts from one to three hours Sodium nitrite may be given by hypodermic injection subcutaneously in the form of $\frac{1}{2}$ to 1 cc of a 2% solution daily or every second or third day It usually causes a decrease of the blood pressure of about 20 mm of mercury, which effect lasts several hours It may also be given to advantage by mouth in doses of ½ to ¾ grain combined with 10-15 grs of sodium nitrate-15 gr of sodium bicarbonate in a half a glass of water every morning on arising for a period of about eight days, stopping for a

period of about eight days and alternating with a preparation of theobromine Chloral hydrate in small doses of 4½ gr three times a day has a distinct action on the vasomotor centre of the medulla and the blood vessels of the brain, skin and kidneys

The purins have a beneficial effect on the peripheral, cerebral, coronary and renal blood vessels and are therefore of decided value in the presence of arteriosclerosis, angeiospasm and angina pectoris Pure theobromine may be given in doses of 41/2 to 71/2 grains two or three times daily and will produce less gastric irritation and surer diuretic action than theobromine sodium salicylate Theobromine sodium salicylate or diuretin should be given in doses of 25 to 30 grains daily Where no effects are obtained, 75 or more grains a day should be tried. It is to be given for periods of eight days followed by rest periods Its diuretic effect is absent or slight in the presence of normal acidity or hyperacidity of the stomach, and is apt to produce marked gastric It is of decided benefit in angina Euphyllin is a very marked renal, pectoris cerebral and coronary dilator and may be used in dosage of 4 grains in suppositories several times daily or in 10 c c of distilled water injected very slowly intravenously

Benzyl-benzoate in the writer's experience has proven of no value. Papaverine is of no value where there is an anatomical basis for the increase of blood pressure. It is of decided value where there are fleeting rises of blood pressure associated with vascular crises, acute glomerular nephritis, lead poisoning, the climacteric, neurotic individuals and in essential hypertension. Its hypodermic use is to be restricted because of pain produced at the site of injection. It may be given in doses of 3/4 to 1 grain subcutaneously, or 2/3 of a grain three times a day by mouth

Glucose intravenously 10 to 20 c c of a 20 to 50% solution is of symptomatic value, particularly in essential hypertension tion is of decided value in vascular crises where there is a danger of apoplexy—that is, when the patient has a sensation of a bursting feeling of the head or sees red It is of value in climacteric ammenorrhea associated with hypertension, in plethoric individuals suffering from headache, stupor or dizziness. It is not to be used in the presence of persistent hypertension of vascular damage unless associated with acute pulmonary edema or ingravescent apoplexy The amount removed should not be over 500 c c Liver extract has been advised but has not proven of any great value The iodides are of problematic value if there is no lues present. There is a danger of iodides producing hyperthyroidism in many people particularly those suffering from ade-

nomatous goiters If used at all it should be given in very small doses Ergot or ergotamine tartrate has been found to decrease the blood pressure for short periods Atropin sulphate in very small doses several times a day together with calcium chloride has been advised in essential hypertension Ammoniosulphocyanate, 1 to 5 grains three times a day has been advised. The endocrine glands may be used in the presence of definite endocrinic Ovarian gland is of value in disturbances the climacteric hypertension Small doses of thyroid daily in the obese has been advised There is danger of large doses of thyroid increasing the blood pressure or producing dia-The use of thymus and anterior pituitary gland are of problematical value therapy to the adrenals deserves theoretical consideration Garlic because of its allyl compounds may be mentioned Quinine in heightened sympathicotonus, particularly with tendency to angina pectoris may be tried carpine in small doses of 1/80 of a grain two to three times a day for months, with small doses of thyroid and papaverine may decrease the systolic and diastolic blood pressures and have no effect on the basal metabolism or weight If no effect on the blood pressure results the basal metabolism may be increased and the weight reduced

Where hypertension is the result of an aortic reflex—whether because of atherosclerosis or syphilis of the aorta—paravertebral injections and resection of the sympathetic branches and sympathetic rami are of theoretical consideration. Should the patient at any time be in need of surgical intervention for one disease or another, operation is not contraindicated. The use of digitalis before and after operation may prove of decided value. Spinal anesthesia is well borne and its danger of lowered blood pressure is of less importance as compared with the risks in individuals with normal blood pressure.

Constipation is to be met by the use of saline cathartics. These also lower the blood pressure by dilating the splanchnic vessels. The use of small doses of magnesium sulphate or sodium phosphate every morning on arising will here prove of decided value.

Insomnia is to be combated by the use of adalin, luminal or bromides. The headache of hypertension may require the use of sedatives, acetyl-salicylic acid, an active saline purge, a hot mustard footbath, colonic irrigations of 2% sodium bicarbonate, markedly reduced fluid and food intake, and possibly venesection or lumbar puncture. Angina pectoris

is to be treated with the pure theobromine or theobromine sodium salicylates or euphyllin

Cardiac decompensation is an imminent danger at all times as a result of long persisting hypertension The prophylactic use of small doses of digitalis, such as 4/5 of a grain of the standardized powder three times a day for periods of eight to ten days, alternating with small doses of nitrites, may prove of decided value even if no manifest decompensation is present Decompensation should be treated at the earliest sign, as decreased amount of unne during the day, increased amount of urine at night, frequency of urmation at night. This will at once call for a reduction of fluids and salt or the possible use of the Karell diet of 800 to 1000 c c of milk distributed over the day in small portions for periods not longer than three days A large venesection of 400 to 500 c c is often indicated Powdered digitalis is to be given in doses of one and a half to three grains daily to full digitalization Where cardiac tonics are urgently indicated the use of strophanthin in small doses intravenously may be a life-saving procedure. After full digitalization, digitalis may be given intermittently over long periods in small doses as a prophylactic, 34 to 11/2 grains daily for three days each week will often prove satisfactory The danger of digitalis causing an increase in the blood pressure is a purely theoretical one In fact, digitalis may cause a lowering in the blood pressure—that is a restoration of the blood pressure to its optimum In the presence of liver stasis, digitalis by mouth may prove of no value and its use rectally or intravenously be of absolute necessity

Caffein is of value in the presence of cardiac decompensation attended by a slow heart The use of theobromine or theobromine sodium salicylate and chloral as diuretics, may prove of decided value Morphine is to be used with the greatest hesitancy except where cardiac decompensation has been restored. It is absolutely contraindicated in the presence of irregular, undulant, or Cheyne-Stokes respiration or in the presence of dyspnea due to left ventricle insufficiency Small doses of morphine when given with only moderate doses of digitalis in the presence of predominant left ventricle insufficiency have at times resulted in very marked and persistent vomit-In the presence of cardiac asthma with Cheyne-Stokes respiration, euphyllin intravenously, venesection, strophanthin intravenously, or chloral by mouth have proven of decided value Other complications such as cerebral hemorrhage need not be discussed at this time



EDITORIAL



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DEPARTMENT OF OUR NEIGHBORS

A great increase in the number of items relating to the practice of public health by family doctors and county medical societies is noticeable in the medical journals of the several states A reading of these journals confirms the reiterated statements of the officers of the Medical Society

of the State of New York that public health must be one of the major activities of every County and State Medical Society Public health items taken from the journals of our sister states will be a prominent feature of the department of "Our Neighbors"

SURVEY OF THE FIELD OF PUBLIC HEALTH

Physicians are developing a consciousness of their relation to all phases of human health Everybody concedes the supremacy of the physician in sickness and disease, but his authority over the half sick and the well is not so widely recognized. The doctor is not sure of his welcome when he warns the well of approaching danger and seeks to turn them from unhygienic habits.

Doctors are probably doing more real public health work than they are aware of or are credited with Dr Haven Emerson devoted a large part of an address before the recent State Conference of Health Officers to showing how family doctors are already spending a large proportion of their time in practicing some form of preventive medicine, such as examining the slightly sick, giving preventive serums and vaccines, diagnosing those who fear they may have contagious diseases, and giving attention to sickness and disease in increasingly early stages until now they recognize sickness in its preclinical stages (Page 1010)

As doctors take up the recognition and treatment of extremely mild forms of ill health, they come into competition with nurses and physical trainers whom they have allowed to enter into the outskirts of the practice of medicine by the hygienic route Nurses and physical trainers, and even the officials of departments of health, claim the privilege of giving advice which is hygienic in distinction from that which is medical or surgical Their conception of hygiene is that it is a knowledge of physiology and medicine which is common to fairly educated persons Nurses and physical trainers claim the privilege of applying that kind of knowledge in their chosen fields of practice It can readily be seen how there will be a conflict between the hygienic practitioners on the one hand and licensed physicians on the other

The earlier a disease or departure from health is diagnosed, the more the field is occupied by non-medical health workers various forms and degrees of medical practice are arranged in a progressive series, at one end there will be the forms of practice which require a high degree of skill in medicine and surgery, such as that involving the treatment of kidney stones, brain tumors, and the severer forms of contagious diseases At the other end of the series there will be conditions of which everybody is supposed to have knowl-These conditions include the teaching of simple facts of hygiene in the common schools, the care of infants by their parents, and the simpler forms of sanitation and civic housekeeping The question arises, when does the practice of medicine by doctors, nurses and physical trainers become the practice of

medicine? This question has been one of the main sources of controversy in all misunderstandings between physicians and lay organizations

Doctors all agree that teachers must teach school children the elementary facts of physiology and hygiene, that physical trainers must take the lead in forms of correction in which muscular exercise plays the leading part, and that it is the function of public health nurses to teach the tuberculous and poorly nourished children whose parents are unable to feed them properly Doctors also recognize the need of organizations which will support the teachers, the physical trainers, and the nurses, and will carry on the work of educating and inspiring the people to have confidence in all workers in the public health field

The controversy between medical societies and lay organizations arises in their overlapping fields which have never been distinctly outlined and probably never will be An example of these border line questions is the determination of what constitutes the proper field of work of a nurse employed by the Metropolitan Life Insurance Ĉo A concise statement of what a visiting nurse should do under a dozen or more different circumstances was prepared by the insurance company for the guidance of its nurses and physicians Some county medical societies adopted the directions, while others hesitated to adopt them on the ground that the nurses were engaged in the practice of medicine (see page 1008) Practically all the conditions on the list were those of emergency in which a nurse would be censured by any doctor if she did not carry out the simple directions which are embodied It would seem that the question in the list involved was one of spirit and intention rather than of competition or encroachment on the peculiar field of the doctor

Physicians recognize the undeveloped stage of the standards regarding the lines of demarkation between the practice of hygiene and that of medicine There is need of more knowledge of what has actually been done in these Practically every phase of public two fields health work has been tried in some county, and there is experience enough to form a sane judgment of the value of these various forms The doctors have of work if it is collected assumed the leadership in some form of public health work in every county, they dominate the practice of all its phases in a very few If a survey were made of all the health work done in every county, the Committee on Public Relations would have a basis on which it could plan its activities

EDITORIALS 999

Mental surveys were made in 28 counties, and were published in this Journal during the years of 1924-25. At that time physicians had not taken up the practice of public health as a major activity of medical societies, but at present practically every medical society discusses public health at every meeting

Physicians can take a lesson from the methods followed by lay organizations. The leading field work of the voluntary health workers is public health education, which, in its more popular phases, is publicity, or even propaganda. The ethics of physicians provide that they shall educate the public in the scientific phases of medicine, but the same code of ethics frowns upon mere publicity and forbids propaganda, for it is publicity and advertising of one side of a question only

The survey of the public health work of a county would include that of the following

organizations

1 The physicians and their organizations, especially the county societies and the forms of activity which they are carrying on

2 The official organizations—the department of health and the department of education This field would include the work of the health officers, the school medical examiners, the sanitarians, and all other public officials engaged in public health work

3 The voluntary health organizations, of which the County Tuberculosis and Public Health Association is the leader There will also be included the Parent-Teachers Association, the Boy Scouts, the Girl Scouts, Public Health nursing societies, and the Red Cross

Every county has two or three forms of public health work well under way, but it is a question whether physicians of any county are entirely familiar with the work. It is only natural that the Public Relations Committee of the Medical Society of the State of New York should make a complete survey of every county in order to use that knowledge as a basis for advice to physicians regarding their relations to others who are carrying on public health work

LOOKING BACKWARD

THIS JOURNAL TWENTY YEARS AGO

Health Talks—Evidence that medical education of the people is a new idea is afforded by an editorial in this Journal of August, 1908, which records as striking news the fact that Dr Charles Stover had made a health address before the Amsterdam Board of Trade Dr Stover is still making health addresses on which new spapers and health journals gladly report, on account of their interior wints.

intrinsic worth The editorial says

"One of the hopeful signs of the times is the interest which municipal boards of trade are taking in medical matters Every industrial center of any consequence has its board of trade which is interested in furthering the business interests of the community. It was once felt that the work of the medical profession was entirely foreign, and often antagonistic, to the commercial spirit, but a decided change of view is now taking place The business men are discovering that the health of the community has a close relation to its business interests Factories, in which dust, crowding, and poor ventilation engender consumption among the employees, are discovering that as a business matter these conditions do not pay Municipalities are finding that a better prosperity accompanies a cutting down of the death-rate

"Last year the Board of Trade of Amsterdam, New York, invited Dr Charles Stover to read a paper on the relation of tuberculosis to municipal and industrial life This paper was of more solid value to that community than any of the other matter presented These gentlemen were alive to the importance of this subject as an economic question. Dr. Stover reported that in one of the public schools attention was drawn to the fact that many children had sore throats Investigation showed that the janitor had been instructed by a member of the board of education to close the ventilators in order to economize in the consumption of coal In another instance in one of the industries of the city there occurred an unusual number of cases of pulmonary hemorrhages It was thought that a very dry dust resulting from the manufacturing process carried on, was the cause of the trouble The proprietors gave one of the local physicians a free hand to suggest and apply a remedy By experiment and liberal expenditure of money, the introduction of apparatus steadily improved the sanitary conditions, and pulmonary hemorrhages became no longer conspicuous There can be no doubt about the commercial value of these life saving efforts"



MEDICAL PROGRESS



Spontaneous Heart Rupture—A Statistical Summary -A B Davenport, writing in the American Journal of the Medical Sciences, July, 1928, clxxvi, 1, presents a study of 92 cases of heart rupture The series includes 35 cases reported since the work of Krumbhaar and Crowell and 57 additional cases from the literature other than that which they consulted There is a remarkably close agreement in the percentages of the two collections age age of the patients at the time of rupture was 59 years, showing that spontaneous rupture of the heart is a disease of the aging. The most frequent site of rupture was on the anterior surface of the left ventricle In only 50 of the 92 cases was there a report of the condition of the coronaries In 30 of these 50 cases the rupture was definitely due to coronary disease, while 17 others presented conditions strik. ingly resembling rupture following coronary It is safe to say that spontaneous rupture is, in the aged, practically always the result of coronary disease with infarction exciting causes were varied, some being slight, others violent Six died during sleep and 4 appeared to be perfectly well before they unexpectedly fell dead The premonitory symptoms were too varied to allow of a definite diagnosis of impending rupture The period of survival after rupture was usually very short

The Scarlet Fever Problem -H Mommsen states that the recent work in the United States by the Dicks, Dochez, Zingher, and others has aroused new interest in the subject of scarlatina, but that the riddle of the latter is by no means The net gain in the work of the solved Americans is to have demonstrated fully that which was surmised by Bergé in 1893, that the disease is the result of the action of a streptococcus toxin, which naturally had as a consequence the preparation of an antitoxin and the possibility of the application of a test for susceptibility paralleled after the Schick test in diphtheria But on the other hand the evidence is against the true specificity of the hemolytic streptococcus in the causation of the disease This organism can cause disease phenomena which cannot be classed as belonging to scarlet fever and its position somewhat resembles that of the pneumococcus which can certainly cause croupous pneumonia and likewise other quite distinct affections, while other organisms are also able to cause croupous pneumonia Under such conditions the question of individual susceptibility to the disease concerned becomes of paramount significance A distinction may

readily be made among the contagious diseases between those in which a sort of anaphylactic susceptibility is a prominent factor and others in which this feature is not prominent In the "scarlatina group" the author places diphtheria, measles, varicella, typhoid, croupous pneumonia, etc, where sensibilization manifests itself in various ways. Here we find this oversusceptibility a greater factor than the bacterial invasion The patient in the opposed group may be run down in health and thus put up a poor fight against the invading germs, but in the anaphylactic group the patient may be in good general health and proof against ordinary bacterial invasion, but may show a special susceptibility to one or more organisms-Munchener medizinische Wochenschrift, June 8,

A New Type of Streptococcus in the Throat. -Dr W Lowenberg of the Rudolph-Virchow Hospital deals with an organism which bears a considerable resemblance to the intestinal streptococcus, better known as the enterococcus and quite distinct throughout from Streptococcus viridans, the pneumococcus, and others which appear to be denizens of the throat For some years the enterococcus has been known to occur as a pathogenic organism in localities other than the intestines—for example the gallbladder and urmary passages, and the author has sought to determine its presence or absence in the upper alimentary tract He took smears from the throats of 44 sound subjects and 6 additional ones from tonsillar crypts The finds were as follows a few showed hemolytic streptococci and all exhibited the viridans, while in 23 of the 50 smears there were organisms which strongly resembled enterococci Cultures of these showed many traits of the latter although There was no differences were also seen trouble in reaching the conclusion that the new organisms were not genuine enterococci although closely related to the latter. For the present the author designates them as pharyngococci At the first sight this discovery complicates a subject already sufficiently complex We as yet know nothing of its pathogenicity which may resemble that of the viridans in having little or no local action although capable if present in the circulation of setting up a It is of interest to note that form of sepsis since the author's discovery another bacteriologist has offered the opinion that the supposed enterococcus found in pyelitis might prove to be the pharyngococcus and cultural and other tests have shown the correctness of this supposition in at least one case of pyelonephritis. Hence some obscure infections of the kidneys may have been due to this new throat organism and not necessarily to the longer known cocci. The same may also be true of certain cases of cholecystitis—Klimsche Wochenschrift, June 17, 1928

Agranulocytic Angına —Hugh L Dwyer and Ferdinand C Helwig report a case of this peculiar blood dyscrasia in a boy, aged 6 years While under observation for anemia with enlargement of the salivary glands and spleen, he developed Vincent's angina, leucopenia, and loss of polymorphonuclear cells from the blood At about the end of the second month of his illness he was much improved, then following the extraction of a tooth all his symptoms returned and death ensued twelve days later Evidence of streptococcic septicemia was found at necropsy, bacterial emboli had invaded the heart Before the muscle, spleen, liver, and kidneys patient died the neutrophils completely disappeared from the blood and were not found in the tissue reactions in the inflammatory zones at necropsy There was no extensive lymphocytic or myeloid cell infiltration of the organs such as occurs in leucemia, and consequently no evidence that this disease was a primary disturbance of the myelogenous marrow tissues, and that the inflammatory condition was secondary to lack of resistance caused by the absence of granulocytes In 1922, Schultz reported 6 cases of a condition characterized by great diminution of polymorphonuclear neutrophils and associated with a gangrenous ulceration of the tonsils, and called the condition "agranulocytic angina" The disease chiefly affects women of middle age and usually terminates fatally The only cases occurring in children which the authors have been able to find were one reported by Schwarz, in which no autopsy was made, and another described by Rudolph Banz in a boy 41/2 years old Smears made from the lesions in the majority of cases show Vincent's spirilla and fusiform bacıllı, although a variety of organisms, such as hemolytic streptococci, staphylococci, colon bacilli, and Bacillus pyocyaneus, have been isolated The lesions are invariably present on the tonsils and pharynx, often on the gums, buccal walls, and tongue and about the geni-The reported cases show a variety of changes in the spleen, marrow, and lymph glands -American Journal of Diseases of Children, June, 1928, xxxv, 6

The Duodenal Tube as an Aid in the Surgical Treatment of Exophthalmic Goiter—In a preliminary report of some 30 cases, Arnold S Jackson points to the advantage of using the duodenal tube in introducing iodine, glucose,

and orange juice before, during, and after operation for exophthalmic goiter. In his experience it has proved the most important factor in modifying postoperative reaction since the introduction of iodine He believes that with proper care primary thyroidectomy may be performed in the majority of cases in which it is indicated For the past two years he had given each patient 30 gm of glucose and 100 gm of orange juice two hours before operation, together with Lugol's solution, four doses of 10 Although the degree of postopdrops each erative reaction was considerably modified by these measures, there remained a group of cases that caused some apprehension—those who were troubled with mucus and repeated In these the iodine, glucose, and orange juice may be administered by means of the duodenal tube This is introduced the afternoon before the operation to enable the patient to adjust himself to the tube, and at the same time the Murphy drip gives assurance that fluids, nourishment, and iodine are being The duodenal tube is attached by a rubber tube to an ordinary proctoclysis can suspended on a standard As a rule the tube is withdrawn in 48 hours, occasionally it is removed sooner or allowed to remain an-The tube is not used in all cases, but only when more than the usual postoperative reaction is anticipated. To those who only occasionally operate for exophthalmic goiter the tube is recommended as a helpful measure for either the ligation stage or thyroidectomy Since using the tube the postoperative reaction in the author's cases has been negligible --Annals of Surgery, July, 1928, lxxxviii, 1

Endocrine Disturbances and Menstruation — Professor Ed Martin of Elberfeld refers to affections of the endocrine system which lead to irregularities and menorrhagias. The patients under consideration are not supposed to be suffering from inflammatory or neoplastic conditions in the inner genitals or from the consequences of inflammatory affections, and it is necessary as a rule to exclude all organic disease by exploration under narcosis The author brings out his ideas of treatment by brief case histories The first patient had begun to menstruate after her first confinement and had shown a tendency toward flooding. The diagnosis of the first physician was that something had been left behind after delivery which indicated the curette, but the menorrhagia continued after this had been used Another physician also used the curette as did a third one, all with the same negative result In passing it may be stated that not one of the three practitioners thought it worth while to make a microscopic examination of the scrapings This case does not seem to have come under the

author's care Four cases are now given from the author's practice A girl of 15 who had menstruated for 2 years showed a tendency to irregularity and menorrhagia. The condition subsided when the patient went on a fourweeks holiday, recurred with return to school life, subsided again when she was sent to a life at a high altitude and in free air Subsequent pelvic examination showed the genitals in perfect condition. Although the author regards the mechanism of these cases as endocrine he does not prescribe any organotherapy—merely altitude, rest, sun, salt baths, etc, the measures resembling closely those used in the tuberculous Several months of this form of treatment were sometimes neces-In one passage the author speaks as if these patients might benefit under corpus luteum and anterior pituitary extracts but he does not seem to have used them even as a test -Deutsche medizinische Wochenschrift, June 15,

Legg's Disease in Its Late Stage ——After outlining the well-known picture of Legg's disease in childhood, Solomon D David questions whether certain cases of this disease do not subsequently develop chronic or degenerative arthritis with hypertrophic changes, masmuch as the alterations in the shape of the femoral head in this latter disease are very similar to those characteristic of Legg's disease He reports 5 cases in patients ranging in age from 15 to 45 years In these cases the great trochanter lay above Nélaton's line, there was limitation of motion, with or without shortening, mushrooming of the head of the femur, and other deformities in the neck of the femur and acetabulum In one case there were distinct arthritic changes which might easily have led one to assume that the case was one of infectious or hypertrophic arthritis In this case (as well as in the others) the trouble was of many years' duration, while osteo-arthritis is a disease of the middle or late period of life The x-ray findings were similar to those of Legg's disease It is highly important to differentiate between tuberculosis and Legg's disease, since the former has a very guarded prognosis and protracted therapy. The differentiation of Legg's disease ought not to be difficult, as the roentgenogram is characteristic. The important question is the ultimate fate of such deformed hips, and whether the proper care of Legg's disease in its inception has any bearing on its future course These questions are propounded to stimulate further study of the course of this disease The treatment of Legg's disease consists in the application of supportive measures, correction of body mechanics and, if the symptoms are too severe, rest in bed -Southern Medical Journal, July, 1928, xxi, 7

The Allergic Chamber in the Treatment of Allergic Diseases -W Storm van Leeuwen of Leyden, who first introduced this method of treating the allergic diseases in 1925, has now a record of 600 patients treated His conclusions based on this extensive experience are as follows The chamber is of great diagnostic value for if it be shown that it can for the time put a stop to asthmatic attacks which recur after discontinuance of treatment we may be sure that the climatic factor will make it necessary for the patient to remove permanently to a climate free from the specific aller-But he may remain in his home if he install a cabinet in his dwelling, and it will not be necessary for him to remain in it permanently He should sleep in it of course and remain in it several of his daily waking hours If the asthma is of occupational origin the chamber will of course be of no value In cases due to local allergens which are unrelated to climatic allergens the patient may get relief by a change in his sleeping quarters Taken as they come, 90 per cent of the cases of asthma respond to treatment in the allergic chamber In the present paper the author makes no extended report on bronchitis, hay fever, whooping cough, and tuberculosis, but separate reports have been published by him on whooping cough and tuberculosis—where, unlike asthma, there is hope of a permanent cure -and his silence as to hay fever means doubtless that it is not suited to the allergic cham-The latter treatment may of course be given in association with desensibilization through treatment with the specific allergens, with the use of foreign proteins, etc -Deutsche medizinische Wochenschrift, June 8, 1928

Interruption of the Venous-Lymphatic Circulation in Acute Septic Infection -Professor P Clairmont of the Zurich University Surgical Clinic discusses this entire subject from the angles of ligation, resection etc., including the treatment of suppurating thrombosis Four cases are given with two recoveries, while autopsy on the others suggested that they might also have been saved The complications in some of these cases are numerous and varied, as in a tonsillar abscess with metastases to the lung and brain and right empyema, yet the mischief was due entirely to thrombosis of the anterior facial vein extending to the jugular In this case the patient reached the hospital much too late for intervention. In another fatal case due to furuncle of the lip, there was probable thrombosis of the same vein and also lymphangitis The author, after conservative treatment of the boil had proved unsuccessful, cut down on the jugular but found it still intact Autopsy showed metastases to the lungs and posterior mediastinum although there was

The mechanism of not much pus formation death seems to have been somewhat obscure, infectious germs having reached the circulation through lymphatics or some of the deeper venous twigs, although early intervention might have saved the patient. The next case. in a healthy boy of 4 years, began as an infection of the cheek with a phlegmon of the neck and impending mediastinitis made sure that the external jugular was still intact the author established drainage and excised the submanillary lymphnodes Although virulent streptococci were already in the general circulation the boy pulled through last case was one of infected hand in a physician resulting from an autopsy on a peritonitis case with beginning general streptococcus infection Numerous incisions in the arm interrupted the lymphatic circulation and this, with excision of the primary wound, led to recovery -Schweizerische medizinische Wochenschrift, June 2 1928

Is Appendicitis Ever Contagious?—A Fonio and Rieder of Berne attempt to throw light on this possibility by the use of statistics We know that at times it appears in epidemic incidence and the authors give examples of numerous small epidemics or endemics in Cases often accumulate in local Switzerland hospitals and the patients are found to come from certain areas to the exclusion of others In summing up a very long article the authors cite the figures of patients operated on in their Of 667 such cases 49 per hospital services cent suggested possible contagion If in any family, household, or small community there is seen a tendency to cumulation one should think of the possibility of latent cases and be alive to the importance of recurrent abdominal The authors believe pains, tenderness, etc that in the spread of the disease there will often be found an intermediary who suffers from a latent case and who may be responsible for conveying the disease to sound subjects The "third person" of the authors is not to be compared of course with the healthy carrier-in fact there is no way in which the latter could be recognized—but serves the same Such a person may give a history of a mild attack in the recent past or may be suffering at the time from a so-called latent If such patients could be rounded up and submitted to appendectomy the number of cases in a small community should diminish The paper comprises a wealth of material, such as 7 brothers and sisters developing the disease within the space of 5 years with one member of the household not related, making 8 cases in one family In another family 9 patients operated on within 13 years, and in a third family 6 cases in 5 years. The total number of family epidemics known to the authors is to date seventeen—Schweizerische medizinische Wochenscrift, June 16, 1928

Ultraviolet Ray Therapy -In describing the ultraviolet rays and their action in the body. E P Cumberbatch emphasizes the fact that there are various kinds of ultraviolet rays with different wave lengths. These rays have very different penetrating powers. It is evident from the complicated nature of the rays that they should be employed only by a physician trained in their use. The biological effects of the ultraviolet rays are those which follow physiochemical changes brought about by Apart from their power to activate cholesterol and increase absorption of calcium and phosphorus, and perhaps their power to increase resistance to infection, none of the known therapeutic properties of the ultraviolet rays are peculiar to them. Of the various type of apparatus, Cumberbatch prefers the mercury vapor lamp For general treatment it is necessary to expose the entire surface of the body or large areas of it With the patient in the prone position and the light three feet above the body, the posterior surface is exposed for two minutes and then the anterior The time of exposure is increased by one-half minute up to ten minutes children one minute is given at the first visit, in infants, one-half minute The diseases which may be treated by the ultraviolet rays may be classified into three groups (1) Those in which treatment will always effect a curerickets and tetany and laryngismus in rachitic children, (2) those in which treatment will generally effect a cure, alone or with other forms of treatment—children unable to assimilate their food, those who have been subject to fevers, nasal and bronchial catarrh aural discharge, and debility following influenza, surgical tuberculosis, or other diseases, and also infectious skin diseases, such as impetigo contagiosa, acne vulgaris, weeping eczema (not true eczema), indolent ulcers, erythema pernio, (3) obstinate chronic diseases which resist drugs The treatment of chronic fibrositis and arthritis has been disappointing Better results have sometimes been obtained in obstinate sciatica and brachial neuritis, hyperpiesis, bronchial asthma, hay-fever, Raynaud's disease, and acrocyanosis The ultraviolet rays should be used with extreme caution when the body temperature is raised, they should not be used in pulmonary tuberculosis, heart failure, Bright's disease, during menstruation or in very aged persons -British Medical Journal, July 14, 11, 3523



LEGAL



By LLOYD PAUL STRYKER, ESO. Counsel, Medical Society of the State of New York

"BOOTLEG INSURANCE"

One of the valuable results flowing from the Eighteenth Amendment and the Volstead Law consists in the increase of our vocabulary The words "bootleg" and "bootlegger" in the past ten years have achieved a meaning which everyone understands To "bootleg" means to illegally engage in a business, either by carrying on a commerce which the law condemns, or carrying on a legal business in an illegal manner

In the New York Tribune of July 5th of this year, the subject of "bootleg insurance" was interestingly discussed. It seems that this has become a growing evil in the State of Con-

necticut The article is as follows

"Dunham Issues Warning on Bootleg Insurance' Connecticut Commissioner Says Collections Are Difficult"

"The growing evil of 'bootleg insurance' has caused Howard P Dunham, Insurance Commissioner of Connecticut, to sound a warning dealing with the dangers of doing business with unauthorized companies Dunham stated that the Insurance Department has been asked from time to time, by residents of Connecticut, to help them collect a damage or loss claim against an insurance company not licensed to do business in that state, and that in each case information has been given that the department was powerless to render assistance

"'There are many persons in Connecticut,' Mr Dunham pointed out, 'who apparently do not realize that the Insurance Department has no jurisdiction over companies which cannot legally operate in Connecticut. event of failure to settle a claim, the unauthorized carriers cannot be sued in the Connecticut courts, they must be sued in the state in which they are domiciled This is an expensive and difficult process for the average

person

"Mr Dunham stated that 'bootleg insurance' is chiefly handled by mail and that prospects are circularized by companies with no authority to operate and who hold out the attraction of a lower premium than that charged by the legitimate companies amount of business transacted is impossible to estimate, but the size is sufficiently large enough to cause concern, it is believed

"'Insurance agents in Connecticut are not

permitted to place business in unauthorized companies under heavy penalty of fine and imprisonment,' Mr Dunham said, and concluded his statement by saying 'that the placing of insurance with such a company is no longer permitted under any circumstances Cases in which adequate coverage in licensed companies cannot be obtained are extremely rare,"

Our New York statutes are clear and precise as to the rights of foreign insurance companies (that is, insurance companies organized in other States) to do business in our State Our New York law declares that no insurance com pany organized under the laws of any other State or country "shall transact any business of insurance in this state, unless, * * * it has deposited with the superintendent of insurance for the benefit and security of its policyholders in the United States, a sum not less than two hundred thousand dollars * * * *" (Insurance Law, Sec 28) Such a foreign corporation must likewise file "in the office of the superintendent of insurance a certified copy of its charter * * *," (Sec 29), and shall not transact any business of insurance in this State "until it has executed and filed in the office of the superintendent of insurance a written appointment of the superintendent to be the true and lawful attorney of such corporation in and for this state, upon whom all lawful process in any action or proceeding against the corporation may be served with the same effect as if it were a domestic cor-Service upon such attorney shall poration thereafter be deemed service upon the cor-(Sec 30) poration'

The Penal Law declares that "Any person acting for himself or for others, who solicits or procures, or aids in the solicitation or procurement of policies or certificates of insurance from, or adjusts losses or in any manner aids the transaction of any business for, any foreign insurance corporation, which has not executed and filed in the office of the superintendent of insurance, a written appointment of the superintendent to be the true and lawful attorney of such corporation in and for this state, upon whom all lawful process in any action or proceeding against the corporation may be served, is guilty of a misde-meanor" (Penal Law, Sec 1199)

The insurance carrier under our Group Plan

is a Connecticut corporation which has complied in every way with every requirement of our New York statutes. The success of our Group Plan is now too well appreciated and understood to require further comment. Yet occasionally, it has happened that some isolated member of our Society has seen fit to insure himself elsewhere. This, of course, is his privilege. But we deem it our duty to convey the warning that coverage taken in a foreign corporation not authorized to do busi-

ness in this State, may leave the physician in an unfavorable position in the event of a difference between him and the foreign company in which he has been prevailed to insure himself. A foreign corporation not authorized to do business in this State, is not under the jurisdiction and supervision of our New York Insurance Department. In the event of a failure on the part of such a company to meet its obligations, it cannot be sued in the courts of this State.

REMOVAL OF A TUBERCULAR KIDNEY

It was charged that on the 8th of March a surgeon undertook to operate upon a patient and to remove the left kidney That in the performance of such operation he was negligent and careless, causing the patient extensive injuries and requiring that he expend further sums for medical treatment to be relieved of the injuries was further charged that the defendant had failed, after the operation, to continue to treat the patient even though he had been repeatedly requested by the patient to render the necessary treatment. That by reason of the failure of the defendant to render the necessary aftercare the patient claimed that the wound remained open for a considerable length of time and the patient's general condition became very poor and his health was seriously impaired. That he was required to expend over \$4,000 in an endeavor to be healed of the injuries caused by the defendant's neglect and carelessness

On the 8th of March the patient had called on the defendant surgeon at his office, complaining of pain in the left kidney After examination the surgeon advised that the patient was suffering from a tubercular kidney and further advised his entry in the hospital for the removal of the kid-The operation was performed, the kidney being removed After the bleeding had been controlled, a cigarette drain was placed in the The wound was then sutured and dressed with sterile dressings. While the patient was confined in the hospital he was seen daily either by the surgeon or his assistant and the necessary aftercare rendered in the treatment of the operative wound. About three weeks afterthe patient had left the hospital he called on the surgeon at his office On examination it was found that the wound, while healing, had not entirely closed At that time the surgeon dressed the wound, leaving a drain in The patient did not again return to the surgeon. Nothing further was heard from him until the institution of the malpractice action

From a report of a physical examination, made of this patient after the institution of the action,

it was disclosed that the patient had originally been attended by his family physician and a diagnosis made of tubercular kidney That he had also had various other consultations and finally consulted the defendant surgeon who advised and subsequently performed the operation upon the kidney While at the hospital, where he remained for a period of seven weeks, he was seen daily either by the operating surgeon or his assistant The sutures were removed from the wound eight days after the operation However, there was no union or healing and the wound was wide open at that time and had to be treated subsequently by allowing it to granulate. The patient said that the surgeon whom he called occasionally looked at him and said he was getting along all right and let it go at that. After leaving the hospital the patient had gone to a hotel in the country under the care of a nurse, where he had stayed for about four months While able to go about he was unable to do any work and the wound had to be irrigated daily with an iodine solution, balsam of peru was also used in the dressing during this time. In the following July he went to another physician who apparently had criticized the work that had been done by the surgeon and physician who had previously attended the patient This physician stated that he did not believe that the sutures should have been removed in eight days and that there should have been applications of nitrate of silver and other similar applications made to the wound to hasten granulation The criticisms by this physician of the previous treatment tended to mentally disturb and aggravate the patient's condition

The physical examination of the patient showed him to be a short, rather sturdy, good-looking Roumanian Hebrew, with a large rotund abdomen, weighing about 170 pounds, 5 feet 4 inches tall and the picture of good health. The patient claimed that he had weighed 150 pounds prior to the operation. The examining physician felt that the patient's trouble was a mental condition aggravated by the criticisms of the physician who had last attended him. He appared to be of the

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typical European type, nervous, hysterical, introspective Hebrew Superimposed upon the mental condition was the operation which aggravated his previous condition. At the time of the examination he showed an operative wound scar on the left side of his body just above the left iliac crest The wound begins on the left side of the abdomen and extends around the body towards the back 7 inches, is partly healed at the present time, about 4 inches all told On the anterior portion of the wound at about the border of the umbilical and left lumbar region, there is still present an open wound area about 1 inch long with a deep sinus extending downward about 1½ inches The last physician who had attended him had probed the sinus The posterior sinus, which is on the lateral side of the body between the last rib and the crest of the ilium, is about 2 inches long and 5 inches deep. The sinus goes down to the old socket or base of the kidney At the time of the examination there was inserted into this wound a large grooved director with cotton and iodine thereon The examining physician felt that this was the worst part of the patient's condition at the present time and would take a long while to heal up and will have to granulate 5 inches from the bottom. At the time

of the examination the wound was discharging and a dressing had to be kept on continuously

The examining physician found that the then attending physician, while stating that the patient's physical condition was improving, that his attitude was distinctly critical even to antagonism The examining physician further felt that the condition operated upon was a very bad one and that if the operation had not been skillfully performed with a complete removal of a very bad abscessed kidney, the patient would have gotten an extension of the process with undoubtable resultant death He finds that there is no extension of the process to the bladder The examining physician further felt that cases of this description run a long time as tubercular cases are chronic in character and he has no doubt that a sinus or fistula would have been a very beneficial thing to have been kept open after an operation of this description

This action finally came on for trial and after the submission of the plaintiff's case, the physician who last attended him testifying in his behalf, the plaintiff having failed to make out any cause of action, on motion of the defendant the complaint was dismissed

ACUTE GASTRO-ENTERITIS AND NEPHRITIS

A physician was called to attend a female patient 71 years of age The history of the patient's illness was that four weeks prior, she had a severe attack of vomiting and diarrhea which started at about 2 am after eating shrimp for dinner, and lasted about 24 hours, that the pain began in different parts of the abdomen, and has been continuous for three or four weeks. She was habitually constipated The patient stated that she feels nauseated after taking food or on. waking up, and feels pains in the epigastric region, rather a soreness than a piercing or gripping She has had diarrhea on and off for the last ten years, and has had similar attacks with diarrhea and distension about every six months, but not so severe, lasting two days

Examination of the patient showed a blood pressure of 185-78, pulse 120, respiration 36, temperature 996, a stout woman, dry thick tongue, mucus in throat, tissues of the legs look poor and slightly edematous. The heart sounds were O. K. The abdomen was greatly distended and tympanitic, a high stomach and apparently dilated. She was somewhat tender over the right side of the abdomen, but no rigidity. There was no visible peristalsis, and distension was regular No masses were felt, and it was practically im-

possible to palpate abdomen satisfactorily The patient had a rectovaginal fissure, a perineal tear

After this history and examination, a diagnosis was made of acute gastro-enteritis and acute nephritis. On May 22nd, the distension was slightly better. The patient, however, complained of pains in the abdomen, and seemed depressed and exhausted. Medication was administered, and hot applications applied.

On the following day, the patient was very weak and exhausted, and looked cyanotic Colonic irrigations were administered Passage of small amount of gas, and some solid feces was

expelled

On May 24th, at about 1 a m, the patient collapsed 1 cc of pituitrin was administered, and camphor in oil. The patient, however, died at 3 a m on May 24th. At the time of the death of the patient, the family had no complaint, and expressed their satisfaction with the treatment rendered by the physicians, and paid the physicians' bills

Shortly thereafter, a suit was instituted against both physicians by the administrator, charging negligence in the treatment of the patient, causing her death. The suit was never pressed and subsequently was discontinued.

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LONDON LETTER



MATERNAL MORTALITY

Her Majesty the Queen of England, with her characteristic sympathy with her subjects in all matters of health, in a message which she sent to the Maternal Mortality Conference, held in London in February this year, declared that she viewed with great concern the continued high rate of maternal mortality, and felt that a real endeavor should be made to remove this reproach from our national life Such a message as this could not fail of a response, and a movement has started to investigate the subject and find a The British Government has decided to set up two Departmental Committees, one to deal with maternal mortality, and the other to investigate the subject of midwifery, and much interest has been shown in Parliament and in medical circles

The outstanding fact is that in the British Isles nearly 3,000 mothers of a total number of 750,000 lose their lives annually at childbirth and this number has not varied much for many years. The Registrar's General Statistical Review for the years 1916-1926 inclusive, show but little variation. The best year was 1918 with 2,509 deaths, the worst was 1920 with 4,144 deaths. In 1926, the last year reviewed, there were 2,860 deaths.

What are the factors which cause this lamentable mortality from what is considered a purely physiological occurrence? On looking at the returns one finds that puerperal sepsis and albuminuria account for 60 percent of the deaths, and of these sepsis is twice as deadly as albuminuria, it follows then that if we control this potent cause of mortality we must attack the problem before the actual birth of the child This is being done by the founding of antenatal clinics of which there were 675 in England and Wales in 1925 and nearly 800 to-day these clinics there is opportunity for (1) the diagnosis of the pregnancy and the fixing of the probable date of confinement, (2) examination as to general fitness for pregnancy and labor, (3) watching for signs of puerperal toxoemia (4) measuring the pelvis and (5) detection of abnormal presentation and its correction (W M Feldman)

Unfortunately, there is a very general disinchination on the part of pregnant women to consult these clinics, which are therefore doing but a very small part of the work they could do. It it, of course, purely a matter of education, and as the advantages both to mother and to child of ante-natal precautions become better understood we may reasonably expect a great improvement in the attendance

The deaths from puerperal sepsis have remained stationary and are not confined to one They affect rich and poor, town and country, private or hospital, whether the cases have been attended by doctors or midwives. The mortality in the large Lying-In Hospitals still amounts to 1.20 per thousand (Eden), a rate not differing much from the general rate has the incidence of sepsis varied since the Midwives Act of 1902 which made registration, instruction and supervision of midwives compul-There is very little difference between town and country, for though total maternal mortality is higher in rural than in urban areas, the mortality from sepsis is lower in the former When one considers the in than in the latter sanitary conditions which prevail in the lying-in rooms of so many of the poorer mothers, one cannot help feeling that if more women could be admitted to well run lying-in institutions the mortality figures would be lowered

In the British Isles mothers are not yet willing to leave their homes, and we find that of the average number of 750,000 births only some 20,000 take place in maternity institutions

But there are causes of mortality other than sepsis, and one realizes that the mother's chances of recovery from hemorrhage, ectopic gestation and phlegmasia alba dolens, to mention a few of the accidents of childbirth, would be enhanced by admission to a maternity institution. There is also the very large question of invalidism resulting from childbirth. It is impossible to estimate this incidence, but in this perhaps more than in any other aspect of this great question one can see the value of skilled supervision during the puerperium and the actual child birth

In connection with Maternal Mortality it is of great interest to read the Regulations for Admussion to the "Mastery of Midwifery," just published by the Society of Apothecaries of The first examination will take place in the autumn, and it is obvious from the regulations that the standard of knowledge and practical proficiency demanded will be a high one Candidates, besides being fully qualified, must have held a resident post of six months in a recognized obstetric hospital, in addition they must have attended, for at least three months each, a recognized ante-natal clinic and an infant welfare centre The examination will consist of written papers, a clinical test, and an oral examination



NEWS NOTES



THE COMMITTEE ON PUBLIC RELATIONS

The Committee on Public Relations of the Medical Society of the State of New York, held its organization meeting on July 7th, in the Albany offices of the State Society at 100 State Street, Albany The members of the Committee who were present were Dr James E Sadlier, Chairman, Dr Harry Trick, President of the State Society and member ex-officio, Dr A J Hambrook of Troy, Dr W D Johnson, Batavia, Dr O W H Mitchell, Syracuse, and Dr W H Ross, of Brentwood Dr Ross was appointed secretary of the Committee

Doctor Sadlier, the Chairman, said that he would call upon each member of the Committee to express his own views regarding the scope of the work of the Committee He suggested that the Society should have two objects in mind 1—To secure the appointment on the public relations committee in each county medical society, 2—To divide the state into five districts, each to be under the direction of a member of the State Committee

Doctor Trick called attention to the overlapping fields of the trinity of the public health organizations in this state,—the doctors, official departments of health, and the voluntary health organizations. It would be the duty of the State Committee on public relations to determine the fields of activity of these organizations and to direct their activities so that they will go on harmoniously and without overlapping

Doctor W D Johnson brought up the point of the standing orders which the Metropolitan Life Insurance Company had issued to its field nurses. He said that while a number of county societies had approved these directions, his own county society of Genesee had not done so on the grounds that the directions imposed a certain degree of the practice of medicine upon the nurses

Some of the controversial points brought up

by Dr Johnson were Under the topic "Elevated Temperature,"

the suggestions to the nurses were 1 Put the patient to bed

2 Urge the importance of quiet and rest

3 General isolation retained if communicable disease is suspected

4 Liquid diet, plenty of water

5 Sponge for temperature for 102 to 105

6 If patient is suffering from abdominal pain, nothing is to be given by mouth until the patient has been seen by a doctor

Under the topic "Infants and Children With Elevated Temperature," the following instructions were given to the nurses

1 Put to bed, isolate, give boiled water

2 Normal salt colon irrigation if system suggests constipation

3 Urge calling doctor if temperature does not drop after irrigation

not drop after irrigation For "Infantile Convulsions," the following suggestions are made for the nurse to carry out

1 Hot baths with gentle friction of skin

2 Hot saline irrigation

3 Ice on head

4 Discontinue all food, give boiled water only

5 Call a physician immediately

These are samples of directions which the Metropolitan Life Insurance Co nurse is to follow when she makes her first visit

Doctor Johnson said that he reflected the questions which were in the minds of some physicians of his county, but felt that possibly a nurse who carries out these directions would be considered to practice medicine. The Committee made no decision on these points, but preferred to wait and see how the nurses actually carry out the directions.

Doctor Mitchell said that the Public Relations Committee would undoubtedly be called upon to settle disputes and differences of opinion, and he suggested that if possible the committee should profit by its experience of the past year, and devise a plan for anticipating disputes and settling them before they have acquired large proportions

Doctor Hambrook spoke of the necessity that the doctors should make haste to catch up with the public health program which is already established by the lay organizations. Physicians can readily assume their proper leadership in all public health activities, and could dominate the public health field if they were alive to their responsibilities and opportunities.

Dr W H Ross spoke of the need for establishing a program and principles to govern the activities of the committee. There was not much precedent to guide physicians in developing public health work. They must think out new steps according to the light of their own experience. Physicians must also engage in the work before there was time for disputes to arise or for other organizations to assume a leadership along impractical lines.

There was considerable discussion regarding the activities of lay organizations along the lines

of diphtheria prevention, the management of tuberculosis sanatoriums, the promotion of county health units, the establishment of mental hygiene climes, and the direction of public health nurses. All these activities are the functions of physicians, and should be under their leadership and direction. It was the opinion of the members that steps should be taken to interest the doctors in all these various activities so that the medical profession will assume its leadership

The committee agreed to work according to the eight general principles for the government of the conjoined work of the medical profession and the voluntary public health agencies adopted by the House of Annual Delegates meeting in Albany These principles are printed in the Journal of May 1st, page 495. They were accepted by the joint committee of the State Medical Society and the State Charities Aid Association regarding the conditions in Cattaraugus County

The committee also approved of the program which was devised by the Committee on Public Relations on June 17, 1927, as a guide for a County Society's activity (See this JOURNAL, July 15, 1927 page 797) This program consisted of the following five headings

"1 Make a complete survey of health agencies in the county, noting the names, membership, program, and manner of carrying on same "2 Collect data concerning all types of medical activities, both curative and preventive, and whether promoted by official or unofficial agencies

"3 Confer with the director or proper committee of every agency or organization interested in conducting or promoting curative and preventive medical activities in the county, with regard to its program, for the purpose of offering assistance in the development of the medical phase of such program

"4 Confer frequently with the public health committee of the county society regarding the methods employed in public health work throughout the county

"5 Be prepared to take leadership in developing medical programs of county agencies"

It was the unanimous opinion of the members of the Public Health Committee that a full account of the work of the committee should be published in the New York State Journal of Medicine and that some phase of its work should be written up for each issue. Since Doctor Ross is Chairman of the Committee on Publication of the State Society, and is also Secretary of the Committee on Public Relations, the publicity regarding the committee was placed under his direction.

HEALTH OFFICERS' CONFERENCE

Do the physicians of New York State take an interest in the practice of public health and civic medicine? The answer is found in the Twenty-seventh Annual Conference of the Health Officers of New York State, held in Saratoga Springs, June 26, 27, and 28, 1928, under the auspices of the State Department of Health About 500 physicians who were also health officers came together to discuss the practice of public health

The Tenth Annual Conference of Public Health Nurses was held at the same time at which the attendance was over 600. The total registered

attendance was 1180

The attendance of the physicians at the Health Officers' Conference compared favorably with that of the physicians at the Annual Meeting of the Medical Society of the State of New York, with this difference—whereas the attendance at the Medical Society meeting was mostly from the cities, the physicians attending the Health Officers' Conference came more from the rural districts

The general impression was that the Conference was the best of all It was held in the Grand Umon Hotel, as usual, which was large enough to house all those present and to entertain them in its large dining room. The Hotel had the fur-

ther advantage in that a large parlor was available for the exhibits. This parlor was located between the main office and the dining room, and everybody passed through it several times a day

The prominent feature of the Conference was an exhibit of posters prepared by high school students as the result of a contest for the best picture illustrating the anti-diphtheria campaign. This contest will be described in a future number of the Journal

The annual dinner of the health officers and public health nurses was held as usual. One of its best features was a large number of short speeches reporting public health advances in various parts of the State.

The program of the meetings covered about four pages of the official announcements Dr Harry Trick represented the New York State Medical Society in an address in which he stressed the need that practicing physicians should

engage in public health work

Dr Matthias Nicoll, Jr, State Commissioner of Health, spoke of the close relations of the official departments of health to the practicing physicians and their official organizations, and of his gratification at the harmony which exists between departments of health and physicians

Dr Thomas Ordway, Dean of the Albany Medical College, described the plans of the College for conducting post graduate courses for practicing physicians, especially those who are located in the northeast corner of the State. He said that the majority of physicians in twenty-two counties had graduated from the Albany Medical College, and that the College felt the responsibility for their continued medical education. The definite plan of action was nearly completed and will be announced in the Fall. Dr Ordway also said that an abundant endowment had been provided to carry on the work.

Miss Ruth Taylor, Deputy Welfare Commissioner of Westchester County, spoke on the subject of "Cooperation Between Official Health Departments and Voluntary Health Agencies" She was diplomatic in her avoidance of controversial subjects, but she presented the principle of action of the two groups of organizations clearly and satisfactorily. However, her meaning was not always clear. She stated, for example, that if the private agencies were not told of their faults, they would continue to repeat them, but she offered no practical way by which physicians or health officers might undertake the correction

of the faults without giving offence

Dr Haven Emerson spoke on the subject of "Public Health as a Private Responsibility" He referred especially to the active practice of public health by private physicians, and said that the background for this practice is only about five years old, it having been established by the American Medical Association in 1922 when the annual meeting proposed the periodic health examination as a prominent activity of physicians Public health activities during the last five years have shown a drift toward the active participation of family physicians in its practice Dr Emerson made the surprising statement that the time devoted by doctors to diminishing or preventing the disease was equal to the time devoted to its cure It hardly seems possible that this is true, and yet it seems probable when one considers the time which a family physician takes in explaining the causes of a disease to his patients and the manner of its prevention

Dr Emerson also said that official agencies had almost reached the limit of their ability to advance the cause of public health without the help of family doctors and the voluntary agencies. It is becoming more and more true that the practice of preventive medicine in the future will be done principally by practicing physicians. The official departments of health have gone about as far as they can, and further progress lies with family physicians.

Speaking of the public health examination, Dr Emerson stated that the average healthy person should have about seventy-five contacts with the doctor in the course of a lifetime. He list these contacts as follows.

- 1 Prenatal, 5
- 2 Age from birth to six months, 6
- 3 The next eighteen months, 6
- 4 From that age to six years, twice a year
- 5 From six to sixteen, once a year
- 6 From sixteen to thirty-six, once a year when defects are present or the person is engaged in a hazardous occupation
- 7 From thirty-six to old age, according to conditions

All these examinations are to be made by the family doctor. They are not intended for treatment, but to adjust the individual to his environment. Examinations are now fostered by clinics and departments of health, and are made in groups. The next step will be to teach each person to have examinations done at his own expense, and to buy this service from the physician.

A striking part of the Conference was an explanation of the new milk code by Dr Frank Laidlaw, District State Health Officer Dr Laidlaw has spent much time teaching the health officers of Orange and Ulster Counties how to carry out the provisions under the new regulations and interpreting their meaning. His explanation of the regulations at the conference was along the lines which he had already proved practical in his private dealings with the health officers.

While general conferences were held each day at which both health officers and nurses were in attendance, there were special conferences and round table discussions for the purpose of instructing special groups, such as the industrial nurses, the school nurses, the red cross nurses, the social hygiene nurses, the health nurses in towns and small villages, and the registrars of vital sta-Every feature of the Conference was practical, while the plan of holding all features of the Conference under one roof enabled those in attendance to discuss special points with one another and to enjoy the sociability of the parlors and porches The plan of the Conference might well be considered by the Medical Society of the State of New York in forming its plans The three day conferfor the annual meetings ence was marked with sociability, because the elements for promoting good fellowship were pres-Some doctors said that the annual conference was the enticement that led them to continue as health officers of their communities

MEDICAL RESERVE OFFICERS' SCHOOL

By COL CHARLES R REYNOLDS, M D

Commandant, Carlisle Barracks, Pennsylvania

The sixth summer camp course of training for Medical Department Officers of the Reserves of the United States Army, was held in the Medical Field Service School, at Carlisle Barracks, Pennsylvania, from July 8th to the 21st, and was attended by 347 officers New York has always been well represented at the school, and this year twenty Medical Officers were present from New York City and vicinity

The class was divided into two groups, and two rather distinct courses of training were conducted concurrently The first group consisted of about 300 officers who were assigned chiefly to medical regiments in the Organized Reserves Ten medical regiments and one evacuation hospital were represented in this group. The officers of this group who were not assigned to medical regiments were attached for training purposes to the several medical regiments in camp The first week's training was general in nature and was intended to bring the officers up to a state of preparedness for the terrain exercises which featured the remainder of the course. This large group received what is known as unit training which was given under the immediate direction of the commanding officer of the reserve medical regi-They not only had this responsibility, but the authority that should naturally accompany it A military situation involving the medical service of a command engaged in a planned attack, defense of a position, withdrawal and pursuit was drawn up by the faculty of the Medical Field Service School This served as the basis for four terrain exercises in which the officers assigned or attached to the various medical regiments made a study of the general and special situations, an actual reconnaissance of the field, and formulated the necessary field order which would place their medical regiments into position for service with imaginary forces The terrain exercise has been found to be the most suitable method of conducting unit training In such a procedure, the commanding officer of each unit is required to make his reconnaissance, his decision, to write his order and to carry on in a manner as if he were surrounded by his own troops in the presence of the enemy

The group which received special training in military sanitation consisted of 46 officers and was composed largely of officers engaged in some phase of sanitation, such as sanitary engineers health officers of civilian communities, teachers of or research workers in bacteriology, nutrition, chemistry, etc. The training given this group was designed to illustrate and demonstrate the application of their special knowledge in military situations. The program of instruction comprised a series of lectures, conferences and demonstrations.

culminating in two terrain exercises illustrating the application of the principles of preventive medicine to the service of troops in the field

The special "course in sanitation" is the first of its kind that has been given to Reserve Officers It is, in a way, a departure from the basic principle that all Reserve Officers of the Medical Department should be trained in their purely military duties in the work of the Medical Department as a service rather than in specialized No attempt has been made or probably ever will be made to give a special course of field training for the surgeon, the internist, the ophthamologist, or for other specialists in the domain of medicine The medical service in a great war will be carried on to the extent of perhaps 95% by officers who, in civil life, belong to the medical, dental and veterinary professions The World War has demonstrated the necessity of auxiliary aid in order to round out the medical service both at home and in the theater of operations 1917 and 1918, these officers were commissioned in the sanitary corps which has been perpetuated as a section of the Officers Reserve Corps in order to provide the Medical Department, for a future emergency, with a highly trained specialized personnel to be found chiefly in the professions alhed and associated with medicine If called upon for active service in time of war, it is almost a certainty that most of these officers will function as specialists, and will not be employed otherwise in the general administration of the medical service of the Army Their services being specialized, the logical requirement is that they should receive enough training in time of peace to enable them to visualize the general field of military service in order that they may see more clearly the position they will occupy in the military establishment About 200, or 40%, of the officers now enrolled in the sanitary corps are engaged in professions and vocations closely allied to the general subjects of epidemiology and preventive medicine It was in recognition of this fact that the Surgeon General decided this year to provide training for this special group of Medical Department Reserve Officers

The summer camp training program at Carlisle Barracks now contemplates the division of Reserve Officers into three general groups and the establishment of a course in field training for each group, namely, a basic course for junior officers, a unit training course, and a course for hospital commanders and executives. The latter camp course will be held at Carlisle Barracks from September 9th to 21st, 1928. It seems probable that the special course in sanitation will also continue to be an established feature of the

training at Carlisle Barracks

THREE GENERATIONS OF DOCTORS

By A. L DARLING, MD, CORNING, NY

In the Journal under date of July 15, page 868, you ask if there are any doctors of the third generation of medical practitioners in the State of New York

I am one in that class

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My father had a brother, Dr Horace M Darling, born in Lawrenceville, Pa, in 1835 He graduated in Medicine at the University of Mich igan, 1858, was Surgeon-in-Chief on Pemberton's Staff in the Confederate Army during the Civil War After the war he practiced in New York State and died in Elmira, 1900

Dr Arland Lewis Darling, born in Lawrenceville, Pa, 1870, graduated from University of Buffalo in 1892, and located in Corning, N Y,

where I am practicing medicine My son, Carlos Mason Darling, born in 1899, was taking up the study of medicine He enlisted in the World War, was in the Medical Corps of the U S Army and died in Camp of influenza in 1918 With his death ended the fourth gen-

eration of practicing physicians Members of our family have practiced medicine and surgery for a total of more than 179 years, if the years that each have practiced were added together

SENECA COUNTY MEDICAL SOCIETY

The Semi-Annual Meeting of the Seneca County Medical Society was held at the Elk's Club, Seneca Falls, New York, on Thursday, May 10, 1928 Dr E W Bogardus in the chair

Dr T E Banford of Syracuse gave a practical and interesting address on "Certain Aspects of the Psycho-Neuroses with special attention to the common disease known as Hysteria"

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A regular meeting of the Bronx County Medical Society, held at Concourse Plaza, on June 21, 1928, was called to order at 9 P $\,\mathrm{M}$, the President, Dr $\,\mathrm{Gitlow}$, in the Chair

It was moved and carried that, this being an Open Meeting, we dispense with the reading of the minutes of the last meetings of the So-

ciety and of the Comitia Minora

Election of Candidates being in order, it was moved and carried that the Secretary be instructed to cast one ballot for the following physicians, Julius Fink, Adolph Foti, Samuel Nitsberg, Sarah Salant Rifkin, Louis J Sokol, Lazar Wallerstein

The President then presented Professor Harry Allen Overstreet, Head of the Department of Philosophy of The College of the City of New York, who spoke on "The Point of View of the New Psychology" At the conclusion of the address, Professor Overstreet answered the many questions of the members and friends

It was moved and carried that a vote of thanks be extended to Professor Overstreet for his excellent address

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MEDICAL WARES



MINERAL OIL

Physicians are familiar with the medicinal uses of petroleum chiefly through its two products which are popularly known as vaseline and mineral oil Petroleum is a mixture of an innumerable number of different substances whose composition and characteristics grade insensibly one into another The fun damental processes of manufacturing petroleum products are fractional distillation and a reversal of the processes, tractional cooling Distillation separates the substances on the basis of their boiling point, while cooling is a more exact process depending on the melting or solidifying temperatures of the substances The further processes of purification consist of acidulation with strong acids, neutralization of the acids, and filtration to remove the undesir-An application of these able substances methods will enable a manufacturer to make products which have almost any desired specific gravity, consistency and viscosity, and are tasteless and odorless, even to the complete elimination of a suggestion of kerosene or other substance which is irritating or undesirable

The pharmacopeia recognizes two petroleum products,—a jelly called Petrolatum, or petroleum jelly, for external use, and a liquid called Petrolatum liquidum, for use as a cathartic or nose spray

Petrolatum is the substance which is commonly called vaseline, but this is a trade name whose origin is seldom recalled. The substances popularly called vaseline are variable in their pureness, consistency, odor, and taste, according to the use in their manufacture. A physician wishing to secure a pure product will prescribe Petrolatum, USP

Ichthyol is the trade name of a petrolatum having a peculiar fish-like odor. When it was first put on the market a generation ago, the statement was made that it was found in only a restricted locality in Austria, but in fact it is a petroleum product.

U S Pharmacopeia recognizes two forms of liquid Petrolatum,—the heavy and the light The heavy is used principally as a cathartic It was first placed on the market by the Belgians and Germans under the name of Russian oil Its use was advocated by the noted English surgeon, Sir William Arbuthnot Lane,

who wrote and lectured on its merits, and popularized its use. Its manufacture in the United States has been developed on an extensive scale since the World War, until now mineral oil in some form is probably the most widely used of all cathartics.

The standards of a cathartic mineral oil are those of liquid Petrolatum, USP The oil shall have a specific gravity between 0 828 and 0 905 at a temperature of 25 degrees centigrade. It shall have a specified degree of viscosity whose determination is technical matter, and it shall be free from odor and taste, The tests are intended to insure an oil of uniform composition which shall not contain even traces of kerosene, paraffine, or other substances, but shall be almost entirely inert and incapable of undergoing a chemical change or of producing a chemical change in another substance.

The effects of a good quality of liquid Petrolatum on the intestines are those of a lubricating oil. The theory is that it acts as a mechanical lubricant. It permeates the intestinal contents and makes them soft and slippery. At the same time it undergoes no chemical change and produces no irritation such as that caused by ricin, which is a constituent of castor oil.

Lither the heavy or the light liquid Petrolatum may be used as a cathartic. A heavy oil is likely to have a high viscosity, and so it may cling to the tongue when it is taken. On the other hand, an oil too light and lacking viscosity does not combine well with the intestinal contents, but it has the quality of penetrating unsealed containers even when they are snugly tied. It is therefore likely to seep past the sphincter of the bowel in an unpleasant leakage. A considerable latitude is possible among the oils of various manufactures, and an individual buyer may have a considerable choice in their superficial qualities

Liquid Petrolatum is also sold in combination with agar, sometimes under trade names. Only two or three per cent of agar is used and its value is largely that of emulsifying the oil. It also has psychological effect upon those persons who object to the taste of a pure mineral oil. Its physiological action is due only to the oil which is in it.

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suppression of ancient jokes and persistent jokers and the ponderous witticisms of certain persons now comfortably seated on pedestals of humor would gradually die out

"One important point must not be overlooked if this comedy course is put on For every class and every student there must be a corresponding class and student to learn the art of listening pleasantly. There is no sense in graduating a lot of humorists of they are not provided with a dutiful audience."

The editorial has a special appeal just now in the season when the District Branch meetings of the State Society are about to be held. A large

proportion of the speakers who discuss papers and make after dinner speeches will spend half their time saying that they do not see why the presiding officer should invite them to expose their ignorance, and the other half of the speeches will consist of a story taken from Tonics and Sedatives of the A M A Journal Last year the same story was used by three different speakers at three The story has faded from District meetings memory, fortunately, but it will doubtless seem new when it turns up again this fall at some Dis-After all the old joke is the best, trict Branch and there is justification in telling it if it seems new to only one person in the audience

BRAIN DEVELOPMENT

The New York Times of August 5 contains a popular description of three books on the brain planned by Dr Frederick Tilney, Professor of Neurology at Columbia University Concerning the relation of the hands to the development of the brain, Dr Tilney is quoted as saying

"A certain group were forced to climb the trees and to live in hiding among their leafy branches And then what happened? Their paws were turned into claw-like hands. A very important thing. They were now ready to discover the real treasures of the brain, which, as we have seen, was not of great avail until this new key was found to unlock it. Claws in the end became hands, and hands were these very keys that unlocked the brain.

"Other animals sought protection in swimming, flying, running Simians found it in swinging themselves from branch to branch in their arboreal retreats With increasing weight some

of them came down nearer to the ground They assumed an upright position. Then their hands were freed! They turned them to new and constructive purposes

"Soon we find that the hands were the instigators of human speech. A gesture was a symbol, but gestures were inconvenient when hands were needed for other usages. Sounds were used to take their place, that hands might be left free. With the acquisition of speech the human type was well on its way toward the far distant goals of humanity

"Is there still a possibility of further evolving in the development process so clearly seen in the brain of primates, so obviously reaching its present culmination in the brain of man—is there still a latent power in the human brain for the expression of yet unsuspected potentialities and beneficial progress?"

SCIENTIFIC LAW TEACHING

The New York Herald-Tribune of July 22nd has an editorial comment on the announcement of the Johns Hopkins University that it has established an Institute for the Study of Law, which seems to function after the manner of teaching medicine in the best schools. Law is a science, but its practice is too often a political art. While the secrecy of the sick room veils the methods of doctors and covers up their unscientific methods,

the publicity of the court room exposes the tricks of the lawyer. However, making allowance for this, a doctor has good ground for thinking that he practices the science of his profession better than the lawyer practices his. A lawyer will necessarily be hampered by the written law whose meaning can be twisted by an opponent, but he will raise the standard of his profession if he introduces more science into his practice.



THE DAILY PRESS



ORIGIN AND DISAPPEARANCE OF DISEASES

A suggestion regarding the origin of new diseases is contained in the New York Herald Tribune of August 6, made by Dr Bernard O Dodge, plant pathologist at the New York Botanical Garden, Bronx Park the article says

"Dr Dodge has produced a fertile hybrid from two species of the same genus of red mold fungi This achievement, it is said, has an important bearing on the study of plant diseases, which are

causing heavy losses to agriculture.

"If the two molds with which he has worked can produce other types differing from them and able to produce offspring like themselves, it may be deduced that other fungi may do the same thing, particularly in crosses between varieties

"This experiment, Dr Dodge says, throws new light on the problem of plant disease, but also complicates it. For example, wheat rust is a fungus which strips the plant to the stalk. Government pathologists have recently produced rust-resistant strains of wheat which have flourished fairly well although exposed to the particular rust which has been studied. But if fungus species can propagate and produce fertile hybrids differing from the parent organisms, Dr. Dodge says this means that new worms may be arising constantly against which the rust-resistant wheat may not be effective

"Although the problems facing plant pathologists may be increased, he declares, his experiment will be of ultimate assistance as it offers an explanation for the existence of many new varieties of fungi whose origin would otherwise

be mexplicable"

While new diseases probably arise, old ones may disappear when conditions become unfavorable for their spread. The New York Times of August 5 contains an article on the plans of an African Expedition sent under the auspices of the University of Wisconsin, the Guggenheim Memorial Foundation, and Parke Davis Co, for the purpose of studying sleeping sickness and developing methods of treating it with arsenical compounds. The article quotes Dr. Thomas, one of the research workers

"In other days many of the imported negro slaves in the Southern States died of South African sleeping sickness. Fortunately no interme diary host such as the tsetse fly was present in the South to spread the infection. In former times this fly has lived in the Americas, and fossils of some twenty-odd species have been found in the Colorado shales. Since the evolution of the horse can be most satisfactorily traced in the West, and since there were no horses in America at the time of Columbus, it seems quite possible that the vast herds of horses were wiped out by a trypanosomate disease carried by the tsetse fly"

Here is probably an example of a disease disappearing after all its available victims had been eliminated. But no one can give a probable reason for the disappearance of the tsetse fly at the same time. The situation is similar to that of the fungus that caused the death of the native chestnut trees of the Eastern States. When all the chestnut trees have died, the fungus which caused the destruction may die too and chestnut trees may grow again if new stock is introduced.

COURSES IN HUMOR

A somewhat varied experience in attending medical society meetings has led the editor to take particular notice of an editorial in the New York Times of August 6, on the report current in England that a chair of humor would be established in one of the American Universities The Editorial says

"How the 'Professor of Jocularity' would go about instructing his pupils it is difficult to imagine. The general subject would have to be divided up into classes for the needs of different people. Some are naturally gifted—or cursed—with the ability to make puns. The class in anec-

dotes, which, it may as well be confessed to London, would certainly be most heavily patronized, would necessarily go in for research. For students of comic exaggeration the professor chosen would not have to be a natural comedian himself. In fact, almost any undergraduate could take the chair and give practical demonstrations by the hour.

"A department for discouraging would-be and unqualified humorists should go hand in hand with the jesters' section. The graduates in such a course as that could do a great deal of good in the world. They would form a society for the

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TRAINING COUNTY HEALTH OFFICERS

The Virginia Medical Monthly for July contains an article on the Field Training of County Health Personnel, by Dr Charles N Leach, of the Rockefeller Foundation This article is full of information and suggestions, as will be seen from the following extracts

"The Alabama legislative body has recently increased its appropriation for health work to such an extent that it is now planned to establish a full-time health department in every county in the state regardless of population or economic status. To meet the requirements for trained personnel in connection with this program of expansion, the state health officer is now organizing a training station as a function of one of his county departments, the county health officer to act as director of the station

"Slight emphasis is placed on the teaching of preventive medicine in the majority of our medical schools in the United States, and the recent graduate knows little of the practical application of the subject Vanderbilt University Medical School offers one of the notable exceptions

"We cannot look to the schools of public health for our county health officers These postgraduate institutions are turning out men, as a rule, who are highly specialized in one branch of the subject and consequently are in demand for administrative positions in state health departments, research institutions and as teachers is quite evident that any physician qualified for practice is not necessarily capable of serving as a county health officer, giving only a part of his It is desirable that this time to official duties medical training should be supplemented by theoretical and practical instruction in public health work

"Five years ago the International Health Board established a training station in Covington County, Alabama, which served as a place of appraisal of prospective regular staff members to ascertain their qualifications for home and for-Twenty-nine regular Rockefeller eign service Foundation staff members have passed through this preliminary training The value of this system of appraisal and intensive field training soon became apparent to several state health officers and at their request their newly appointed men were offered the facilities of the station. It has been the aim of those responsible for the development of the training station to emphasize practical field instruction and to stimulate an interest in rural health work Close association with those in training has also given an opportunity to judge of their ability and actual interest in the work

"For the successful accomplishment of the training program an elaborate organization is un necessary. A well-organized county health unit, with a competent staff, offering a diversity of public health problems fulfills the requirements for intensive field training. A state with fifteen or twenty units in operation and a prospect of organizing new units could well afford to maintain such a station. The expense of operation would add little to the normal budget of a county health unit. The returns in the way of increased efficiency and tenure of office would more than justify the small additional expense.

"During the past five years 283 physicians have enrolled at the three training stations Of those training at the Alabama station 136 per cent have failed to receive the approval of the director At the Mississippi station 128 per cent were not recommended for service in the field of public The elimination of this group of failures has resulted in a financial saving to the official health agencies and perhaps the salvation of some A disinterested incompeof their county units tent health officer can very easily bring about dissatisfaction which might result in discontinuing the work The most common factors giving rise to unfavorable reports on these men were lack of tact and interest If I were asked to specify the most important qualities essential to the success of a county health officer I would unhesitatingly say tact, common sense and judgment

"The period of training has varied from two weeks to four months In some few instances it has been impossible for the candidate to spend more than two or three weeks in training and in those cases an appraisal of the man was all that could be hoped for It is desirable where possible to give the man two and one-half months to During this period three months at the station no didactic work is attempted, the time being devoted to actual participation in the work of a Conferences are conducted by the county unit directors of the various bureaus of the central administration and occasionally a visiting health official is asked to address those in fraining Demonstrations are given in the methods of record keeping, graphic representation of results, sanitary surveys and the actual operation of each bureau of a state health department A few days are spent in the field with the health nurse and sanitary inspector This gives the candidate some

(Continued on page 1019, adv xiii)

(Continued from page 1016)

idea of the interrelation of the work of the personnel of a health unit

"As a result of the increased demand for training it was found necessary, about a year ago to establish a second station Darke County, Ohio, was selected as a favorable site and by a cooperative agreement between the local board of health, the State Department of Health and the Rockefeller Foundation the facilities of the Darke County Health Department have been made available for training or for observation Ohio station offers practical training in connection with county health administration and organization, budgets and budget making, the keeping of records, preparation of reports, the handling of communicable disease, graphs and graph making, epidemiological procedure, making sanitary surveys, field map making, health laws, the control of nuisances, inspection of dairies, the inspection of food handling establishments, inspection of schools, the examination of school children and all the detailed field work and record keeping of public health nursing

"From the time the Station in Mississippi was established—July 8, 1927—to the middle of December, 173 physicians, nurses and sanitary inspectors enrolled at the station. They averaged a training period of 315 days each They came from all sections of the United States and in a few instances from Canada

The total number of physicians, nurses and sanitary inspectors reporting for training to the three stations during the past five years has been 448—283 physicians, 80 nurses and 75 sanitary inspectors In addition to this number ten Harvard medical students have been given an intensive field training, receiving credit towards graduation for the work completed at the stations,

"An attempt was made to grade a group of sixty-nine persons who received training, dividing them into groups of 'good,' 'fair' and 'poor' The failures were included in the last group was found that 348 per cent could be included in the 'good' group, 449 per cent as 'fair,' and 203 as 'poor'

"While we realize that the training offered has been unsatisfactory in many respects, it is felt that it is a step in the right direction and that the time will soon come when an adequate foundation in preventive medicine will be offered by our medical schools"

EDUCATIONAL COMMITTEE OF THE ILLINOIS STATE MEDICAL SOCIETY

The July issue of the Illinois Medical Journal contains a report of the Educational Com-(Continued on page 1020-adv xiv)

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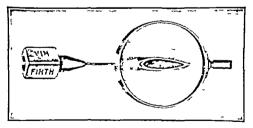
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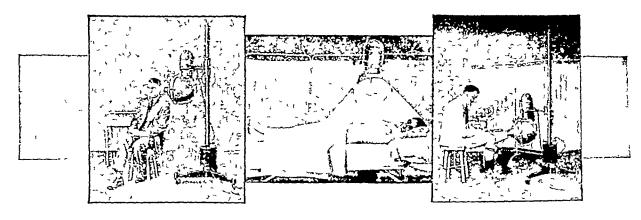
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(Continued from page 1020—4dv xiv) also made to secure several high schools for a series of health talks during the year. There was some response to this offer, but due to road conditions and other circumstances which came up, the series could not be given as planned. Several of the Chicago High Schools and some of the larger high schools throughout the state showed an interest in having at least one health talk given.

"The Chicago Woman's Aid has asked the Committee to secure women physicians to give talks on hygiene to the girls of the Juvenile

Detention Home next fall"

"Eight thousand five hundred articles were released to newspapers during the year majority of these articles were health notes used one or more times a week by newspapers over the signature of the local county medical society When epidemics have occurred, suitable educational articles have been sent to edi-Items have been sent to newspapers about special meetings sponsored by county medical societies The Chicago newspapers have received each week material pertaining to the Chicago Medical Society meetings All articles appearing on health subjects are checked by each member of the Committee before they are released for publication

"The chief difficulty with the press service is to secure and hold the interest of the local editors. The service has only been given to the counties where the medical society requested it and after they had made satisfactory arrangements with the newspapers. There are some drawbacks to this method, for it is impossible for the office of the Committee to know just how the material has been used unless the local physicians have been willing to take the time to keep tab on the thing."

"Physicians have also been ready to assist in any radio talks which could be arranged in Chicago stations The Chicago Daily Tribune has given a ten-minute period each week over station WGN In addition to this weekly feature, interesting talks have been given over stations WLS, owned and operated by Sears, Roebuck, WEBH and WJJD, owned and operated by the Herald and Examiner talks are written by the physicians asked to speak over the radio and are approved by the Committee before they are broadcast talks have been interesting enough to hold the attention of people in all parts of Illinois and surrounding states Subjects were selected which were appropriate for the months of the During the last twelve months 96 radio

(Continued on page 1022-adv +1)

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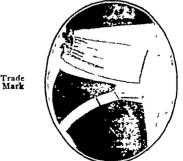


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(Continued from page 1019-adv xiii)

mittee of the Illinois State Medical Society The scope of the work is shown by the following abstracts

"The Educational Committee of the Illinois State Medical Society functions as a medium between the medical profession of the state and the laity as individuals and groups"

"A lay organization which for several years has asked the assistance of physicians for making examinations of more or less large groups of girls, has now decided that it is neither fair to the individual doctors nor to the individual girls and their families to ask that these examinations be given free of charge, except where such procedure is warranted"

"During the past year there has been a friendly feeling existing between the Illimois State Medical Society and other organizations, such as the Illinois State Dental Society, the Illinois Federation of Women's Clubs, the Parent-Teacher Associations, and the State De partment of Health through the Child Hygiene Division

"The Educational Committee was asked to revise certain literature which is used by the Child Hygiene Division. The members of the Committee have been consulted in medical problems which have come up and a very satisfactory understanding exists."

"A service made possible by the splendid cooperation of physicians of Illinois is that of the Speakers' Bureau This department of the educational program makes it possible for all kinds of lay groups to be assured of first class speakers on health subjects Women' clubs, men's clubs, churches, industrial corporations, Parent-Teacher associations, schools, colleges, have had programs arranged through the Educational Office It is impossible to say just how many persons have been reached during the last twelve months in the 640 meetings covered, but it is a safe estimate that 175,000 have heard at least one definite statement regarding the value of good health"

"A request came from the personnel director of a factory employing a large number of women and girls. About 300 girls came to this meeting which was held at five o'clock, after the offices were closed, and so successfully did the physician present his subject of personal hygiene that the girls have requested other lectures in the fall."

"Last fall an attempt was made to have a health talk given at every county teachers' institute. The response was very good and thousands of teachers heard these lectures which were given by physicians. An endeavor was

(Continued on page 1021-adv xv)

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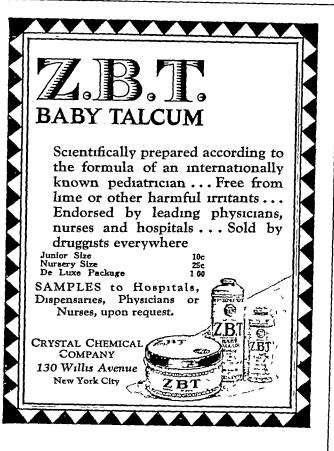
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(Continued from page 1021—adv xv) talks were given, copies of which are on file in the office of the Committee

"Posters have been collected from many agencies in the United States and have been mounted attractively to appeal especially to school children The following was noted in a newspaper clipping received shortly after the posters were exhibited in an Illinois city 'These posters were placed in all the upstairs class rooms and in the assembly of the high The high school students examined them These posters illustrated some very necessary things, such as sleep with windows open, drink pure water and milk, eat green vegetables and fresh fruits, keep a good posture, and take care of your feet One poster gave the pictures of some very noted medical These posters furnished theme work for all of the English classes'

"Sixty-five Health films were ordered by the Committee from the State Department of Health, the University of Wisconsin, and other sources for schools and clubs. The Committee does not assume any responsibility for posters, films and general health educational material secured from any source aside from the Illinois State Medical Society

"Assistance has been given whenever possible to the Woman's Auxiliary of the Illinois State Medical Society With the completion of this organization in every county, there will be many more calls made upon the Committee for speakers and general educational material The physician's wives will no doubt make sure that when health speakers are to appear on their club programs these will be secured through the Speakers' Bureau of the The Auxiliary can Educational Committee be of great assistance in securing the interest and co-operation of club women in health ac-The Educational Committee is in a position to assist in the carrying out of these activities as far as is consistent with its policies and those of the State Society"

"Every county in the state of Illinois has been given one service by the Educational Committee Some counties have made considerable use of the activities mentioned above, while others have shown less interest. The office of the Committee will gladly assist any county whenever possible."

CONTRACT PRACTICE

The July issue of the Virginia Medical Monthly carries the following news note

"The following proposed draft on 'Contract Practice' has been prepared by the Board of Trustees of the Richmond Academy of Medicine and will be presented to the general membership at its next meeting on the second Tuesday in September We take the liberty of publishing it, as it may prove of interest to other societies

"The traditional attitude of the medical profession is opposed to contract practice except when some substantial advantage to the people served by the contract arises out of it, and when this advantage is not one of reduced fees for people able to pay standard fees

"The advantages usually to be recognized as legitimate are

- (a) Prevention of disease or accident
- (b) Increased efficiency in treatment through the more ready availability of the practitioner, or his special knowledge of disease or accident likely to arise, or his familiarity with facilities provided for treatment
- (c) Protection of a party or corporation from liability to unjust claims or suits

"A practitioner who accepts a contract should be prepared to show that it accords with accepted standards of ethics, and further that legitimate advantages of the contract are not used to cloak unethical extensions of its provisions

"Except in isolated communities where it is necessary to make unusual arrangements, the family unit is not a proper object of contract

"A contract should not provide compensation below the prevailing standard of fees

"The group or party with which a practitioner enters into a contract should have some social or economic purpose re-

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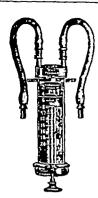
sulting in a unity of living or working condition and the object of the organization should be obviously above a suspicion that medical services at reduced rates is any part of that object or purpose

"A contract tends to be relieved of suspicion of unworthy purposes in proportion as the services rendered are limited to premises where employees work, and the hospital or infirmary quarters routinely maintained to meet the needs covered by the contract"

DIATHERMIA IN SURGI-CAL SHOCK

Dr W L Cahall of Palestina, Texas, in an article on physiotherapy in the July issue of the Texas State Journal, says concerning diathermia

"Possibly the most spectacular results that have come under my observation have been in shock, the nightmare of the surgeon There are two methods of handling this condition, the first and simplest is to apply infrared radiation to the extremities, and by this means, readjusting the circulatory equilibrium as well as stimulating general metabolism The lamp should be from 20 to 30 inches distant to the treated part and the time of treatment from 30 to 60 min-The alternative method is the employment of diathermia. preferably using Crile's technic of an anterior and posterior plate over the liver, when feasible, otherwise, a plate behind the liver and a cuff around one ankle would be the hook-up of choice. The current should be sedative and its strength should be around 2,000 milliamperes duration of the treatment should be 45 minutes I have seen apparently moribund patients brighten up, and before the termination of the treatment, engage in general conversation with the attendants about the room "



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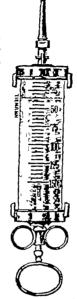
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NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 28, No 17

NEW YORK, N Y

September 1, 1928

PRESENT STATUS OF THE PRACTICE OF MEDICINE* By LINSLY R WILLIAMS, M D, NEW YORK, N Y

THERE is no necessity of any statistical study to furnish evidence that there have been numerous changes in the practice of medicine during the past twenty-five years. The object of this paper is to estimate, to a certain extent, the causes which have produced these changes and the new conditions which have arisen as a result and, further, to indicate insofar as may be practicable other changes that will undoubtedly come within the next decade or two

The most striking difference between the practice of medicine today and the practice of medicine two or three decades ago is the enormous increase in the amount of medical knowledge which may be applied for the diagnosis and treatment of diseased conditions and further to detect minor abnormalities in the human body

General medical practice of thirty or forty years ago was carried on in an office which had for its equipment a medicine cabinet, a sofa or an examining table and a table which could be used as a laboratory. The technical equipment consisted of a thermometer, a stethoscope, a prescription pad and a sufficient amount of chemicals to determine the presence of albumin and sugar in the urine. A few advanced practitioners had a microscope and at the close of the century a few more were able to examine a specimen of blood to determine the leucocyte count and the presence of malarial parasites

The medical practitioner of today must have a far larger armamentarium than this and its complement is so familiar that it is unnecessary to mention it further than to recall that medicine cannot be practiced today without the assistance of a nurse at times, without well equipped offices and without making use of special technical methods of diagnosis, primarily in the clinical and x-ray laboratories

SPECIALISM IN MEDICINE

Fifty years ago specialism in medicine was in its infancy and it is significant to note in any medical school prospectus of that period, that although courses were given in the medical schools in special subjects, in the main these special courses were given by general practitioners

In one of our most prominent schools in New York State at that time physiology was taught by a young surgeon, anatomy by a surgeon and obstetrics by a general practitioner, which included gynecology Diseases of the skin were taught by a general practitioner as also were children's diseases, operative surgery, minor surgery, physical examination of the eye, otology, laryngoscopy and rhinoscopy were all special optional courses for which extra fees were charged

A few general practitioners and a few surgeons had developed a special interest and displayed an unusual aptitude in certain fields but they were in no sense specialists as we now understand the term. It was the rule for every physician to be a general practitioner first and to become a surgeon later, and not so uncommon for the surgeon or the general practitioner to devote a part of his time to some specialty.

About twenty-five years later it was not unusual for a physician to take up a specialty immediately after graduation. After special work in a particular field this physician became well qualified in a definite branch of medicine, but had to rely on the opinion of his colleagues in other fields on many occasions

At the present time, however, it is quite common for physicians to go into a specialty immediately after graduation and before there has been any opportunity to acquire experience in general practice. Weiskotten has made a survey of 1379 graduates of 1915 and found that in 1924 only 22% of them were engaged in general practice, that 678 of the graduates of that year expected to be specialists and that

^{*}Read at the Annual Meeting of the Medical Society of the State of New York at Albany N Y *May 23 1928 The nuthor of this paper is intimately associated with a number of medical societies and voluntary associations but he wishes it clearly understood that he alone is responsible for the ideas statements and suggestions contained in this paper

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and sufficient time to enable him to equip himself and means to equip his office in a satisfactory manner and to employ assistants is in the position analagous to the large farmer While the individual who has not been able to continue his post graduate studies and is forced to gain a living from the outset of his career soon finds himself in a rut unable to satisfactorily equip his office, with insufficient means to employ assistants, sees with jealous eyes his successful colleagues driving around in their high powered automobiles, and he naturally feels the economic pressure and also cries for relief

During the past twenty-five years there has been a most astonishing change in the manner of living in this country, luxuries have become necessities and as each new luxury becomes a necessity the cost of this necessity becomes a tax on all the people by an increase in the cost of living. The high cost of living is due to

the cost of high living

This increase in cost and in standard has influenced our habits of eating, dressing and general living, causing a larger expenditure than necessary. Naturally the physician, to keep up with the Joneses, has been affected and his desire to advance his economic level is only to be expected. He has learned of the earnings made by lawyers, engineers and chemists, to say nothing of the earnings of men busy in the financial and industrial world.

Should not the physician keep up too? Efficiency costs him a pretty penny and although costs of maintenance may be charged off on the income tax yet the money must be spent to keep a proper office and play the role of the modern practitioner

It is not surprising then to find that a considerable number of our profession become activated with the acquisitive instinct and charge not only all the traffic can bear, but a good deal more A few authentic and fully substantiated cases will suffice

To determine whether or not the	
tonsils should be enucleated	
Consultations	740
To removing mole in lip large	
enough to count 3 hairs	1175
To inguinal hernia operation	2000
Charges beyond capacity to pay	
To removal of appendix	
20% of annual salary of clerk	350
To treatment in Sanatorium, \$200 a	-
week, for 6 months	5200
50% of salary	
Only thing that will cure her	

The more successful and prominent the surgeon or specialist, the more likely that he will charge a working woman supporting herself, little or-nothing

To removal of appendix	0
Salary \$2700 To removal of appendix	0
Salary \$1800	
Each by a well-known surgeon	

THE INDIVIDUAL AND THE COMMUNITY SPIRIT

From the earliest history of medical education it has been the practice to train the physician as an individual His work in the medical school and as a hospital interne, or at work in a dispensary is essentially individualistic When the physician begins to practice, the relations between him and his patient are essentially individualistic and secret and it is only natural that his outlook on life should very generally be that of an individualist has an ample opportunity to study human nature and frequently is one of the wisest of men in this important field of human knowl-He has also been schooled in the idea that medicine is a dignified and noble profession and that it is far removed from business and that business principles are not applied to the practice of medicine

Fifty years ago the great majority of our college students were being prepared for the law, medicine or theology. It was a matter of common knowledge that the doctor, lawyer or minister in the community, were the only educated members thereof and they were looked up to as the chief advisers in all cultural and political matters, and truly enough, their knowledge was above that of their fellows

After the opening of the Fall term of our universities and colleges in 1927 it was found that there were 437,000 students enrolled, which means that over 100,000 students are graduating from our colleges and universities annually, 5,000 of whom graduate in medicine. In other words, there are twenty times as many graduates from colleges and universities annually as there are physicians, and the physician is not alone in his glory any more as the arbiter of all things and as eminent relatively in the community as he was fifty years ago

The physician whose capital is backed with brains and the capacity for work, plans his method of ladder climbing while in the medical school. He seeks an internship of at least two years' duration and continues his work in dispensary, laboratory or teaching positions, and by the time he is thirty-five he has an excellent reputation, a hospital position and little practice, but he is well up the ladder and patients, positions and honors come to him rapidly and the last half of his climb to fame is often but a sudden leap

Those graduates who cannot afford this slow process or those whose brains are not farsighted enough immediately enter practice and in five or ten years may have a large practice, 741 of the 1920 graduates expected to limit themselves to a specialty

In addition to the practice of specialties, there are an increasing number of physicians who are being employed on full-time salaried positions and Weiskotten noted that many of the graduates of the schools selected in 1915 and 1920, amounting to 2,905 graduates, 18% were employed on a salary basis and 2% more on part-time salaries

One sometimes gains the impression in some of our larger cities that in the wealthier section of society the general practitioner no longer exists and the sentiment has been expressed on more than one occasion that there are fifty-seven different varieties of specialists to diagnose and treat fifty-seven different varieties of diseases and lesions but no physician

to take care of the patient

This is in marked contra-distinction to the situation which exists in Britain and Watson² has stated that in the city of Edinburgh with a population of 500,000 and an additional half million people within a fifty mile radius there is only one pediatrician, six physicians who confine their practice to ear, nose and throat, and three to dermatology, one to venereal disease, six to ophthalmology and eight or ten more to obstetrics and gynecology—about thirty specialists among four hundred physicians

One must not overlook the fact, however, that many a physician may become a very skilled specialist while the time and mental energy required to keep up with new information in regard to a large number of diseased conditions is somewhat beyond him. The value of these competent specialists is that it is possible for them to diagnose and treat many conditions successfully which are beyond the ken of the average practitioner and it is believed that the standard of practice has been very largely improved as a result of specialization

This specialization or really over-specialization also has its defects. The specialist occasionally overlooks an underlying general condition due to his lack of knowledge of diseased conditions affecting parts of the body outside of his specialty. This may produce results

which are disastrous for the patient

The patient also complains of the fact that he must go to four or five different specialists at considerable expense not only in money but in time

On the other hand, the general practitioner complains because his patient does not consult him for trivial or grave disorders when a special part of his anatomy is affected, but goes directly to the specialist. It is not uncommon to find a patient who has visited during the year the ophthalmologist, the otologist, the laryngologist, the urologist, the gynecologist,

the dermatologist and even other specialists without having once consulted the family

physician,

Further, there are many minor conditions that can be readily diagnosed and treated by the general practitioner who is ready and will ing to do so for his own modest fee, but the patient goes directly to the specialist and is perhaps diagnosed and treated no more skillfully but pays a fee perhaps five times as large.

When the necessity arises for consultation or for operation, the family physician is frequently on the scene first but when the patient is referred to the specialist the private practitioner only too often fades out of the picture

The specialist has proven that on account of his special and limited knowledge he can command higher prices, can earn a larger amount of money than the general practitioner but very commonly his services are of no more value than are those of the general practitioner and his knowledge less broad and the general practitioner naturally becomes, consciously or subconsciously jealous of his more successful colleague and in order to maintain his standard of living, he is tempted to find some method of making immoral and unethical practices both moral and ethical

Over-specialization, no doubt, fias played the largest part in the development of the serious evil of the division of fees. Medical societies have voted that the division or splitting of a fee is unethical and it is because the patient is being surreptitiously charged for services not billed for and apparently not rendered

HIGH COST OF LIVING AND COMMERCIALISM

There is a certain analogy between the situation of the farmer and the general practi-For generations, both the farmer and the practitioner were either contented with or forced to accept long hours of work with little recompense beyond earning a sufficient amount to support the family with little if anything left over for savings. It would seem as if both groups had been affected by the apparent ease with which many thousands of people have become wealthy and the farmers now feel that it is essential that they should not only earn a living from their work but also become rich The large farmer with his thousands of acres, his modern machinery and efficient methods of operation and adequate capital to enable him to sell at the proper period of the year, is able to acquire considerable wealth small farmer with a few score acres is unable to purchase modern machinery or goes into debt for more machinery than his acres permit and soon finds himself saddled with debt and forced to sell upon any terms and naturally cries for farm relief

The physician who has capital behind him

sue and had to prove negligence on the part of the employers who frequently suffered far larger financial loss than they now do by distributing the loan and by insuring themselves nesses due to industry

The ideas underlying the Workmen's Compensation Acts also stimulated the organization of Labor Departments with legislation requiring the installation of protective devices and the inauguration of preventive measures which have diminished to a considerable extent the number of accidents, injuries and illnesses due to industry

There are several features in our laws which are not wholly satisfactory, primarily because the employer insures with a company to protect him against loss and the insurance companies or carrier is able to furnish medical care and compel the employee to accept treatment from the insurance company's physician

The operation of the Workmen's Compensation Laws and the Labor laws has performed a most useful purpose in diminishing bodily injury, ill health and financial loss. They have also been of influence in teaching employers of labor that wholesale methods of medical care reduce the total medical costs and have played their part in an attempt to reduce the economic cost of disease.

INDUSTRIAL MEDICINE

Large employers of labor have learned during the last generation that a rapid labor turnover is expensive and as a result of inquiries have found frequently that employees accepted without discrimination as to physique add to the labor turnover It was not long before industries began to employ physicians to establish a medical service which varies from a first aid service in the factory to a more complete system of physical examinations of each new applicant for employment made by the company's physicians, rarely to reject but to classify applicants for particular types of work In some instances, industry sends applicants with physical defects to a hospital for treatment and subsequent employment

In case of accidental injuries or illness, industrial medical departments make complete special examinations, provide for treatment at the company's expense, organize meetings for discussing "Safety First in Factories," and supervise methods of work in order to reduce the amount of illness and accident

The maintenance of measures of this type has reduced the insurance rates against accident, reduced the labor turnover and has saved a large amount of money for the industries concerned. Further, it has reduced the amount of time lost to the industry, but what is more important from a social point of view has rela-

tively increased the individual earnings of the workers

Physicians should appreciate that industry recognizes the value of what might be termed wholesale medical service and that this service is rapidly expanding. In the report of the National Industrial Conference Board for 1926, some figures are given which show the enormous extent of this service. Of 499 industrial establishments reporting, employing 1,116,000 employees there were 265 full-time physicians, 355 part-time, 769 physicians on call, 13 full-time dentists and 78 part-time dentists, 845 nurses, 254 technical assistants, and 360 clerks

Four hundred and sixty-one establishments reported on the work done, that among 995,000 employees, 1,596,000 injuries were treated, 3,380,000 dressings were done, 1,789,000 medical cases treated, and 631,000 physical examinations were made. The cost of this service is quite remarkable. Ninety-nine establishments employing 495,000 persons pay an average of \$2 50 per employee per annum. These costs vary from \$1 84 per capita per annum in the tobacco industry, to \$24 40 per capita per annum in one of the mining industries.

The report further states that there are something over 9,000,000 employees in these various industries reporting to the National Industrial Conference Board

Medical societies have objected to industrial medicine because the employee has no freedom of choice in regard to the company's physicians, but the employee can select his own physician for care not given by the company Here again, the total amount of disease and injury is diminished and a larger amount of work is performed by full-time physicians than would be possible by physicians engaged in ordinary practice, and the economic cost of disease is diminished

HEALTH DEPARTMENTS

The functions of the health departments originally dealt primarily with individuals whose physical condition might affect the health of others This primary function is well understood insofar as it applies to quarantine and isolation Compulsory vaccination against smallpox has been generally accepted by organized medicine and it is very commonly given free for those who cannot pay and on some occasions given compulsorily to everyone within sight whether he can afford to pay or not A more recent procedure, the administration of toxin-anti-toxin to protect the individual, has been administered by some health departments free, which has received the opposition of the medical profession

In more recent years, the functions of health departments have largely expanded in efforts which protect the individual against condi-

yielding a satisfactory income which comes from limited fees

The former finds himself secure economically and professionally and the latter, though with limited income, is respected by his friends and patients even though he has no hospital,

laboratory or teaching position

It is found that many in this latter group of physicians worry a great deal about their position, they feel the economic pressure, or they fear it and many of them violate the tenth commandment daily. It is largely in this group that are found those who oppose health department activities, lay health organizations, demonstrations, Life Extension Institutes, Pay and Free Clinics, and those who want the open hospital—while the first group, economically secure, take but little interest in these questions. It is believed that the basis of the opposition is threefold

- 1 Loss of income
- 2 Loss of prestige
- 3 Fear of State medicine

It has been sufficiently demonstrated that increased medical knowledge, specialization and commercialism have largely increased the cost of medical care. Nearly all of the newer activities in the hospital, dispensary and health fields have been inspired by a desire either to reduce the cost of medical care or to extend adequate medical service, either preventive or curative, to a larger number of the population than ordinarily receive it

HOSPITALS AND DISPENSARIES

A brief reference to some of the procedures undertaken will be of value in appreciating what has taken place in the last twenty-five In the first place, there has been a marked increase of institutional practice Davis⁸ has recently published figures showing the enormous increase of hospital practice 1873 there were 149 hospitals and allied institutions in the United States and in 1924 there were 6.762 In 1873 there were but 35,000 available beds while in 1924 there were 770,000 The increase in out-patient service has been even larger In 1900 there were only 150 clinics in the United States while in 1925 there were over 5000 Davis further estimates that about 17% of the total working time of physicians is engaged in hospital and institutional work, not including laboratory workers or hos-The hospital and out-patient pital internes departments are supported either by government or private agencies but in most instances the suggestion for the organization of a hospital or out-patient department or clinic has come from the physician The physician finds it greatly to his advantage to belong to a hospital because it makes it possible for him to

see a larger number of patients in a smaller amount of time, it furnishes him with an opportunity of adding daily to his medical knowledge and gives him an additional prestige among his colleagues

The well organized hospital and out-patient department have at their disposal various specialists which make it possible to conserve the time of a patient which is particularly important for those individuals who lose their pay while absent from work. It may be truly said that both the hospital and out-patient department when properly organized save time for both physician and patient and are indirectly efforts on the part of society to diminish the cost of medical care.

There is uniform agreement that a hospital service is of the greatest value to the physician The physician who devotes time and interest to his hospital service daily, increases his mental capital and the experience thus gained is of the greatest value to him in private practice When once such an opportunity has been obtained by a physician, he rarely relinquishes it until he is required to by a regulation which specifies the age at which the medical staff should retire or on account of his own physical incapacity or because he has obtained another appointment which he believes to be of more Physicians recognize the importance of hospital work and it is strange that occasion ally hospital physicians tell their patients of the amount of time and service that they devote in caring for the poor in hospitals and dispensaries and that for this reason they must charge more for their services seems to be somewhat outside the mark public has no quarrel with the physician for making a charge even though it seems very high provided the patient understands in advance what the charge may be and the patient is usually willing to pay for services rendered whether the physician be attached to a hospital or not There may be a great amount of soul satisfaction on the part of the physician who serves a hospital but they should more frankly appreciate that although they render service to the poor, the hospital is also rendering service to them

Workmen's Compensation

It is now well appreciated in this country that workmen's compensation is here to stay and it is recognized that ill health, accidents, injuries and death are frequently the result of industry and that the particular industry in which an individual is engaged should bear the cost of the workman's financial loss. Compensation is awarded for injuries, illness and death in New York State. Prior to the enactment of the Workmen's Compensation act in 1913, the employee was frequently forced to

feeding the offices of physicians with patients who would not ordinarily go to their family physician On the other hand the supposition arises as to whether physicians employed by the Life Extension Institute are not also subject to the same human temptation as are physicians in out-patient clinics and may endeavor to persuade the clients of the Institute to come to their offices for advice and treatment

Here again is an example of a private organization attempting to persuade individuals who are not in the habit of having a physical examination to have one and to see that if needed the patient is placed under proper care and is increasing the total amount of medical practice

PAY CLINICS

In New York City one pay clinic has been successful to the extent that after two years of a deficit it has been able to complete its third year with a surplus over and above its cost of maintenance The report for the year ending 1927 shows that thirty odd thousand patients made 133,108 visits to the clinic at a total cost of \$305,000 The patients paid \$150 per visit and additional sums for special services, the average cost being \$229, the physician paid on a salary basis, received on an average of \$74 per patient per visit

The clinic has therefore demonstrated that it is possible for a minimum fee to provide patients with all special types of examinations and to practice medicine by the group method at this low cost Naturally this is resented by the average general practitioner who cannot furnish the necessary diagnostic test or his own professional advice for any such amount

of money

This brings up a difference of opinion between the individualism of the physician and the collectivism of the group clinic. In the group clinic by proper division of labor and the employment of a considerable staff of clerks and nurses it is possible to reduce the amount of time given by any one physician to any one patient, and proves the well-known economic law that proper division of labor diminishes cost and increases production

STATE MEDICINE

Just exactly what state medicine is has never been satisfactorily defined The report of the Committee on Education of the Toledo Academy of Medicine⁵ defines it as follows Medicine may be defined as referring to the extension of governmental activity in the health field, by creating compulsory health insurance or free and pay clinics or distributing physicians, or seeking complete control of medical practice as a public utility"

On the other hand, State Medicine might be

defined as the practice of medicine under the

supervision, control and pay of the State is generally acknowledged that the State, which in this sense includes local authorities has expanded in many ways which affect the practice of medicine and that these activities may be termed by some "State Medicine"

If the Toledo definition be an accurate one, the existence of a State Health Department is State Medicine, the operation of a traveling free clinic for the diagnosis of tuberculosis under the direction of a health department is State Medicine It does not seem possible, however, to conceive of a free or pay clinic operated by a voluntary agency in accordance with the present laws for medical practice as State Medicine

A proposal in the legislature of this State. some ten years ago, which would have authorized counties to establish general hospitals in which every physician in the county would be permitted to send his patients and care for them was opposed by medical societies as State Medicine

DEMONSTRATIONS

Health demonstrations have also been defined as State Medicine and a number have been carried on in this country during the past eight years, nearly every one of which has received a good deal of criticism from the medical profession, primarily from the county society of the county in which the demonstra-tion was at work. These criticisms are numerous and are caused by the fact that there is a marked increase in the amount of health and medical work in the community part of which is carried on by the regularly constituted authorities, part by the medical profession and at times part by the demonstration officials themselves

In each of the demonstrations there has been an underlying principle that if it were effective it would result in increased appropriations made by the local authorities for the purpose of extending health work. If for example, at the beginning of the demonstration, it were known that the milk and water supplies were not safe-guarded, that there was no machinery for the control of tuberculosis, that there were few, if any, health activities except the quarantine of contagious diseases and the abatement of nuisances, and that the demonstration had brought about the creation of official machinery which had corrected the insufficiencies, and that all the work carried on was performed by the regularly constituted public health authorities there would still be criticism on the part of the medical profession These criticisms are the following

State Medicine By some members of the medical profession any extension of publie health activity, school hygiene or the estions which may affect himself and not directly the health of others in the community. In these efforts, the work of health departments has usually been limited to diagnosis and advice and not the giving of medical treatment

Another extremely important activity which has been carried on by health departments in some places, and in many others by departments of education is the physical examination of school children Physical examinations of school children reveal the presence of an enormous amount of needed medical care During the school year 1926-27, there were 796,000 children registered as pupils in the state outside of New York City Of these, 616,000 were examined and 580,000, or 77% revealed physical defects 274,000, or 47% were placed under treatment The figures in New York City are quite comparable In one of the more recently published reports of the New York City Health Department for the year 1925 in the table of defects shown, it is noted that there are 54,000 cases detected with tonsillar defects, tonsil defects eradicated—25,000, by medical, 6,000, by surgical, 11,000, and by other measures, 456 One wonders what has become of the other 8,000 whose defects are reported as terminated

The physical examination of school children shows very clearly another fact, that only one-half of the children are treated and treatment is only frequently obtained by repeated efforts of school nurses and school physicians and teachers and it is commonly found that the parents are unwilling to have their children treated unless the treatment can be obtained free. The most important fact however, is that one-half of the children who are found to have defects are never placed under treatment.

The functions of the modern health department demonstrate that here again society is endeavoring to see that individuals are given better medical treatment and that more of them are given the opportunity to secure medical care and the intense interest as shown by health departments and voluntary agencies is such that their employees do not always display the necessary discrimination in ascertaining the financial status of the individuals whom they advise to have treatment

There is no question but that health department activities have to a considerable extent increased the total amount of medical practice. In our larger cities it is quite likely that the bulk of this practice has been cared for in hospital and dispensary but in the small cities and rural districts, the physical examination of school children has undoubtedly contributed enormously to medical practice in these areas. More than one specialist in laryngology has stated that the physical examination of school children revealing abnormal tonsil or pharyn-

geal conditions made the practice of their specialty financially successful

LIFE EXTENSION INSTITUTE

The idea underlying the Life Extension Institute is entirely sound in that the Institute desires to give a complete health examination to adults to make a report of findings and to refer the individual to his physician. Life Insurance companies refer their policy holders to the Life Extension Institute and find that patients who have been examined by the Life Extension Institute and placed under treatment by their own physicians, have a lower mortality than those who do not have a regular examination

There are two objections made to the Life Extension Institute—first, that it advertises, and second, that as a corporation, it is engaged in the practice of medicine By advertising, the Life Extension Institute undoubtedly conveys to the public that it offers something to individuals which they could not ordinarily obtain from their family physicians not true in many instances but there are physicians, not only the specialists, but others in general practice of medicine, whose offices are not equipped for making a complete examination, and in order to obtain the frequently needed laboratory tests and examinations a larger amount of time and money must be expended by the patient to complete his examination

The Life Extension Institute renders a written report to the individual examined, who is supposed to take this report to his family physician The patient may read in the report that there are lesions in the lung, that there is a murmur in the heart, that casts are in the urine and a variety of other abnormalities or conditions, the knowledge of which may seriously affect his psychological condition When the individual takes this report to his family physician, his family physician may have a different opinion from that recorded by the ex-This may amining physician at the Institute produce a lack of confidence in the mind of the patient In order to restore the patient's confidence and to re-establish his psychological equilibrium it may be necessary for the patient to make several visits to his family physician or even necessitate a consultation in order to assuage his feelings

Insofar as the Life Extension Institute may interfere with the practice of medicine this does not seem to be tenable for the advertising of the Institute undoubtedly persuades large numbers of individuals to seek examination at the Institute who would not go to their family physicians, to whom they are subsequently referred, for advice and treatment The Institute is therefore to a certain extent

voluntary agency, industry, hospital or clinic Statements are made that salaried physicians are incompetent, neglectful and give inadequate care to their patients and because they are paid salaries No, men in business, in government, in the practice of medicine, may lack character and commit the same errors and succumb to the same temptations, but let us remember that salaried physicians are members of our great profession

It is obvious, however, that physicians who are on a salary usually have their office equipment provided for them, are not required to pay their own overhead costs and with salaries commensurate with their capabilities and positions which they hold, they are satisfied to ac-

cept full-time positions

The impression has been gained that although organized medicine is in opposition to many of the projects launched which interfere to some extent with medical practice and diminish the economic cost, yet it forgets that these projects furnish employment for physicians at salaries which are satisfactory to them The criticism has been specifically made against a pay clinic because the physician received the mere pittance of \$75 per patient It is forgotten, however, that the physician receives from four to seven dollars per afternoon clinic session and his economic situation when serving the clinic three times a week for from 700-1000 annually is better than that of his colleague who works in another clinic for the same amount of time for nothing

In other words, many of these projects which seem to be opposed or criticized by organized medicine provide for the economic security of a considerable number of other physicians and the total number of salaried physicians occu pied in these various activities is steadily in-

SUMMARY

During the past twenty-five years there has been an enormous increase in medical knowledge which is made use of to a great extent for the diagnosis and treatment of disease

There has been an enormous increase in the number of specialists because a limited field of knowledge is relatively easier and specialists are able to charge a higher fee than the general practitioner for similar services

Many physicians have acquired the acquisitive instinct and the commercial spirit has invaded the medical profession to a certain extent The acquisitive instinct and the large increase in the number of specialists has resulted in mounting costs for medical care and a large increase in expenditure of time by patients

Official and voluntary agencies have endeavored successfully to extend the practice of preventive medicine and frequently have carried on activities which provided diagnosis and advice in this field. This practice of preventive medicine has largely increased the practice of curative medicine Efforts have been made by other agencies to diminish the cost of medical care, primarily by industry, hospitals and pay clinics

Organized medicine is usually hostile to any new project which endeavors to promote an increase in the practice of preventive and curative medicine Grganized medicine is very commonly opposed to any activity which competes with the practice of medicine or tends to reduce the economic cost of disease Organized medicine opposes lay organizations and health departments on the ground that they are carrying on State Medicine and it has an ill

defined fear of State Medicine

Many of the activities carried on by official and voluntary agencies create fear in the minds of many leaders in organized medicine of a loss of economic security to many members of the profession Many physicians maintain a laissez-faire policy and do not see any necessity for the State, society or voluntary agencies to promote the practice of preventive or curative medicine Many new projects are already launched before they come to the attention of organized medicine and organized medicine finds itself in opposition

What of the Future?

As medical service saves money to industry, the number of physicians employed on fulltime salaries will increase in this field

As hospital and dispensary work conserves the time of the physician and the patient, the number of physicians employed in these institutions will increase In rural counties, hospitals will be constructed and will be managed as open hospitals

As physicians learn that group practice conserves their time and permits them to see a larger number of patients daily, they will form

group practices to a larger extent

As pay clinics are group practice and diminish cost, they will increase in number even though they may compete with private prac-

In our larger cities, the number of individualistic general practitioners will diminish in number

An increasing number of efforts will be made to extend medical care to those who do not now get it and more adequate medical care to those whose care is now insufficient

These efforts will be made by official and

voluntary agencies

Who will give this medical care, under what auspices, how it will be financed and how payments will be made may prove to be one of the most vexatious problems to confront us during the next decade

tablishment of any clinic whether for diagnosis or treatment, is "State Medicine"

2 Competitive Advertising For a period of twenty years a number of health associations in this country with the approval of the local county societies and sometimes without it, have established clinics for the indigent poor and after a period of successful operations have recommended that the clinic be maintained at public expense. In order to transfer the maintenance of this clinic to the public agency within a reasonable length of time a considerable amount of propaganda work is neces-This advertising of the clinic or propaganda is carried on in the press, at public meetings, at the meetings of private agencies and also, in a quiet way by the nurses employed by the clinic The efforts to bring about the transfer of the clinic to public authorities have almost always been successful

The advertising of the clinic, however, makes many physicians feel that the clinic is competing with the private practitioner, that patients accepted at the clinic are not always indigents and that this is unfair competition with the physician who is unable to advertise

3 Loss of Prestige The activities carried on in demonstrations have the entire approval of the medical profession but they may be new to the locality and as they have been inaugurated frequently as the result of the activities of a lay organization there may be a feeling in the minds of the local physicians that this is something that they should have done had they thought of it first. The physicians also feel that the advertising and propaganda and the mere extension of the clinic or other activity offers some service which can not be rendered by the private physician

4 Effect on the Physician Generally In a number of these demonstrations experts have been employed who have been imported into the locality which may cause some jealousy on the part of the local physicians, patients are examined and diagnosed and referred to their family physicians and it not infrequently happens that the full-time paid expert gives a more chorough and careful examination than the average family physician Whether such thorough examination is necessary or not, it undoubtedly produces an effect on the patient which makes him draw invidious comparisons between the imported expert and his own physician

All of these things may appear to be harmful to the medical profession and may make it feel that its prestige has suffered in the eyes of the public, yet in each demonstration area it is believed that the demonstration has brought about a marked improvement in public health work and a diminution in morbidity and mortality and an improvement in the

standard of practice, and what is more important, a demand on the part of the patients for more careful examination, and a higher standard of medical care. This influence on the standard of the practice of medicine may be denied by members of the profession who have been in the demonstration areas, yet it is believed to be a fact.

A number of criticisms have been made of all the various activities which have been promoted by official and voluntary agencies which have been promoted for the purpose of reducing the cost of medical care or extending medical practice, on the ground that it was paternalism It has been stated that if free medical care is given why not free rent, free clothes and free food and the authors of these statements have failed to recognize a very important difference between medical care and the obvious necessities of life There is no doubt that there are today hundreds of thousands of individuals in New York State who do not receive any medical care or only casual medical care on rare occasions. If the situation were reversed and medical care were a daily essential to existence and clothing and food only absolutely essential perhaps once in a life-time or at birth and death, societies would be organized to provide those most helpful and useful commodities free or at reduced cost

Leaders in the medical profession have expressed the feeling that any medical activity which does not assure the economic position of the physician is fundamentally unsound, and that the economic security of the medical profession is essential to any health program These ideas may be sound from the point of view of medical economics but they do not Government express sound economic theory has interfered with business and notwithstanding the Constitution of the United States, which specifies that property shall not be confiscated, laws and regulations have brought about the loss of money or complete failure to various financial projects which were not The idea that the only useful but harmless medical profession must have its economic security maintained seems to be the expression of a conviction that the monopoly of individual medical care must be maintained and that society must not compete with the general practitioner

The medical profession resents competition and it is quite obvious that health departments, pay and free clinics, hospitals and other institutions encroach upon the domain of medical practice and compete with the general practitioner

There is undoubtedly opposition on the part of organized medicine to the salaried physician whether he be employed by health department, theloid changes, and the underlying blood vessels are markedly congested. This advance in the evolution of the corpus luteum is designated as the state of proliferation (Fig. 3)

The proliferative state is followed by the one of vascularization (Fig 4) The structural

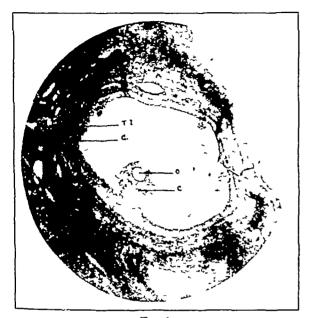


Fig 1
Maturing follicle Ozule (O), Cumulus (C), Theca
Interna (TI) Granulosa (G)

characteristics of this phase are a pronounced vascularity of the theca interna, from which

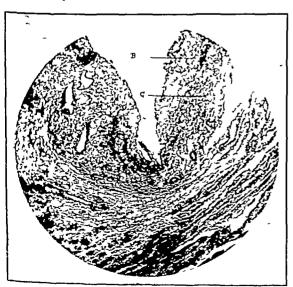


Fig. 2

Corpus hemorrhagicum—The interior of the follicular cavity is lined with a layer of free blood (B) and fibrin, under which is the hypertrophied layer of granulosa cells (G) beginning to form into lutein cells

numerous delicate capillaries extend into the greatly hypertrophied granulosa, which by

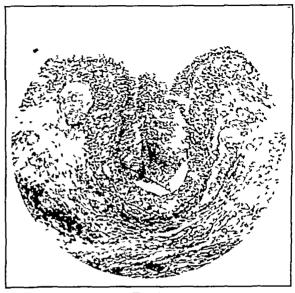


Fig 3

Corpus luteum in state of proliferation Hyperplasia of granulosa (G), epitheloid transformation of theca interna (T.I.) cells, and congestion of the capillaries (C)

this time is thrown into many folds. The granulosa cells have by this time also taken on a distinct epitheloid or lutein appearance. The

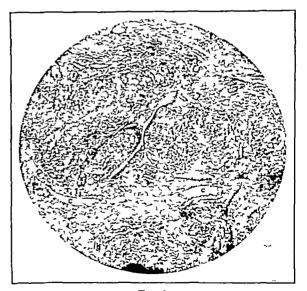


Fig 4

Corpus luteum-state of Vascularization The capillaries
(C) in the theca interna (TI) are engarged The lutein cells (LC) are arranged into lobules, separated from each other by connective tissues septa (CTS) extending inward from the theca layer

cell bodies are larger, lighter in color, and of a yellowish tint, due to a deposit of lipoids,

As the number of medical students is limited and as medical care increases, there will be a shortage of physicians in this state within the next fifteen years

As specialism has brought in its train a number of difficulties, the legislature will provide standards of admission to special practice

As the value of preventive medicine is appreciated by life insurance companies, industry and the public, it will be promoted and practiced more extensively by the medical profession

As soon as society appreciates more generally the importance of extending medical care and the possibility of diminishing its cost, the organized medical bodies will be consulted more and more when new projects are considered

"If Medicine is to remain worthy of her divine origin, she must flash the light from the car of Phoebus cine must anticipate, inspire, and guide policy, and not rest content merely to carry out instructions im-

posed on her Her chartered institutions, Colleges, Faculties, this powerful Association, and other collective groups must not limit themselves as they commonly do to criticisms of proposals which reach them from without, and to grumbling at the terms of statute and regulation to which they are asked to conform They must envisage and mould the developments of the future"

SIR ROBERT PHILIP, Presidential Address, B M A, 1927

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OOPHOROGENIC AND PSYCHOGENIC UTERINE BLEEDING*

By M R ROBINSON, MD, FACS, NEW YORK, N Y

ROM time to time we resort to hysterectomies in order to stop troublesome uterine bleeding, after having performed many The recent advances made useless curetages in the histopathology of ovulation and menstruation, in endocrinology, in neuro-anatomy and neuro-physiology, have taught us, that many types of uterine bleeding could be controlled or obviated by far less drastic measures, than those applied hitherto, if we understood their true cause There are many types of uterine bleeding the etiology of which is to be sought in functional and organic disturbances of the ovary, and in abnormal psychic reactions, and not in the uterus, the latter acting only as a medium through which these disorders find an outward expression

The approach to the study of the pathogenesis of oophorogenic and psychogenic uterine bleeding requires an orientation in the following branches of knowledge (a) the structural changes occurring in the ovary and in the uterus during the ovulating cycle, (b) the location and the nature of the stimulus that calls forth these structural changes, (c) the manner and method of its distribution, and (d) the nervous mechanism of the generative sphere and its relationship to the higher nerve centers

The Histopathology of Ovulation and

*Read at the Annual Meeting of the Medical Society of the State of New York at Niagara Falls, N Y, May 10 1927

Every month during the pro-Menstruation creative life of the woman, one of the many graafian follicles competing for a complete ovulation, succeeds in accomplishing this goal Such follicle (Fig 1) becomes larger than its competitors, by virtue of its growing cumulus and ovule, and by virtue of its increasing liquor folliculi These dimensional gains force the follicle nearer and closer to the surface of the ovary, and as the intrafollicular tension increases it stretches the follicular wall to its outmost capacity, which in due time gives way together with the overlying ovarian tissue The liquor folliculi is spilled into the peritoneal cavity as well as the ovule, which is carried along by the intraperitoneal peristaltic waves to the fimbriated end of the tube, where it awaits impregnation

The rupture of the follicle is associated with the tearing of some fine blood vessels, the blood escaping from them finds its way into the follicular cavity, spreads itself upon the membrana granulosa as a thin layer, and thus constitutes the corpus luteum hemorrhagicum (Fig 2)

From now on the hyperplastic and proliferative changes in the corpus luteum formation proceed with increased intensity, presenting the following successive morphologic states membrana granulosa becomes folded due to the increased proliferation of its cells cells in the theca interna show definite epilogic changes, which bear-a timely relationship to those occurring in the generative gland. The first morphologic change noted in the en-

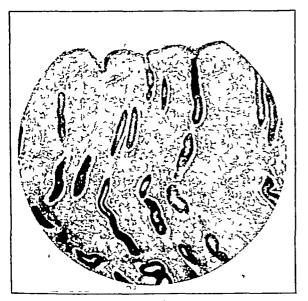


Fig 8

Uterme mucosa-begining of the Interval The glands still retain a straight outline, narrow lumina fairly high columnar epithelium, moderate interglandular secretion, and a proponderating amount of interglandular stroma, rich in lymphocytes

dometrium is its transition from the resting state to that of the beginning of the interval (Fig 8) This phase is denoted by the straight outline of the glands, the narrowness of their

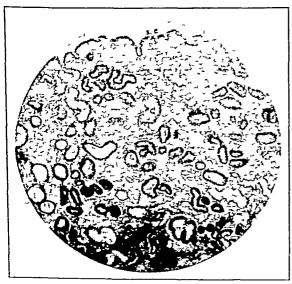


Fig 9

l terme mucosa at the end of the Interval Surface epithelium (S.E.) intact, stroma (STR.) of looser consistency edematous and its cells show a rounded outline, the glands (G) are more tortuous, their lumina wider, and actively secreting

lumina, the moderate secretion, and the predom nance of the strom togenous element From the beginning of the interval the endometrium passes to the end of this phase (Fig 9), characterized by an increase in the tortuosity of the glands, in the height of the columnar ep thelium, in the amount of secretion, and a looser consistency of the stroma, whose cells assome a more oval instead of a spindle shape

The next change in the endometrium is that of the premenstrual or pregravid state (Fig 10) which presents the following change. The surface epithelim is intact, the columnar cells high and covered with cilia, the cell bodies enlarged. The uterine glands very irregular in outline, with paillary formations as a result of the increased hyperplasia of the lining epithelium, and an increased secretory activity. The closer the time interval approaches the



Fig 10

Uterme mucosa-Pregravid or Premenstraul phase Stroma (Str.) cells show a more advanced epitheloid formation, the endomentrial glands (G) still greater torthosity and more excessive secretion. The surface epithelium (S.E.) is still retained

premenstrual or prenidation state the more pronounced are the changes in the parenchyma and in the stroma

If the ovum has imbedded itself in the uterine mucosa (Fig. 11), then the endometrium undergoes still further changes. It becomes differentiated into two distinct layers, an upper denser layer, consisting mainly of decidual cells and an abundance of fine blood vessels, known as the compacta, and a lower softer layer, the spongiosa, which is made up of corkscrew like glands, and very little interglandular stroma. The rest of the uterine walls also show an hypertrophy and hyperplasia of the mulcularist an increased vascularity, and a progressive state of atony

and the nuclei are prominent. The delicate blood vessels wind their way in and between the lutein cells in such a manner as to form an almost complete envelop for each cell. On reaching the inner border of the lutein layer these blood vessels anastomose. In the course of this vascularization process some of the blood vessels break, and free blood is found between the lutein cells, as well as in the interior of the follicle cavity, where it coagulates and forms a central plug

With the return of tension equilibrium in the congested and distended blood vessels, the corpus luteim passes from the state of vascularization into the state of flower (Fig. 5)

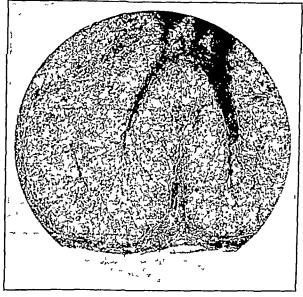


Fig 5
The corpus luteum in flower

This phase is associated with a distinct and clear outline of the greatly enlarged lutein cells, a homogenuity of the cell protoplasm, and well stained nuclei. The lobular arrangement of the corpus luteum is also more definite, and the dividing septa have a distinct connective tissue character.

If impregnation follows ovulation then the coppus luteum retains its flowering state during the first four or five months of gestation, and is then known as the corpus luteum of pregnancy (Fig 6). The characteristics of this state are, a gradual and almost imperceptible loss of the body outlines of the lutein cells, some of which also show shrinkage and hyaline degeneration, with distinct nuclei. Although the placenta assumes the function of the corpus lutering after the fourth or fifth month of pregnancy this morphologic state is retained throughout the entire period of pregnancy.

When the ovule fails to become impregnated then the corpus luteum undergoes involution

or regression (Fig. 7). Its cells lose their outline, they become vacuolated, the nuclei dis-

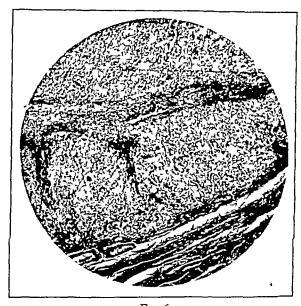
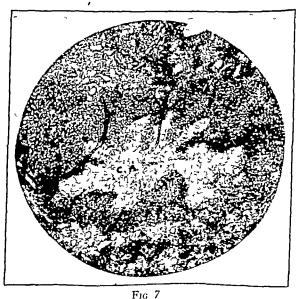


Fig 6

Corpus luteum of pregnancy, beginning hyalimisation of the lutein cells with loss of body outlines, and nuclear degeneration

appear, the connective tissue organization assumes wider proportions, and a corpus albicans is formed. This morphologic change is completed within six to seven weeks after ovulation.

While the above described structural alterations proceed within the ovary, the uterus, es-



Corpus luteum-state of regression, lutim cells (LC) show vaculation with degeneration of the nuclei, and corpus albicans (CA) formation

pecially its mucosa, also undergoes morpho-

Schroeder and others have performed similar experiments with the ovaries, and have arrived at the same conclusions The clinical verification of this truth was first demonstrated by Robert Morris of N Y in 1895 and 1906 Other American surgeons, Palmer Dudley, Frank, Franklin H Martin, S Bainbridge, and others have obtained gratifying results with ovarian transplantation Tuffier of Paris also had a very extensive gratifying experience with ovarian transplantation And while all these facts prove that the blood and lymph streams are the vehicles by means of which all the incretions are carried and distributed to the body, yet it is essential for the proper and physiologic regulation of the functions of the incretory glands, that their anatomic connections with the vegetative and cerebro spinal nerve centers remain intact For the regulation of the incretory mechanism is carried out by the autonomic nervous system, which in turn is activated by the internal secretions

3 The Innervation of the Generative Apparatus (Fig. 13) The uterus has an inde-

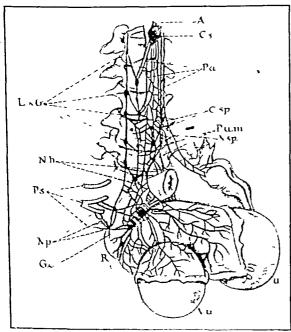


Fig. 13

The vegetative nervous system of the gento-urinary tract (After Frankenhauser—Gugisberg) Aorta (A), Solar ganglion (G.S), Aortic plexus (Pa), Lumbar sympathetic ganglia (Lg.s), Spermatic ganglia (Gsp), Plexus uterinus magnus (Pum) Spermatic nerves (Nsp), Hypogastric nerve (Nh), Sacral plexus (Ps), Pelvic nerve (Np), Cerucal ganglion (Gc), Rectum (R), Uterus (U), Urinary bladder (Vu)

pendent nervous system, made up of groups of ganglia, arranged as follows The fundal ganglia are located underneath the pertoneum covering the upper part of the uterus, the cervical

ganglia of Frankenhauser are in the posterior paravaginal tissue, the paracervical ganglia of Knupfer are in the paravaginal tissue at the level of the insertion of the vaginal walls into the cervix, and the vaginal ganglia of Dembo are in the paravaginal tissue of the anterior vaginal wall

By virtue of these innervations the uterus is capable of responding to the ovarian hormones in the form of contractions and relaxations, without the necessity of an anatomical relationship to the rest of the nervous system. This fact was verified by V. Goltz experimentally, and substantiated clinically by observations on paraplegics who conceived and went to term and delivered normally.

But in order that the uterus may also receive and send out impulses from and to nerve centers other than its own ganglia its anatomical continuity with the rest of the vegetative and cerebro-spinal nervous systems is necessary

The motor sympathetic nerves of the uterus are the hypogastrics. They arise from a common trunk in the great uterine plenus, which lies in front of the aorta opposite the body of the fifth lumbar vertebra. They descend to the right and to the left of the rectum and then to the sides of the uterus. The upper part of the uterus, the tubes and the ovaries are innervated sympathetically by the spermatic nerves.

The sensory, parasympathetic nerves of the uterus are the pelvic. They are formed from branches given of from the anterior surfaces of the second, third and fourth sacral nerves, and terminate in the cervical ganglion. The pelvic nerves also send sensory fibres to the rectum, the bladder, the vagina and the external genitalia

Through the communicating nerves the nutonomic nervous system of the generative organs is brought into relationship with the spinal nerves, and through these again with the brain centers. In this way the uterus and its adnexa may receive centrifugal motor stimuli from the cerebro-spinal and vegetative nerve centers, and in turn register centripetal sensory responses in these very centers.

Since all autonomic functions whether of an acceleratory or inhibitory nature represent the responses of the nerves to some activating force or hormone, it is essential to know what effect does the ovarian hormone have upon the vegetative nerves. Seitz and Wintz have shown that the extracts of young corpora lutea will inhibit the contractions of smooth muscle fibres in the walls of the blood vessels. A similar result was obtained by Gugisberg in the smooth muscle fibres of the uterine walls. Schickele has shown that the extracts of the corpus luteum containing ovaries, or of the

When ovulation does not culminate in impregnation, then the ovum is absorbed, the corpus luteum involutes, the uterine walls and



Fig 11

Nidation of ovum (O) in the uterine mucosa, consisting of compacta (Com) and spongiosa (Spon), the latter resting upon the muscularis (M). The ovular capsule (OC) surrounds the ovum, and at the right lower quadrant the decidua reflexa (D.R) and decidua vera (DV) are seen

its blood vessels regain their normal tonicity, rhythmic contractions set in once more, the

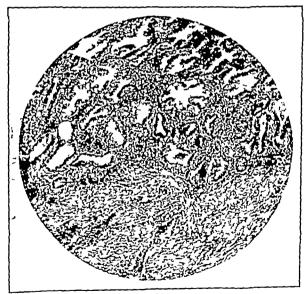


Fig 12

Menstruating nucosa, the superfucial layer of epithelium is wanting, the uterine glands in the functional layer (\$\Gamma I\$) are disintergrating their epithelium is breaking iip and is mixed with mixed and free blood, the glands in the basal layer (\$BL) retain a normal structure lying close to the muscularis

overdistended uterine glands are compressed, their mucus is forced to the surface, and as it is poured out it causes a dissolution of the superficial epithelium, by its lytic properties, and the phenomenon of menstruation (Fig 12) is witnessed. This phase is typified by a loss of the superficial epithelium, a breaking up of the functional layer of glands, most of which are cast off, excepting the fundal portions out of which the new glands regenerate, a rupture of many capillaries, and finally a discharge from the uterus of the freed mucosa, the escaped blood, the mucus and detritus, which constitute the menstrual secretion

The fact that the human female, the only species in the entire range of verterbrate zoology, has adjusted herself so perfectly to an otherwise pathologic condition, to menstruation, does not warrant our consideration of this phenomenon as a physilogic process. At best we may say that it is a convenient adaptation or subjugation of a biologic function to the dictates of culture and civilization, for the biologic intent of ovulation is impregnation and not menstruation We must also note that there is an intimate timely relationship between the ovarian and the uterine morphologic alterations, as depicted above, which implies that both these organs are dominated and influenced by common secretory and nerve impulses

The Ovarian Hormone, and Its Manner of Distribution and Regulation — The researches of Zondek and Aschheim, Long and Evans, Allen and Doisy, Robert T Frank and others, show that the active principle of the ovary is "folliculin," the serous fluid contained in the follicular cavity This fluid is elaborated by the granulosa lutein cells and by the theca lutein cells Its function is to activate the uterus to undergo the necessary hyperplastic changes requisite for the reception and the harboring of the impregnated ovum Zondek has also shown that the hormone elaborated by the anterior lobe of the pituitary is in turn the activator of the ovary At or about the fifth month of pregnancy the incretory function of the ovary is taken over by the placenta, which promotes still further the structural alterations necessary for the continuation of the pregnancy to term

How does the ovarian hormone reach the uterus and other endocrines? Before the experimental era with sex gland transplantations it was assumed, that the internal secretions travel to their points of destination along nerve paths. Bertold in 1849 has shown that when he castrated a fowl and has transplanted its testicles to another part of the body, the cock maintained his libidio and secondary sex characteristics undisturbed. This proved conclusively that the secretions elaborated by the testicles manifested their activity through the blood and lymph streams

Knauer, Robert Meyer and Ruge, Robert

be reduced to a single layer of low cuboidal epithelium, or it may be wanting altogether. The ovarian stroma is correspondingly reduced in quantity. Recent or active corpora lutea are conspicuous by their absence, and only a few corpora albicantia or fibrosa may be seen here and there

How do these morphologic changes in the ovary disturb the physiology of the uterine lin-ing? A critical analysis of the histopathology of microcystic ovarian degeneration leads to the following deductions Since the parenchymatous portion of the generative gland is the element chiefly affected in mycrocystic degeneration, as evidenced by its relative increase, its function is also necessarily augmented This fact makes itself evident through the ensuing hyperplasia of the endometrium, which simulates the morphologic changes associated with the pregravid or premenstrual states The endometrial changes would have been insignificant if they were the result of the stimulation of one or two cystic follicles, but when numerous follicles thus affected exert their combined effects upon the uterine mucosa, the result is quite potent, as seen by the excessive glandular hyperplasia (Fig 15) present in

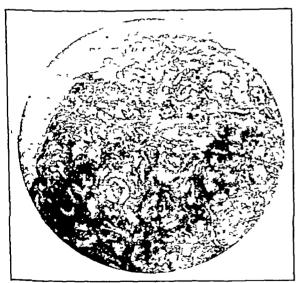


Fig. 15

Glandular hyperplasia of the endometrium. Note the excessive structural and functional state of the uterine glands, frequently encountered in cases of cystic degeneration of the Granfin follicles

these cases The cumulative force of these stimuli is further increased by the absence of the antagonistic influence of the corpus luteum, which as pointed out above, is wanting in microcystically degenerated ovaries. The absence of corpus luteum secretions permits the motor sympathetic fibres to act freely, the adrenaline output to continue unhindered? the

muscular rhythm in the uterine and blood vessel walls to function, which brings with it the rupture of the finer capillaries as soon as the hyperamia in the endometrium become excessive and uterine bleeding occurs. This bleeding becomes excessive and irregular because the follicles do not complete their ovulating cycle, therefore no corpora lutea formations, and no in 1) ingeend regulating mechanism.

In my own experience I have had the opportunity of restoring normal menstruation after resecting most of the cyst bearing portion of the ovary or ovaries, without preliminary curettages I shall cite but one instance

Case No 23949 Beth Israel Hospital, R. H, age 29, married eight years. Has given birth to one child six and a half years ago, the pregnancy and the puerperium were normal. Her menses began at fourteen, and were normal up to five years ago, since then they are frequent, occurring every two to two and a half weeks, and profuse. She remained sterile since her first pregnancy, but states that eight weeks preceding her admission to the hospital, she believes to have had a spontaneous miscarriage of about seven weeks. Her chief complaint on admission was metrorrhagia since her supposed miscarriage. For ten days preceding her coming to the hospital amenorrhea

Physical examination—The uterus is firm in consistency, normal in size, retroverted, freely moveable, regular in outline and easily replaceable. The external os is closed, and blood oozes freely from the uterine cavity Both ovaries are enlarged to about twice their normal size, and cystic. Preoperative diagnosis— Oophorogenic uterine bleeding Operation—Resection of the cystic areas from each ovary On the second day after the operation the uterine bleeding ceased Pathologic report-Cystic degeneration of many follicles, some corpora albicantia, no recent or active corpus luteum. Comment—From the histopathologic findings it is hardly possible to attach any weight or importance to the patient's statement about her recent pregnancy. Her prolonged bleeding as well as the recent amenorrhoea for seven weeks must be considered in the light of her ovarian dysfunction, from which she has follow up of other patients, similarly affected and treated shows that in many of them normal menstrual cycles was established

The amenorrhea and sterility observed in cases harboring an unabsorbed corpus luteum of pregnancy, or a true corpus luteum cyst, lends further support to the correctness of the above theoretical and clinical concepts

4 Uterine Bleeding in Cases Afflicted with Care noma of the Ovaries Cancer involving the generative part of the ovary, i e primary ovarian carcinoma, can cause uterine bleeding at any period of life, before the establishment of puberty, and long after the onset of the menopause. On the other hand secondary cancer of the ovary, in which the cancer cells are brought to it by the lymphatics, and the cancer nests lie in the stroma and in the connective tissue septa of the generative element, which they destroy by pressure does not call forth endometrial hyperlasia and uterine bleeding. What is the functional correlation be-

corpus luteum itself, diminish or suspend adrenaline output

With these theoretical facts before us, we shall now proceed to a consideration of their clinical manifestations

II CLINICAL PART

A OOPHOROGENIC UTERINE BLEEDING

I y the sterminology we designate types of uterme bleeding in which the iterus as such acts at the end organ through which structural and functional disturbances in the ovary find an outward expression. The effects of these ovarian disorders are first transmitted along afferent sensory nerves of the vegetative system to the spinal nerves, then to the palaencephalon (especially the pituitary), and from there back again along the efferent motor sympathetic fibres (the hypogastrics) back to the uterus, and the endocrines which stand in close relationship to the generative apparatus. The following types of uterine bleeding will serve as illustrating examples

1 Uterme Bleeding in the New Born From time to time we encounter a bloody vaginal discharge in the new born, of a mild character, which lasts from three to four days and stops. An examination of the external genitalia shows that they are swollen and congested, and that frequently we also find a concommitant swelling of the mammary glands. The recorded microscopic examinations of the uteri of such infants, showed a fetal arrangement of the uterine walls and their endometrium, but there was a marked dilatation and congestion of the capillaries right under the mucosa. Whose internal secretions have stimulated the infantile uterus and breasts?

It is Halban's opinion, that the hormones which circulate in the blood of the gravida, and call forth in her external and internal organs of generation, and in her endocrines, all the necessary structural and functional changes requisite for conception, gestation, birth and subsequent nourishment of the infant, also circulate in the blood of the fetus, and hence effect its corresponding organs in a similar but less vigorous manner After birth these hormores are withdrawn from the infant's blood stream, the inhibitory effects exerted by the corpus luteum and the placenta upon the hypogastrics and the adrenals cease, and the rhythmic contractions of the uterus and its blood vessels return, and as a result of the re-establishment of tonicity, many of the finer capillaries in the endometrium break, and a miniature menorrhagia or menstruation occurs, the uterus involutes, and with it also the mammary glands

2 Uterine Bleeding in Entrauterine Prequancy As long as the extrauterine ovum is

alive no uterine bleeding takes place, but the moment the embryo dies, metrorrhagia sets in How does the death of the ectopic ovum effect the endometrium? While the embryo was alive, the corpus luteum of pregnancy maintained in the endometrium all those structural changes characteristic of pregnancy, as well as the soft and atonic state of the uterine walls and its blood vessels. With the occurrence of embryonic death, the corpus luteum regresses, its inhibitory power over hypogastric and adrearl function ceases the muscle tone in the uterine walls and its blood vessels returns, contractions set in, minute hemorrhages take place in the endometrium, the decidua is cast off, and uterine bleeding ensues

3 Uterine Bleeding Associated with Microcystic Degeneration of the Ovaries Microcystic degeneration of the ovaries (Fig 14) is characterized by the conversion of very many

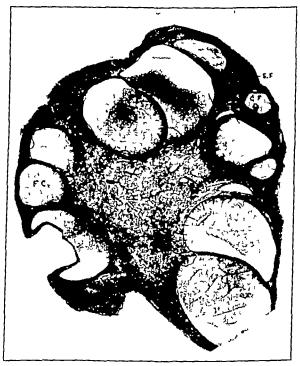


Fig 14

Microcystic degeneration of the ovary Follicle cysts (FC) of various dimensions predominate, no recent or a tive corpora littea, a corpus albicans (CA) in the center, secondary follicles (SF) as well as tertiary (GF) are present and active

follicles into cystic spaces of various shapes and sizes, filled with liquor folliculi, and lined with one or more layers of granulosa epithelium. The quantitative proportion of granulosa epithelium present in the cystic follicles depends upon the degree of intrafollicular tension, the smaller the cyst the more numerous the rows of granulosa cells, and vice versa. In the very large cysts the granulosa cells may

titudes towards life as a whole, are appraised, evaluated, discounted and weighed in the scales of his intellectuality

Inner struggles and soul conflicts can therefore arise only in persons with an ambivalent complex, i.e., individuals who cannot adjudge and evaluate sensations and experiences properly, and who react to them in a greatly evaggerated manner, or even in an opposing direction. Properly balanced or very primitive types of individuals are as a rule not troubled with "ambivalency", for the cultured person can tame his primitive urges to a very large extent, and the uncultured gives vent to his emotions in a free and untrammeled manner, irrespective of consequences and results.

Wathard states that the psychically conditioned pathologic symptomicomplexes affecting the female generative organs may arise from

the following disorders

(a) When unchanged physiologic reflexes occur untimely, in an improper place, and in an abnormal measure, or when they run their course with increased ease and rapidity, or when they fail to appear. These disturbances interfere with the reciprocal reactions and restitutions of the individual organs, or organ groups, and finally with the organism as a whole, and become conscious functional disorders.

(b) When pleasant sensations previously perceived subjectively, become objective

(c) When several nerve and incretory reactions encounter each other at the same time in the motor and the sensory apparatuses of the female genitals

We shall now proceed to the consideration of some specific physiologic disorders in the female genital organs caused by abnormal

psychic reactions

1 Psychically Caused Premature Separation of a Normally Situated Placenta Most of us have had cases of repeated early abortions for which no adequate clinical cause could be found, after the most careful and searching inquiry and investigation. Is it not possible that some psychic trauma is at the basis of these hitherto unexplainable terminations of early gestation? Walthard cites cases of retroplacental bleeding due to purely psychic reactions. Let us analyse this symptomcomplex, and see how psychic shock is transformed into physical damage to the uterine mucosa.

During the entire period of pregnancy, with the exception of the last few weeks, the uterus and its vascular apparatus are in a state of tonic relaxation, because of the inhibition of the sympathetic (hypogastric) nerves, and of the adrenaline output, by the incretions of the corpus luteum (first) and the placenta (later) This physiologic state remains undisturbed during the entire period of pregnancy, even

in the face of physical trauma associated with intra-abdominal operations performed during this period, such as removal of twisted pedunculated fibroids, ovarian cysts with twisted pedicle, appendectomies, cholecytectomies and other operation of an urgent nature And the main reason why the physiologic state in the generative sphere is so seldom interfered with by these apparently gross insults, is because we have no opposingly directed impulses But how contrary the conditions are in the case of psychic shock The primitive instincts for the maintenance of life and its protection in the case of approaching danger, find expression in the lower animals in flight and escape from the impending catastrophe. This physical phenomenon is associated with an increased output of adrenaline, a stimulation of the sympathetic motor fibres, a contraction of the peripheral blood vessels (as observed in human beings by the palor of the skin), and the transfer of blood from the surface to the more vital centers which are called into maximum activity under such conditions. During the play of these forces in the rest of the body the generative sphere, the pregnant uterus, remains or still is, in its flaccid hyperemic state, which is essential for the continuation of the preg-We thus have a state of opposingly nancy directed impulses resulting in opposing and contrary effects. The blood from the surface and other parts of the body, driven to the interior during fright, danger, etc., on reaching the atonic uterus with its blood vessels already filled to capacity, causes the latter (particularly the retroplacental) to break, a retroplacental hemorrhage follows, and a premature seperation from the uterine attachment takes place

2 Psychically Caused Intermensirual or Continuous Uterme Bleeding Some normally menstruating women after having entered matrinonial partnership, begin to suffer from polymenorrhea or metrorrhagia Oft repeated curettages, and even exploratory laparotomies fail to reveal the cause, or establish a cure After a painstaking and searching anamnesis it is disclosed that the consumation of such a marriage was loveless but convenient. How do the emotional reactions of the unhappily mated woman produce physiologic disturbances in an otherwise histologically normal uterus?

The unhappily married woman dreads the fulfilment of her sexual duties, and any thought or intimation referrible to the undesired sexual congress fills her with horror and fear. Her conscious and reasoning centers admonish against physical resistance, but she cannot displace her primitive instincts of defense, against the undesired amours of her husband, into the subconscious. As a result of these antagonistic

tween these two types of ovarian cancer and the endometrium?

Since the endometrial proliferation noted in the pregravid or premenstrual phases is a direct response to the hormones elaborated by the parenchymatous or generative parts of the ovary, it stands to reason, that whenever this structural element undergoes a quantitative increase, its functional capacity is also augmented, resulting in an hyperplasia of the uterine mucosa, an increase in its vascularity, and an associated menorrhagia or metror-In primary cancer of the ovary we find a practical verification of these theoretical precepts In secondary ovarian cancer this phenomenon is wanting The following cases are exemplary

M K, age 59, para three, and one abortion menses began at fourteen, three to four weekly in type, and of two to three days duration, moderate in amount The last regular period in Nov 1913. For the past seven years is suffering from irregular profuse bleeding Physical examination—Multiple fibroids of uterus, and a left ovarian tumor. Operated upon Dec 1, 1920, panfindings-Fibromyomata Microscopic hysterectomy uters and folloculoid cancer of the left ovary Comment-Under normal conditions, fibroids of the uterus after the onset of the menopause are not associated with metorrhagia, for with the cessation of ovarian function the fibroids involute together with the uterus. In this case the menopause did not set in although the patient has reached the age of 59, because she had a primary cancer of the ovary in which the granulosa cells were prom-inently active, hence the prolonged and excessive elaboration of ovarian hormone, with the consequent excessive and unregulated uterine bleeding

D F, age 30, para four, the last child eight months ago Menses were normal up to her last conception Was admitted to the Beth Moses Hospital May 6, 1923, complaining of discomfort in the lower abdomen, and of a palpable tumor mass Preoperative diagnosis— Bilateral solid ovarin tumors Operation—Pan-histerec-tomy Microscopic findings—Solid carcinoma of both ovaries, every lymph space was packed with cancer cells No trace of the generative element was to be seen, excepting the corpus luteum of the last pregnancy, which was also invaded by cancer nests Comment-There was no metrorrhagia in this case, the generative element was not the source of the carcinomatous metaplasia, and while it may be argued that the corpus luteum of the last pregnancy, remnants of which were still present, may have been responsible for the amenorrhea, this argument would hold, if this patient had nursed her infant. In this case the mother did not nurse the child, and under normal conditions ovulation should have returned failed to reestablish itself because the invading cancer has completely destroyed the generative element, hence a persisting amenorrhea

B PSYCHOGENIC UTERINE BLEEDING

While the introduction of psychopathology into the realm of gynecology by Liepmann, Mathes, Sellheim, Walthard and others, the pathogenesis of many hitherto misunderstood and misinterpreted disorders in the sexual life of women, and in their organs of generation, was placed on a scientific basis Before proceeding with the consideration of uterine bleeding due to psychic reactions, it is desirable to pass in brief review some of the

basic principles of this branch of knowledge.

All of us react subconsciously or consciously to the material and the spiriutal forces in our environment by means of afferent sensory and efferent motor nerve fibres of the vegetative and the cerebro spinal nervous systems. These reactions may be registered in the lower nerve centers only, and remain as primitive or subconscious sensations, or they may be relayed to the centers in the neencephalon, and thus come under the dominance of the intellect and become conscious sensations. Due also to the anatomical association between the different nerve tracts, it is possible for a single afferent impulse to call forth several efferent responses

The two main objects of all reactions of living matter to its surroundings are maintenance of life, and (b) the propagation of the species Animals not endowed with a forebrain pursue these vital primitive instincts in a mild or ferocious manner, according to the strength of the urge, or according to the susceptibility of the subject to the urge. The human species endowed with a thinking apparatus, and through centuries of training in social laws, has learned to attain these primitive ends in a sublimated form He curbs and directs his primitive urges and desires along so-called proper lines of action and behavior, in a degree commensurate with his intellectuality and the level of his milieu

The intensity of our emotional reactions to pleasant and painful sensations varies with the nature of our affectivity Persons who fit in properly into the complicated and intricate mosaic of life, can displace most of their psychic reactions into the subconscious in such a way that they are almost forgotten however, a psychic reaction becomes a conscious sensation every time that a condition, suggestion or inference related in some way to the primary cause of that particular reaction presents itself, and when this conscious sensation keeps on repeating itself with increasing intensity, then the original psychic reaction becomes a psychic trauma

Another effect of oft repeated symptomcomplexes is the calling forth of reactions which are out of proportion to the primary urge, or the reaction may be altogether of an opposing As a result of these disproporcharacter tioned and contrary reactions there arises within us an "inner struggle"

In all cultured individuals the phylogenetically older psychic impulses, which are stored in the palaencephalon are in conflict with the phylogenetically younger and culturally higher psychic inhibitors and regulators, which are registered in the neencephalon Consequently, the personality of a civilized individual becomes the stock exchange in which all the nuantes of his being, which determine his at-

NERVOUS AND MENTAL SYMPTOMS IN DISEASES OF THE BLOOD*

(From a Study of 141 Cases)

By JOSHUA H LEINER, M.D, NEW YORK, N Y

A CONSIDERABLE amount of interest has recently arisen in diseases of the blood, since the work of Minot and Murphy, in liver feeding therapy in Pernicious Anemia, which followed the experimental investigations of Robscheit, Robbins and Whipple ²

This communication is based on a study of 141 case records, a number of which came under my personal attention, and observation. This material was taken from Lebanon, Montefiore and Ford-

ham Hospitals

Data will be presented on seventy cases of Pernicious Anemia—27 cases of Leukemia, 40 cases of Hodgkin's Disease, and 4 cases of polycythemia

From a clinical standpoint this material is interesting and instructive because two of the institutions are acute hospitals and one institution (Montefiore Hosp) is for the treatment of sub-acute and chronic cases, where observation and study is made over a considerable period of time

While numerous investigators and clinicians have given us a clear classification and differentiation in the blood dyscrasias, there is no unanimity as to their etiology. Are the blood changes due to endotoxic material engendered by faulty metabolism, vegetative, pluriglandular imbalance, vitamine deficiency, bacterial, or is the mechanism for the production or destruction of the hematopoetic system at fault?

Pernicious Anemia (48 females and 15 males)

It is unnecessary for me to go into any details concerning this disease except to remind you that the outstanding symptoms are anemia, achylia and

eventually combined degeneration, etc

There are individuals, as well as families, who are afflicted with constitutional achylia gatrica. This accounts probably for the familial occurrence of Pernicious Anemia, as reported by Hurst,³ and other observers as Curschman⁴ and Liepelt ⁵ Hurst believes, because of the achylia, streptococcus infections of the gums and tongue are likely to lead to intestinal infection with subsequent development of Pernicious Anemia, combined degeneration, or both. In other words—a vegetative imbalance

Skoog's view is more explicit and direct. He believes that the vegetative nervous system is at fault. The work of Minot and Murphy points more to a vitamin deficiency or other agent as an etiologic factor which in a broad sense, one can say, is a metabolic imbalance.

General Symptoms—The symptoms manifested will be divided into subjective and objective The

one outstanding complaint is weakness—asthenia upon exertion of a progressive type, this antidates in a great majority of cases any other symptom Fifty to seventy-five per cent showed this in their incipiency

Gastro-Intestinal—The second symptom, mostly spoken of is either epigastric distress diarrhoea, vomitting with anorexia. In one series, this was shown to be 25 per cent and in another 33½ per cent. Other subjective symptoms are dyspnoea, vertigo, cardiac palpitation and ringing in ears, in the order of their frequency.

Objective Symptoms—Pallor was not manifested very early, in fact in some cases it came on

rather late

Bleeding—In one form or another was present In one series it was as high as 20 per cent, either in the form of epistaxes, hemoptysis, hematameses, or bleeding hemorrhoids

Glossitis—This was not a prominent symptom, occurring only in two cases, as far as the records

reveal

Laboratory Findings—Achlorhydria was manifest in 100 per cent of the cases when gastric analyses was done. It was not done in all cases because of certain conditions being present, as myocardial disease or advanced arterio-sclerotic disease. It was a constant finding, so that in didactic teaching one can speak of the outstanding symptom as of the three "A's," Anemia, Asthenia and Achlorhydria.

Hyperglycenna—Increase of blood sugar was found. In a series of fifteen cases, where six were examined for blood sugar four showed hyperglycemia, being 122, 163, 188 and 203 milligrams. Taking it all in all, it was present in about 60 per cent of the cases.

Neurological Phenomena—A subjective complaint of great importance are the paresthesias I agree with Dr Keschner,7 that there is no other clinical condition that involves to such an extent the hands and feet giving the patient the sensation of either tingling, sticking, needles and pins, numbness or burning Waltman⁸ relates patient asking her daughter repeatedly to remove the glass slivers imbedded in her fingers 25 per cent showed this as an early manifestation One had severe cramps in the calves of the leg which could not be relieved except by morphine Objectively the peripheral sensory disturbances manifest themselves in hyperalgesic areas in arms and legs, and one case showed marked hyperesthetic nerve trunks While on this topic, I would like to speak of what Monne first called our attention to, viz, neurological symptoms preceding the blood picture Two personally observed cases (one at Lebanon and one at Fordham), showed

^{*} Read before Bronx County Medical Society October, 1927

urges an inner struggle arises, and subconsciously a defense mechanism is evolved, which in such a case takes on the form of "an escape into disease" She begins to menstruate too frequently or has irregular uterine bleeding, this incapacity makes it possible for her to avoid sexual intercourse, without arousing the suspicion of her aversion for her husband What is the psycho-physical basis of this symptomcomplex? The psychic state of a woman living under the above described marital conditions is one of constant fear and apprehension of her duties as a wife, her vegetative nervous system is in a state of sympathi-Any idea suggestion her allusion to nuptial relations is sufficient to heighten the state of her sympathetic innevration, which leads to a hyperadrenal function and vasoconstruction of the peripheral blood vessels uterus on the other hand together with the rest of the generative organs are keeping themselves ready most of the time for the fulfilment of their primitive function, the propagation of the species, and are most of the time in a state of vagotonia or relaxation and hyperemia. As a result of these opposing and antagonistic physical states, brought about by the inner psychic struggle, the blood from the periphery is easily displaced to the interior, and when it reaches the already overfilled blood vessels of the uterine mucosa, it causes the latter to rupture, and a premature, too frequent, or continuous bleeding from the uterus takes place The more labile the psychic state the more readily and easily can this symptomcomplex be enacted and repeated

If however, in the course of time such subjects can displace their conscious and painful sensations into the subconscious, in such a manner that they will not come to the level of the conscious with ease and rapidity, whenever an allusion or reference to the primary cause of the psychic trauma is made, due perhaps to the final triumph of intellect over instinct, then this symptomcomplex will disappear

Walthard called our attention to the fact, that a positive differential diagnosis between psychic and oophorogenic or uterogenic uterine bleeding rests upon the therapeutic results obtained operatively. In the psychic type operative procedures are futile, while in the organic forms of uterine bleeding they are effective

3 Psychically Caused Preoperative Uterine bleeding An unexpected onset of uterine bleeding on the day set for operation occurs from time to time in patients whose menstrual cycles are otherwise normal. What is the pathogenesis of this type of uterine bleeding?

The higher centers, the intellect and understanding dictate the submission to the needed operation, but the primitive instinct for the preservation of life and its maintenance, calls forth dread and fear of the risks entailed in the surgical procedure This ambivalency and desire to escape from this situation, create subconsciously a defense mechanism, "a refuge into disease" Such a patient will begin to menstruate or bleed from her uterus out of time and place, without being able to account for it, and at the same time experiences a secret inner gratification with its onset, for having learned from others that gynecologists usually postpone operating during the menstrual period (in elective cases), she hopes thereby to escape temporarily at least, the planned The psycho-pathological mechanism involved in the production of this symptomcomplex does not differ from the one described in the psychically produced uterine bleeding in the unhappily mated female, and needs no repetition

Since learning the cause of these psychically produced preoperative uterine bleedings, I stopped following tradition, and proceed with my operative schedule as planned, thus far I have had no reason to abandon this plan

Summary

Time does not permit the consideration of other gynecic disorders which are the result of ovarian dysfunctions and abnormal psychic reactions. I believe, however, that even the present incomplete presentation of the subject suffices to show that the pathogenesis of many types of uterine bleeding resides outside the uterine body, and beyond the confines of cellular pathology.

It is an undeniable fact that cellular pathology is the foundation rock of scientific medicine, but the progress of medicine and science in general demands that we enrich the specialty of gynecology by the knowledge gained in other fields

The modern gynecologist in order to serve well, must extend the horizon of his activities beyond the removal of benign or malignant tumors of the generative tract, or the salvaging of unaffected remnants left by the ravages of Nisserian, tubercular, or postpartum infections, or the repair of injuries of the generative tract sustained during parturition modern gynecologist must go further, he must be trained to recognize functional disturbances as readily as he does organic abnormalities, and from time to time invade the field of the psychologist, for the well being of woman depends as much upon a normal trend of her thoughts as upon a physiologic functioning of the rest of her body Her symphonic attunement to life as a whole depends upon a proper and balanced interplaying of her psyche and her physique

tions can infiltrate the cerebro-spinal system, and lower extremities affected, three of which retoxic products give peripheral nerve pictures Bass¹o reported six cases in children with neuro-pathologic findings at P M

Subjectively, three cases had pains in both lower extremities. One suffered excruciating pain in both heels, while another had such severe pain behind the ear, that it was diagnosed as acute mastered involvement. In one series of cases two out of sixteen showed mild cortico-spinal symptoms.

Duration of Life—One young man of 24 years fell and struck his leg, developing increasing pain. The blood revealed an acute leukemia and he died within five weeks. Another lad of 13 died within ten days, following the withdrawal of a tooth and continued to bleed. Another died within a month. The longest time a patient lested in this series was 4½ years. There were 17 males and 15 females. The youngest was three years old, the oldest was 63.

HODGKIN'S DISEASE

(19 females and 21 males)

The symptoms complained of in this disease were mainly attributed to pressure phenomena. If it occurred in the thorax, it lead to dysphoea or dysphagia, etc. There was considerable pain referred to the large joints. One of the outstanding symptoms noted was night sweats, occurring in five cases. Three cases complained of uncontrollable itching.

Neurological Symptoms—Phenomena of a neurological character were found in fourteen These varied from slight cranial nerve involvement, mild cord symptoms, to transverse myelitis There was also found peripheral motor and sensory involvement includ-ing radicular implication. Six cases showed the vealed transverse myelitic symptoms, i.e., motor and sensory changes, level belt of hyperesthesia, atrophy, urmary and rectal incontinence, etc Three cases showed high level, 1 e, cervical transverse myelitis One of the cases of this character was personally observed and followed up at Montefiore Hospital She was a young woman of 29 years, with glandular enlargement in the cervical region, complaining of severe pain in the right shoulder which was difficult to con-Neurological examination revealed a beginning atrophy of the right shoulder girdle and forearm and involvement of the intrinsic muscles of the hand In addition there was involvement of the cervical sympathetic, with its consequent narrowing of the right palpebral fissure, pupillary myosis, etc In other words a lower brachial plexus involvement, which together with the sympathetic symptoms is called a Klumpke-Dejerine paralysis The left upper extremity showed beginning of cord pressure symptoms, referable to the pyramidal tract, i.e., a Hoffmann and Klippel-Weil The lower extremities showed, at this time, the deep reflexes as increased on the left. She was later observed by other members of the staff, and a note dated 5/21/26 states "High cervical transverse myelitis". This shows the gradual invasion or rather pressure on the cord

Duration of Life—Nine lived less than one year Eight lived less than three years, and two lived less than five years

Laboratory findings of both blood and gastric contents gave nothing of value

POLY CYTHEMIA

Of this rare blood dycrasia, four cases were found. Two were of the classical Vaquez-Osler type, the other two showed a relative polycythemia, which may have been due to hemorrhage because of the higher concentration of erythrocytes.

These two patients were both females of 66 years and both had hemorrhages from the uterus which could not be controlled

The other two cases—Polycythemia Vera—one occurred in a man and the other case in a woman. The early subjective symptoms were dyspnoea, headache and throbbing pain in right side of chest.

Neurolgical Findings—One case showed unequal pupils L)R, and the retina showed slight tortuous blood vessels

The other case was a male patient, 49 years old The left eye showed poor convergence. There was also ptosis of this eye-lid (congenital) Nystagmus on lateral fixation Right Bell's palsey later. The right abdominal reflex was absent Sensory examination showed absence of vibratory sense in lower extremities. Mental examination showed that he was not well orientated and emotionally unstable, showing uncontrollable crying and laughter.

Duration of Life—Both (as far as I know) are still living. One has the condition 15 years and the other 16 years. Life therefore does not seem to be affected very much

SUMMARY

Pernicious Anemir—There were neurological symptoms in 78 per cent of the cases. In a smaller series of 30 cases which were followed up for years, 28 showed some neurological involvement, fifteen of which had either posterior or lateral column implication, ten of which showed only pyramidal and one case showed posterior column signs alone. Out of 45, five cases showed mental symptoms

Leukemaa—Out of 27 cases seven showed nervous symptoms, five of which gave neurotic symptoms and two mild pyramidal tracy phenomena

Hodgkm's Disease—Fourteen showed neurological symptoms, six with transverse myelitis, three lower and three high cervical cord

Polycythemia-Two symptomatic Two show-

early loss of vibratory sense and posture so that a diagnosis was made in one, nine months before Permicious Anemia was shown in the blood

Out of seventy cases, forty-five showed some form of neurological involvement, either of the peripheral nerve, the spinal cord, the cerebrum, mental symptoms or a combination of all. In Montefiore Hospital—out of thirty-six cases, twenty-eight showed neurological involvement, 1e, 78 per cent. Woltman of the Mayo Clinic found 80 per cent.

Fifteen cases out of twenty-eight, ie, more than 50 per cent showed symptoms of either posterior or lateral column degeneration mean, involvement of vibratory or postural sense, ataxis, or Cortico-spinal symptoms showing Babınskı or comfirmatories Ten cases showed only pyramidal tract implication, ie, hyperreflexia, Babinski, Oppenheim, etc One case showed symptoms of posterior column involvement alone, ie e, loss of vibratory sense, knee jerk, ankle jerk, diminution, etc Five cases out of forty-five showed mental symptoms They manifested various phases as apathy, lack of attention or cooperation-up to manic symptoms One female patient of 65 had a "sweet disposition" writer referring to these patients as being "too good"

Pathology—The groundwork for our conception of the histopathology was first shown by Lichtheim in 1886. He showed the relationship of Pernicious Anemia to posterior-lateral column degeneration—a beginning funicular myelitis, i.e., small plaques of degeneration not only around blood vessels that coalesced into larger plaques of degeneration, but also some of the larger pyramidal cells degenerate. This gives additional evidence that lymph stases is an important factor in the production of these foci

It is generally recognized that the anemia is not the cause of the neurological symptoms, because neurological symptoms often occur before the anemia, and then again it seldom, if ever, occurs in true anemia of the secondary type. It is believed therefore, that one toxin is responsible for both anemia and cord changes

Neurological changes not only occur in the cord, but in the brain as well Barett^o found typical Lichtheim foci in the brain similar to those found in the cord, i.e., cell degeneration that gives rise to secondary degeneration of the white medullated fibres, with consequent glia reaction and blood The long white association vessel wall changes as well as the short commissural tracts are affect-These changes resemble those seen in other chronic intoxications or in chronic alcoholism The internal capsule and pons have been found affected but to a lesser extent as compared to the cord and the rest of the brain While the brain shows pathologic changes and gives rise to mental symptoms, they are not due to the foci of degeneration entirely While some believe it is due to

toxic origin, one should be broad in his views and consider the mental changes as a symptomatic psychosis on toxic-organic basis, which view is held by Lurie

Diseases that Precede or Complicate Permicious Anemia—Two cases followed influenza, three had Lues, six cases followed abdominal operations, two had malignancy, one occurred after erysipelas, tuberculosis and diabetes. One man of seventy had pneumonia from which he recovered He was told that he had Pernicious Anemia, when it was discovered during a routine blood examination. A number had sore throats preceding the onset.

Longevity of Cases of Pernicious Anemia— This varies from four months to seven and onehalf years, in one series

4 cases lived less than one year (6 to 9

months)

7 cases lasted from 1 to 2 years

6 cases lasted from 2 to 4 years 4 cases lasted from 4 to 7½ years

In another series, 1 e, in an acute hospital

2 cases lasted up to 2 months

1 case died in 6 months

2 cases died in one year

Five cases therefore, out of 15 died within a year

LEUKEMIA

There are twenty-seven cases under this caption which can be subdivided into five acute and ten chronic lymphatic leukemia, and three acute and nine chronic myelogenous leukemia

General Symptoms—The incipient complaints are dyspnoea, vertigo and weakness Five cases complained of abdominal pain as a prominent sub-Eight cases complained of jective symptom bleeding in one form or another. Three gave a history of nose bleeding, two from the gums Others had hematomeses, hemoptyses and one rectal bleeding (operation done) Swelling m one place or another was a prominent symptom One began with severe pain in arm, another with a large gland in the neck, while one began with pain in both legs In going over the records it was found that the examination of gastric contents by the internist was not found important in this disease, but in four cases where it was done, an absence of free HCL acid was found. In the blood high normal sugar and hyperglycemia are Out of ten cases where it was investigated, five showed increased sugar ranging from 125 to 156 millegrams

Neurological Findings—These were not as prominent as in Pernicious Anemia, as far as these cases go I am aware of the literature on the subject which shows pathological disease pictures often running parallel to Pernicious Anemia The internist is interested mainly in the blood picture, his mental viewpoint being myopic, forgetting that in all probability the causative toxin or factor can involve other tissues, and that leukemic infiltra-

On examination she appeared pale and

drawn, nervous and chronically ill

Physical examination was absolutely negative except for tachycardia (pulse was 100), blood pressure 240/120, weight 150 pounds Urinalysis—Ft trace of sugar otherwise negative Blood-count Reds, 3,030,000 Hb 65 per cent Blood-Chemistry (Starvation) Sugar 190 mgms per 100 c c Urea 30

A diagnosis of Diabetes Mellitus with Hy-

pertension was made

She was placed on a weighed diet (saltfree) of Prot 70, Cho 70 and 1,400 Calories (Allen method was used) This woman was under active observation for 8 months and was discharged December 16, 1927, in good condition with relief of all symptoms on a diet (salt-free) of Prot 70, Cho 80 and 1,800 Calories, and a Blood-Sugar of 136 mgms per 100 c c 2 hours after a meal, B/P, 160/100, weight 151 pounds During her treatment blood-sugars ranged from 123 to 136 before and after meals No insulin was used

Case No 2 J A, female, white, married, age 31 years Seen for the first time 11/26/27

Previous medical and surgical history negative Has 2 children alive and well Family

history irrelevant

Present History—About March, 1927, patient found her appetite failing and she developed a distaste for food. After treatment for "Indigestion" she did not improve and suffered a great deal from belching of gas and vague pains in the stomach after eating. She was treated for 8 months and was finally advised to be operated on for gall-stones. She presented herself for relief of symptoms complaining of

1 Loss of appetite and distress after meals 2 Loss of weight. 20 pounds in 8 months

3 Dizzy spells and headaches

4 General weakness and mability to attend

to her duties
Physical Examination—NEGATIVE Weight
111½ pounds Urinalysis—Heavy sugar otherwise negative Blood-Sugar 326 mgms per
100 c c (Starvation) A diagnosis of Diabetes

Mellitus was made

She was put on a calculated diet of Prot 60, Cho 60 and 1,200 Calories without insulin After 6 weeks' active treatment she was discharged on a diet of Prot 80, Cho 80 and 1 500 Calories with a blood-sugar of 099 mgms per 100 c c and complete relief of symptoms. She now weighs 108 pounds and is able to attend to her duties. During her treatment her blood-sugars were not above 130 mgms per 100 c c

Case No 3 M S female, white married 56 years of age Had 5 children, all alive and well Family History irrelevant

Present History—In the late fall of 1926 patient sought relief for a uterine disturbance

with irregular bleeding. After several months of treatment this condition improved, but she complained of gastric distress and loss of appetite. She received tonic treatment and was told her stomach trouble was reflex from the disturbed uterus. She subsequently developed red patches on her hands and felt very sick after meals. Medication and diet regulation gave her no relief, and she became very weak with complete loss of appetite and suffered great distress when she did eat. She presented herself for relief of symptoms complaining of

1 Loss of appetite and distress after eating

2 Thirst and polyuria

3 Loss of weight (did not know how much, thought 15 pounds)

4 General weakness and dizzy spells

Physical Liamination — Negative, except that she appeared pale and chronically ill. She refused vaginal examination because of indisposition. Between her fingers there appeared pink irregular, dry exematous patches covered with fine scales.

Urmalysis — Heavy sugar, no acetoñe and otherwise negative

Blood-Sugar Determination 1½ hours after meal of toast and tea was 500 mgms per 100 c c A diagnosis of Diabetes Mellitus was made

Bearing in mind the possibility of impending acidosis despite negative acetone in the urine or blood, the patient was put to bed and fluids ordered with enemata for bowel relief and 100 gms of carbohydrate ordered in the form of fruit juices in divided feedings No insulin was administered and her treatment was guided by urine samples collected at 7 am, 11 am and 4 pm For 2 days she ran heavy sugar but showed no acetone She felt better the third day she showed only traces of sugar and was sugar-free on the next day The following day her diet was changed to Prot Cho 80 and no fat with plenty of fluids felt better and insisted on getting up and around On October 1st she was placed on Prot 60, Cho 80 and 800 Calories A blood-Sgr 2 hours after supper was 214 She had lost 7 pounds On October 8th a Bd-Sgr was 138 before breakfast On the 12th of October her diet was raised to Prot 60, Cho 60 and 1200 Calories A Bd-Sgr on the 15th was 143 mgms 2 hours after supper She now received an increase of 20 gms in Coh On November 8th she was allowed 200 calories She was discharged feeling fine, able to do her duties with a Bd-Sgr of 107 before breakfast, her symptoms relieved and her hands entirely cleared Weight 159 lbs (She received no medication for her skin condition)

This case I believe is a most interesting one and responded beautifully to the *Allen* type of pre-insulin day treatment

Case No 4 Wm B, male, white, married, 35

ed neurologically cranial nerve involvement, mild pyramidal tract and also mental symptoms

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ROUTINE BLOODSUGAR DETERMINATION AS AN AID IN DIAGNOSIS

(With a Résumé of Five Cases)

By CHARLES M LEVIN, MD, RICHMOND HILL, N Y

ullet N this paper it is my purpose to establish the fact that Blood-Sugar Determination as a routine procedure is of great value as an aid in diagnosis and is justifiable as a clinical diagnostic measure

In these days of highly specialized endeavor and endless research a great deal has appeared in the literature about the completeness of our physical, clinical examinations as well as laboratory tests, and with practically unlimited facilities for diagnosis, we are most anxious to X-ray, fluoroscope, do basal metabolism tests, operate and explore and the like in our desire to arrive at as near a perfect diagnosis as possible, to relieve symptoms and wherever possible to affect a cure Yet at times we seem to hesitate to include a blood-sugar determination as a routine measure in our examination

In a series of 150 cases in which routine Blood-Sugars were done, a few interesting facts were brought to light. All of them had complaints of six months or longer duration All of these cases presented themselves for relief of symptoms pertaining to functional and general constitutional disturbances They all previously had had urinalyses done (all negative) among various other diagnostic measures, but none had ever had a Blood-Sugar Determination

The results of the Blood-Sugars in these cases were as follows

72 patients had sugars ranging from 083 to 130 mgms per 100 c c

47 ranged from 130 to 160 mgms per 100 c c 17 ranged from 160 to 200 mgms per 100 c c

11 were above 200

1 had a sugar of 326 1 had a sugar of 500

1 had a sugar of 750 (This case, a very unusual case, is described in a previous article)*

* Unusual Case of Diabetic Acidosis Without Ketonuria or Ketonemia B3 A Rudy M D and C M Levin, M D N Y State Journal of Medicine Nov 15 1927

All these determinations were done on starvation in AM or at least 5 hours after the last meal They all had urine samples taken at the time the blood was drawn and in only 8 samples sugar appeared In 5 there was only a faint trace present, in the case with the 326 sugar, a moderate amount appeared in the urine and in the cases with the 500 and 750 a heavy sugar was present Of the 78 cases whose sugars ranged above 130 mgms per 100 c.c., after observation and check-up 23 proved to be true cases of diabetes Mellitus

A review of 5 of these latter cases is of unusual interest because of the important role the blood-sugar determination played in the diagnosis

Case No 1 SS, female, widow, white, age 64 years Seen for the first time 3/23/27

Previous medical and Surgical history nega-Had 2 children, both alive and well Family history irrelevant

Present History - About December, 1926, patient noticed herself becoming very nervous and irritable and was unable to sleep began to lose weight rapidly although her appetite was excellent and she never suffered any gastric distress, her bowels moved regularly

She sought medical advice and was treated for nervousness About three weeks later she sought further relief and was thoroughly examined (X-ray, Blood-count and Urinalysis ıncluded) A diagnosis of Carcinoma of the intestine with severe secondary anaemia was made

She became progressively worse and presented herself for relief of symptoms, complaining of

- 1 Rapid loss of weight-lost 50 pounds in 4 months
 - 2 Extreme nervousness and irritability
 - 3 Thirst and frequent urination 4 General weakness and debility

THE PRACTICING PHYSICIAN IN COURT By HENRY C COE, MD, NEW YORK, N Y

Ittle amusement the article with this title in the issue of August 15th, by Dr L Howard Moss, and sympathize deeply with the troubles of his imaginary doctor, for "we have been there," sometimes summoned by a subpoena, more often as a so-called expert. At this time, when the jury-system is under discussion, we note that the lay press has placed an unerring finger upon the reason why there is such a wide-spread attempt on the part of busy men to evade their duty in regard to serving on the jury, because of the waste of time under which they chafe

There is no doubt that there is a growing distrust of the administration of law in New York City, in fact we share in that feeling, though taught by many years in the army to respect authority, as well as civil law. We would prefer to be tried before a bench of judges rather than by a so-called "jury of one's peers," for they are not our peers under the present system.

A saving sense of humor has always prevented us from being offended, or even annoyed, by the rude treatment of some cross-questioners, realizing as we must, after long experience with them, that they often badger us purely for effect On more than one occasion after a savage attack by a district attorney, we have gone out to lunch with him and found him not so formidable as he appeared in Court

In both criminal and civil cases the well-informed doctor (and no one should go into court without being fully instructed as to his rights) should remember always that the dignity of his profession should make himself respected by judge, jury and attorney In one criminal case in which we had previously had a frank talk beforehand with the district attorney and thought that we had convinced him that we knew nothing whatever about the matter, we wasted an entire day in court and were told that we would be called again the next day. We informed him that we would disregard a second subpoena The attorney blustered and threatened to have us punished for "contempt of court" (whatever that is), but we heard nothing more from him a medical expert we have always taken an evil pleasure in exposing the opposing counsel's ig-

norance of our specialty Lawyers, even the most eminent, are notoriously superficial in this respect and we have them at a disadvantage Even when we have coached them beforehand. they get sadly muddled in their anatomy years ago we served on a committee of three experts to combine with a similar committee from the Bar Association to draft a plan by which the testimony of medical experts could be placed on a firm basis The author's plan, worked out after long study of medical jurisprudence, was flatly rejected by our brothers in the law as "opposed to the constitutional rights of the individual" that well-worn phrase It was claimed that the plaintiff, or defendant, had a right to choose his, or her, own doctor to qualify as an expert. whether he knew anything about the subject or

Hypothetical questions are not so formidable after all and doctors have a right to refuse to answer yes or no if they are so framed as to omit, or to qualify, the crux of the matter

We have found invariably that a direct appeal to the judge, whatever his knowledge of medical jurisprudence may, or may not be, on the part of an harassed medical witness rarely fails to bring a prompt and favorable intervention. It is certainly the case in the Federal Courts Judges are usually "human" and recognize when a doctor is anxious to tell "the truth, the whole truth, and nothing but the truth," without fear or favor. The old saying that hars are divided into three classes, "hars, d-d hars and medical experts," should not be true in this progressive age.

To keep one's temper, to give one's testimony in simple language which the most ignorant member of the jury can understand, to make it absolutely clear that he is strictly loyal to his oath—is not that the secret of impressing one's testimony upon the court? The lawyers do not wish the whole truth, but only so much of it as helps their case. We carry our own "respect" to the witness-stand, whether general practitioner or specialist, and in the end we deserve just what we receive, as we do in the practice of medicine. There need be no clashing between our two professions "Duty, honor, country"—the West Point tradition—is not that motto applicable to us as to every loyal American citizen?

years of age Clerk Family History negative First seen 12/10/27

Previous History negative

Present history, dates back 6 months previously when patient began to suffer gastric attacks after eating (belching of gas and pain in pit of stomach) He continually felt tired and seemed to have lost his ambition to work. His appetite was good and his bowels moved regularly, but no matter how much rest and sleep he had, he always felt tired, and had headaches of varying severity. He was advised a diet and finally told he had Chronic Appendicitis and advised an operation would relieve him. Patient presented himself for relief of symptoms complaining of

1 Distress after eating

2 Constant weakness and tired feeling

3 Headaches and inability to do his work *Physical Examination*—Adult male, white, of pasty appearance, otherwise does not appear acutely or chronically ill Examination was entirely negative

Urinalysis negative

Blood-Sugar 209 mgms per 100 c c before breakfast

Weight 1521/2 pounds (Had not lost any

weight)

This patient was placed on a restricted carbohydrate diet with low calories. On 12/16/27 a Bld-Sgr was 142 before breakfast. On the 30th of the month a Sgr was 125 mgms 2 hours after breakfast. The patient was discharged 1/24/28, relieved of all symptoms, able to work and with a Sgr of 115 mgms before breakfast. Weight 149½ pounds

This case is of importance and interest because proper diet regulation and observation will check

a beginning Diabetes Mellitus

Case No 5 M S, female, single, white, 48 years old Occupation, Examiner in dry goods house

Previous Medical and Surgical History nega-

Present Illness, dates back to about July, '26, when she noticed a slight redness about her right ankle There was no pain or interference with function Within a few days her ankle began to blister This condition grew worse and spread over the front of the foot as well as the under surface She applied salves and used other home remedies, but did not consult a physician She continued at work however until she noticed she began to feel dull and tired and had no ambition to get about Her appetite failed her and she began to have dizzy spells after meals She pre-

sented herself for relief of symptoms complaining of

1 General Weakness and mability to work

2 Loss of appetite

3 Headaches and dizzy spells

4 "Sore right foot"

Her physical examination was negative except for her right foot. Here there was a large circumscribed ulcerative area, exuding serum and in some places pus, with patches of scales irregularly scattered over the ulcerated area. There was a definite raised outline and this ulcerated area extended anteriorly over the entire dorsum of the foot, from a line above the malleolar level down to the toes. Posteriorly it continued over the under surface of the foot and up over the heel. Medially it extended up to about 3 inches above the inner malleous. There were no varicose veins present.

Urınalysis—negative Wassermann—negative

Bld Sgr -235 mgms per 100 cc

Diagnosis — Diabetes Mellitis complicated by Exoematous infection

She was advised to go to a hospital but refused, urging treatment at home. Her treatment consisted of strictly weighed diet regulation with local and quartz-light therapy. This case was under active observation for 9 months and she was discharged on a restricted diet and 1400 calonies and a Bd-Sgr of 107 mgms per 100 cc. before breakfast. Her foot is entirely healed and she has resumed her usual work feeling fine with a weight of 119½ pounds, a loss of 32 pounds in 15 months. Her Bd-Sgr check-ups are always normal

Conclusion

Five cases are presented from a group of 150 patients upon whom Blood-Sugar Determinations were done as a routine procedure in the examination. A résumé of the cases proves that a Bd-Sgr Determination is as important as any other diagnostic measure. I feel that a Bd-Sgr Determination should be a routine measure in the clinical examination. Bd-Sgr Determination as a routine measure is justifiable in view of the recent developments as a result of research in metabolism and glandular study. A Bd-Sgr Determination is essential to a complete diagnosis and as an aid in diagnosis is of inestimable value.

I want to express my appreciation and gratitude to Miss Dorothy Umbenhaur, my associate and dietician who so splendidly and ably assisted me in the supervision and management of the

dietetic treatment of my patients

THE PUBLIC RELATIONS COMMITTEE OF A COUNTY MEDICAL SOCIETY

The Public Relations Committee of the Medical Society of the State of New York was designed to secure co-operation between societies of physicians and voluntary health organizations Its activities during the last two years have been the development of principles of action and the formation of agreements with voluntary agencies regarding their respective The co-operation of the fields of influence two classes of societies was excellent so long as the discussion was confined to principles and theoretical problems Serious difficulties arose when these principles were put to practical tests in several counties, especially Cattaraugus where the lay organizations had assumed the dominating leadership in all phases of public health work The discussions between the representatives of the State-Medical Society and the lay health workers revealed the strength of the lay organizations which occupied the field of public health and were well supplied with money and with a hired personnel to carry out their plans other hand the physicians of the county labored under the disadvantages of inexperience and unpreparedness when they attempted to assert themselves in the public health field Even the leaders of the Medical Society of the State of New York found but few precedents to guide them in formulating plans for the active participation of physicians in the practice of public health and civic medicine

The Committee on Public Relations of the State Society has made an excellent beginning, and its work during the coming year will consist largely in stimulating county societies to engage in the practice of preventive medicine. It is no secret that there have been serious differences of opinions between physicians and lay health workers regarding the methods of carrying on the work in their overlapping fields. Yet the very fact of criticizing the plans of the lay workers has laid upon the physicians the constructive duty of doing public health work better than the laymen were doing it

The great obstacle in the way of the practice of public health and civic medicine by physicians is that the practice of these specialties requires self-sacrifice with little direct returns in money or honor. While the future may develop a people who will pay for advice in preventive medicine, the fact remains that at present most persons expect to obtain that advice free and to follow it only in the presence of immediate danger. It is greatly to the honor of physicians that they are rapidly expanding the sphere of their public health work from a conscientious sense of duty rather than

from any hope of obtaining financial reward

The practice of public health and civic medicine by physicians at present is largely in the hands of medical societies in distinction from individual physicians Not every doctor is fitted by temperament and training to engage in the direct practice of public health, but every county society has one or two doctors who have the gift of public speaking, and these will address governmental organizations and lay audiences in the name of the society. One or two members will be writers who will prepare medical news items for the newspapers A physician politically inclined will influence government bodies to pass public health legislation But when the list of these specialists is exhausted there will remain the majority of physicians who have no special gift to devote to public health, yet these too can do efficient and essential service by supporting the County Society, paying their dues, giving minor service when asked, and speaking well of the ideals and practical aims of the Society

The first essential in the performance of public health wrok by a county society is a survey of the field Nearly every county society in New York already has a committee on public health, and many societies have expanded its duties to include the relations of the medical society to lay health organizations This committee needs to know which health organizations are active in the county, the names of their officers and the work that they are trying to do The members of the committee also form an intimate acquaintance of the leaders in the lay health roganizations, and ascertain their medical point of view Furthermore, the committee needs to instruct the lay leaders in the point of view of the medical profession, and inform them of the amount of public work which is already being done by family physicians When physicians and lay leaders have each acquired the other's point of view, the way is open for physicians to advise the laymen, and ultimately to assume the direction of all public health activities in the

The great work of the Public Relations Committee of the Medical Society of the State of New York during the coming year will be to stimulate the committees of the county societies to function actively, beginning with a survey of the field and the establishment of active contacts with lay workers who already are engaged in public health work. Then there will follow a gradual assumption of leadership in all public health movements by the physicians of the counties



EDITORIAL



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For list of officers of County Medical Societies, see May 15 issue, advertising page xxviii

COUNTY DEPARTMENT OF HEALTH FOR SUFFOLK COUNTY

The Board of Supervisors of Suffolk County at its regular meeting on August 27, voted unanimously to establish a County Department of Health under the provisions of section 20-b of the Public Health Law This action was the result of the quiet work of the Suffolk County Medical Society, with the assistance of Dr Matthias Nicoll, Jr, State Com-

missioner of Health, and the support of the Suffolk County Dental Society and the Suffolk County Tuberculosis and Public Health Association The medical profession of the county originated the movement and carried it to a successful conclusion A full account of the establishment of the department will appear in the next issue of this Journal



MEDICAL PROGRESS



Two Apparent Recoveries from Anesthetic Leprosy Following Protein Shock Treatment -Philip Manson-Bahr refers to the very striking improvement and remission from active leprous symptoms that have been reported from time to time with a variety of agents reports seem to justify the surmise that reagents which cause the most profound constitutional disturbances produce the best results on the more active symptoms of the disease The intravenous injection of proteins, producing a generalized systemic reaction, was apparently first employed by Hasson, who reported successful and almost instantaneous results with intravenous injections of a vaccine consisting of 15,000 million killed B pyocyaneus and 5,000 million leprosy bacilli The reactions caused by these injections appeared to be those of a severe protein shock Dyce Sharp has reported almost as favorable results from the intravenous injection of sterilized preserved milk Manson-Bahr reports two cases of anesthetic leprosy treated along these lines In the first case six intravenous injections of Hasson's vaccine, varying from ½ to 1 c.c. were administered, with intervals of not more than a week between the injections There was nothing in the reaction to distinguish it from ordinary protein shock In the second case typhoid and paratyphoid vaccine (TAB) was given, beginning with 50 million organisms and gradually increasing to 200 million killed bacilli jections were made at intervals of a week onset of the shock was considerably delayed, usually occurring in from four to twelve hours In both cases the improvement in the patient's general condition, the restoration of the destroyed tissue and the return of sensibility were too apparent to be incidental. In early lesions of anesthetic leprosy protein shock treatment is certainly worth a trial-Lancet, June 2, 1928, ccxiv, 5466

Abdominal Pain in Children Due to Enterospasm—Henry Heiman and Philip Cohen describe a type of abdominal pain in children which has received more attention on the part of pediatricians in Germany than in this country. This pain is peculiar to children from the ages of four to twelve years. It is usually referred to the umbilical region, less commonly to the right and left iliac regions, and to the epigastrium. The ingestion of food usually brings on the colic, but this may bear no relation to meals, and often the mere sight of food causes an attack. The usual symptoms are vomiting and constipation, or an urgency of defecation with anorexia. Most of the chil-

dren present a picture of vagotonia or have a pronounced neuropathic make-up Emotional factors and infection are common exciting Physical examination is negative except when during abdominal palpation a spasm occurs and a soft, cord-like mass (spastic intestine) is felt. Roentgen-ray studies are not wholly satisfactory The authors, however, were fortunate in making r-ray examinations while the patients were having attacks of enterospasm The roentgenograms showed spasm of the colon and plyorus, with hypertonicity and hyperperistalsis of the gastroenteric tract. The most effective treatment is atropine, either tincture of belladonna or 1 to 1,000 solution of atropine sulphate, a half hour before meals The condition has often been mistaken for appendicitis The term enterospasm is preferable to the German expression "Nabelkolik," as better describing the pathological physiology of the disease -Archives of Pediatrics, July, 1928, xlv, 7

Will the Malarial Treatment of Syphilis in General Supplant the Use of Drugs?-Professor Zieler of Würzburg virtually asks this question in a paper on malaria treatment as a general antisyphilitic, especially in early syphi-By this means we can certainly produce a general sterilization, but the author does not believe it indicated in cases which respond well to arsphenamine and other drugs. In the few cases which prove refractory to the latter, the malaria treatment should certainly be used The ease and rapidity of a malarial cure are evidently offset by a certain amount of risk Again if the patient develops early implication of the nervous system (recurrent meningitis) the malarial treatment is indicated, although there is no certainty that recurrence will be prevented even if both plans of treat-This may also apply ment have been used to metasyphilis The malarial treatment is of course non-specific while the drugs employed are to be classed as specifics The author suggests for neuro-recidive cases a strong course of drug treatment, to be followed by malarial inoculation The dangers of the latter are slight in young and strong patients with early syphilis, and 10 or 12 courses have been given without prejudice under these circumstances But the principle of giving a patient a serious disease in the attempt to cure another disease is evidently not sound as a routine measure It might be rejoined that there is as much risk involved in giving arsphenamine by the intensive methods, which are only allowable in

1056 EDITORIALS

THE COMMITTEE ON THE COST OF MEDICAL CARE

The Committee on the Cost of Medical Care is the outcome of a conference between half a dozen public health workers which met first in the year 1925. Then in May, 1927, the workers arranged a conference at the time of the annual meeting of the American Medical Association in Washington, and formed a committee which received the unofficial support of the national organization. Its chairman is Dr. Ray Lyman Wilbur, past-president of the A. M. A.

The committee has forty-two members, of whom twenty-three are physicians and fourteen are classed as private practitioners of medicine New York State is represented by Dr N B Van Etten and Dr Haven Emerson The headquarters of the Committee are at 910 Seventeenth Street, N W, Washington, D C The committee receives financial support from several organizations, including the Carnegie Corporation, the Milbank Memorial Fund, and the Russell Sage Foundation. It has a budget of between sixty and seventy-five thousand dollars. The A M A will cooperate with the committee and will make some of the studies at its own expense.

The committee has adopted a program of investigation which is intensely practical. It has no objective which it seeks to justify, nor any organization to advertise, nor any movement to promote. It seeks facts regarding sickness. It will first make an examination of present conditions relating to sickness. It will then formulate

the diagnosis, and lastly, will devise and apply a remedy

One of its lines of investigation will be the income of physicians

A doctor's bill is by no means the principal item in the cost of sickness, as is commonly supposed. There are drugs to be bought, nurses to be hired, hospital bills to be paid, and often the expense of a funeral with its outward show, and the doctor is the only creditor that does not demand cash. Every physician, therefore, is vitally interested in a study of actual conditions as they exist in a variety of communities.

The scope of the work of the committee is set forth in a forty-page pamphlet, which is thrillingly written and will appeal to physicians because of the practical nature of the questions which will be asked, some of which are What diseases and conditions are responsible for disability and inefficiency? proportions of persons need medical service? What is the capital investment and income of What is the physicians in private practice? capital investment of hospitals and clinics? All these and many more similar data will be investigated by the committee and reports made from time to time

Every physician will benefit by this report, for it will not only give him a basis for the adaptation of his own economics, but will give the people generally an idea of their proper relation to the medical profession

LOOKING BACKWARD

This Journal Twenty-five Years Ago

Post-Graduate Instruction —We are accustomed to think that the physicians who went to European clinics a generation ago numbered thousands, but the following editorial from the August, 1903, JOURNAL seems to indicate that they were only a few hundred

"Every physician in active practice of eight or ten years feels the necessity of freshening up his ideas by a short course of study. Often this is preliminary to his taking up some special line of work. Up to twenty years ago it was customary to go to Paris for this instruction. In later years the bulk of those going abroad have made. Vienna or Berlin their objective point, and today there are more than a hundred American physicians in each of those cities doing post-graduate work. Scattered over Europe will be found at least 300 others busy at work. The question naturally arises,

Have we not post-graduate medical schools here in this country competent to teach these men as well, if not better, than is done abroad?

"Why should men go to the expense of a voyage of 4,000 to 5,000 miles, why should they strive to listen to a lecture, the language of which they but half understand, even after weeks and months of residence abroad, why should they sacrifice time and comfort if they can get the same thing here? It is high time that we should determine these reasons and adopt and improve on European methods in this matter. The city medical societies supply a vast amount of post-graduate instruction of a superior kind, but they are not properly appreciated. Perhaps in the future, they may successfully solve the problem of post-graduate instruction."

stage of the disease and for a sufficient afterperiod to permit healing of the recently acquired heart lesions There seems to be no reason for keeping patients in bed for months after the disappearance of signs of active in-Tonsillectomy cannot be said to have demonstrated its value as a preventive either of rheumatic heart disease or of the recurrence of acute attacks of rheumatic fever currences take place in 50 per cent of the patients whose tonsils have been removed patient's life should be regulated as regards exercise, good hygiene, and the problems of suitable occupation and marriage. In the absence of active infection exercise that is pleasurable does no harm The amount of damage which the heart has incurred and the financial, social, and intellectual status of the patient have a significant bearing upon the advice to be given in the individual case—New England Journal of Medicine, July 19, 1928, CACIN, 2

The Incretory Function of the Interstitual Cells of the Testicle—Professor E J Kraus of Prague gives a preliminary communication on this subject. Of a number of theories in more or less vogue he inclines chiefly to the trophic, although certain objections can be adduced as to its universality He is of opinion that nutriment specific for the germinal cells is stored in the interstitial cells, but must reach the former through the blood and not by con-However this may apply only to certain lower animals—the author has studied cats especially—and in general it is probable that both routes are available under various circumstances It is known that with the elimination of the hypophysis the interstitial cells undergo atrophy to a greater or less extent and in general there is some functional association of a hormonic character between the midbrain and these cells Another element to play a role in the trophic function of the cells in question is the nerve supply, for the relation between the nerve filaments and the extratesticular interstitial cells suggests that which subsists between the sympathetic nerves and the suprarenal glands Finally it is by no means certain that the increase in size seen in the cells is due solely to the storage of nutri-Many of the finds in animal experiment, as well as those in the human clinic, suggest that the cells have a double function, trophic and incretory However, there is nothing to show conclusively that these cells contain any element which is specific for maleness, for this principle is bound up in the primitive seminal cells only -Klinische Wochenschrift, July 8, 1928

Mixed Scarlet Fever and Diphtheria —Dr F von Bormann of the City Hospital for Con-

tagious Diseases at Tallinn-Reval (Esthonia) speaks of the scarlet fever cumulation of cases in 1926 and 1927, the total being 1107 of which number 162 or 146 per cent were complicated by diphtheria This material presented a clinical type of disease which was quite distinct alike from diphtheria and from scarlet fever The initial symptoms were those of coryza with more enlargement of the submaxillary glands than is commonly found in scarlet fever The appearance of the throat was of no value for diagnosis for it might indicate catarrhal angina or scarlet fever There was next a stationary period in which fever may have subsided but by the close of the first week a decided aggravation was apparent discharge became purulent and bloody, the nasal orifices raw and crusted, the lips cracked and crusted, the tongue, teeth and gums covered with an offensive and dirty coating while the throat showed mostly the picture of necrotic angina, true diphtheritic membrane being the exception The glands were now the seat of phlegmonous cellulitis resembling greatly that of Ludwig's angina The mortality which was high was cut in two in the series of cases in which both antitoxin and scarlet fever serum were used seasonably Even here, however, it was 342 per cent, and the use of either serum singly was without marked effect, although results were slightly better under anti-In regard to bacteriology the Klebs-Loeffler bacıllus was found in 75 per cent of cases studied, although in small number There is no mention of any research for hemolytic streptococci The high mortality was due partly to deaths from sepsis, bronchopneumonia and various purulent metastases great difficulty in nourishing the patients was doubtless a contributory factor for they were The cases were largely in extreme emaciation not of the type of malignant diphtheria which has prevailed in Berlin recently for here there was no suggestion of a scarlet fever component - Deutsche medizinische Wochenschrift. June 29, 1928

Treatment of Migraine—Since it is generally agreed that migraine is due in some way to a functional disorder of the vegetative nervous system, J Purdon Martin says the specific treatment involves (1) the use of drugs acting on the vegetative nervous system, (2) the giving of general nervous sedatives, and (3) the correction of ocular refractive errors. Foci of infection in the tonsils or elsewhere should receive thorough treatment. Of the drugs which act on the vegetative nervous system those most in vogue are nitroglycerin and thyroid extract, calcium lactate has also been credited with good results. Liquor trinitrini (spiritus glycerylis nitratis, U.S.P.), ½

strong subjects under 30 years of age, but this does not apply to the less intensive use of the drug with hismuth and mercury, which will doubtless continue to be our routine resources—Deutsche medizinische Wochenschrift, June 22, 1928

Is There a Sleep Center in the Region of the Third Ventricle?—Drs A Devic and G Morin refer to the thin layer of grey matter which surrounds the region of the third ventricle and the aqueduct of Sylvius which for many years has been an object of indifference to brain students Its depth has made it very difficult for the experimenter and the importance of the adjacent hypophysis has also dwarfed its significance In 1913 some work by Camus and Rousy appeared to attribute to it some of the functions which are usually regarded as belonging to the hypophysis, but this possibility is still sub judice. Even before this period there was discussed the possibility of a sleep center somewhere in the brain and the slow cumulation of many clinical and experimental data has served more and more to associate this region with the hypothetic center belong the finds incidental to lethargic encephalitis and narcolepsy Under the latter must be understood chiefly the forms symptomatic of organic brain disease, in which lesions are found in the region in question, although in certain cases of apparently idiopathic narcolepsy similar lesions have been found to reverse the order, tumors in the region of the third ventricle may manifest themselves by drowsiness, lethargy, and attacks of narco-The authors sum up the knowledge of a sleep center to date as follows. In the mesencephalon there is probably a center for the regulation of sleep Such a view does not in any way discredit the theory that sleep comes about as a result of cortical inhibition. In addition to the evidence submitted above other documents may be added, such as the results of injection of calcium in the zone in question and the action of a group of drugs known as mescncephalic hypnotics-chloral, veronal, etc. Journal de médecine de Lyon, June 20, 1928

Clinical Contribution to the Problem of Thyroxin—E A Burmeister sketches the discovery by Kendall of thyroxin and the proofs that it is the sole thyroid hormone, and the success of Harrington in the synthesis of this substance. Both the natural and synthetic forms have been extensively tested by the various routes and the actions compared with those of the older thyroid preparations. The author himself has tested two series of 15 patients each with the two forms and has found notable points of difference. Thus native thyroxin promotes divires while the synthetic form shows

no such activity. The changes in weight also show much difference, for the native form given under weekly control, practically alvays caused some reduction, either slight or marked, while the synthetic, although a fer patients showed some reduction, was often quite inert, some patients even gaining slight-Moreover the reduction under the native form was steady and progressive. These results of the authors are not the first to be published, but they fully corroborate the earlier efforts of Schittenhelm and Eisler The cause of this discrepancy will have to be sought along physiological experimental lines. The two drugs were given by the author by the mouth, as usual in all thyroid medication Since the composition of this article two other experimenters have obtained results which bear out the author fully Abelia in certain animal experiments has found native thyroxin 200 per cent more powerful than the synthetic while Zondek and Koehler found it necessary to give the latter in large and almost toxic doses to secure the results obtained by small doses of the native hormone -Münchener medızınısche Wochenschrift, June 22, 1928

The Prognosis and Treatment of Rheumatic Heart Disease -In summarizing our knowledge of these aspects of rheumatic heart disease, William D Reid states that the pingnosis of this affection depends more upon the nature of the rheumatic infection than u,ion the structural lesions in the heart rences of the active stage of the infection are common, but difficult to predict. The age of the patient appears to be an important factor Available stain determining the prognosis tistics show that the heart is involved in the initial attack in 78 per cent of patients between five and ten years of age, and in not less than 50 per cent of those less than 25 years of age Recurrences are much less frequent in patients older than 25 years at the time of the first at-The average case progresses to a fatal Convalescence termination in fifteen years from the first attack is the rule fibrillation is a common sequela after a lapse of some years There is today no specific therapy for rheumatic affections. The salicylates are efficient in relieving the exudative phenomena, such as joint pains, but not those of the proliferative type A suitable prescription is one consisting of sodium salicylate 5 drachms, potassium bicarbonate 10 drachms, and peppermint water 4 ounces. One to two ounces are taken in a half a glass of water every two to four hours until relief is obtained, then three times a day This is the adult dose The continued prescribing of salicylates after convalescence is established is open to ques-Rest in bed is indicated during the acute

stage of the disease and for a sufficient afterperiod to permit healing of the recently ac-There seems to be no quired heart lesions reason for keeping patients in bed for months after the disappearance of signs of active in-Tonsillectomy cannot be said to have demonstrated its value as a preventive either of rheumatic heart disease or of the recurrence of acute attacks of rheumatic fever Recurrences take place in 50 per cent of the patients whose tonsils have been removed patient's life should be regulated as regards exercise, good hygiene, and the problems of suitable occupation and marriage. In the absence of active infection exercise that is pleas-The amount of damurable does no harm age which the heart has incurred and the financial, social, and intellectual status of the patient have a significant bearing upon the advice to be given in the individual case—New England Journal of Medicine, July 19, 1928, CACIN, 2

The Incretory Function of the Interstitial Cells of the Testicle -- Professor E J Kraus of Prague gives a preliminary communication on this subject. Of a number of theories in more or less vogue he inclines chiefly to the trophic, although certain objections can be adduced as to its universality. He is of opinion that nutriment specific for the germinal cells is stored in the interstitial cells, but must reach the former through the blood and not by con-However this may apply only to certain lower animals—the author has studied cats especially—and in general it is probable that both routes are available under various circumstances It is known that with the elimination of the hypophysis the interstitial cells undergo atrophy to a greater or less extent and in general there is some functional association of a hormonic character between the midbrain and these cells Another element to play a role in the trophic function of the cells in question is the nerve supply, for the relation between the nerve filaments and the extratesticular interstitial cells suggests that which subsists between the sympathetic nerves and the suprarenal glands Finally it is by no means certain that the increase in size seen in the cells is due solely to the storage of nutri-Many of the finds in animal experiment, as well as those in the human clinic, suggest that the cells have a double function, trophic and incretory However, there is nothing to show conclusively that these cells contain any element which is specific for maleness, for this principle is bound up in the primitive seminal cells only -Klimsche Wochenschrift, July 8, 1928

Mixed Scarlet Fever and Diphtheria —Dr F von Bormann of the City Hospital for Con-

tagious Diseases at Tallinn-Reval (Esthonia) speaks of the scarlet fever cumulation of cases in 1926 and 1927, the total being 1107 of which number 162 or 146 per cent were complicated by diphtheria This material presented a clinical type of disease which was quite distinct alike from diphtheria and from scarlet fever The initial symptoms were those of coryza with more enlargement of the submaxillary glands than is commonly found in scarlet fever The appearance of the throat was of no value for diagnosis for it might indicate catarrhal angina or scarlet fever. There was next a stationary period in which fever may have subsided but by the close of the first week a decided aggravation was apparent discharge became purulent and bloody, the nasal orifices raw and crusted, the lips cracked and crusted, the tongue, teeth and gums covered with an offensive and dirty coating while the throat showed mostly the picture of necrotic angina, true diphtheritic membrane being the exception The glands were now the seat of phlegmonous cellulitis resembling greatly that of Ludwig's angina The mortality which was high was cut in two in the series of cases in which both antitoxin and scarlet fever serum were used seasonably Even here, however, it was 342 per cent, and the use of either serum singly was without marked effect although results were slightly better under anti-In regard to bacteriology the Klebs-Loeffler bacillus was found in 75 per cent of cases studied, although in small number There is no mention of any research for hemolytic streptococci The high mortality was due partly to deaths from sepsis, bronchopneumonia and various purulent metastases great difficulty in nourishing the patients was doubtless a contributory factor for they were The cases were largely in extreme emaciation not of the type of malignant diphtheria which has prevailed in Berlin recently for here there was no suggestion of a scarlet fever component -Deutsche medizinische Wochenschrift, June 29, 1928

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to 1 minim, is given over long periods, except during the actual attacks Thyroid is usually given in doses of 2 grains of the dry extract taken at bed-time Of the nervous sedatives luminal is undoubtedly the best, it is given in doses of 1 to 11/2 grains at night or 1 grain night and With the less severe types of migraine, luminal and thyroid are often sufficient without the liquor trinitrini General hygienic measures are also of great importance condition of the bowel is naturally the first care, and even though constipation is not present great benefit is derived from a morning The diet and general mode of life should be regulated according to the needs of the individual case If the prodromal symptoms are recognized, an attack may often be aborted by a dose of calomel or a Seidlitz powder and full doses of aspirin, or one of its congeners, every two or three hours Occasionally chloral or veronal may be required, and in rare cases morphine is used to enable the patient to retain nourishment in a prolonged attack —Lancet, July 14, 1928, ccxv, 5472

A New Bone Disease —A Leri and J A Livre describe as new an affection which is characterized as a hyperostosis of one member -in the case under observation the entire upper extremity of the left side, from shoulder to fingers However, not the entire breadth of the limb is involved but only a ridge resultsa linear hyperostosis The authors reported their case for the first time in 1922 and since that time six others have come to light in various parts of the world In four of these an upper limb was involved, in three others a lower limb In the latter location the line runs from pelvis to toes. In the forearm and leg only one of the two bones may be involved, or if both are involved it is at different levels Likewise only a part of the carpal and metacarpal bones are involved and only certain The process begins in the digits as a hypertrophy with much deformity, usually at about the second dentition, and progresses very slowly Nothing has as yet been elicited as to its origin and nature. Our knowledge of the histology is thus far limited to a few biopsies Owing to the absence of rontgenograms and of all illustration it is rather difficult to visualize this affection, but there seems to be no doubt that the disease is not only new but that it represents a transition between general diseases of bone-like rickets, osteomalacia and achondroplasia-and focal affections which are usually due to microorgan-There is nothing in the new affection

to suggest a parasitic origin nor is there any evidence of a congenital anomaly of growth—Bulletin de l'Académie de Médecine, June 26, 1928

The Sacroiliac Problem — C B Heald, writing in the Lancet, July 14, 1928, ccvv, 5472, discusses a group of cases of sacrolliac disability in which the following three factors were constantly present (1) A history of relatively sudden onset of pain in the back following a muscular movement of the "surprise" type, and quite insufficient to cause a dislocation of a joint the size of the sacroiliac synchondrosis, (2) inability to cough without pain and without accentuating all symptoms, (3) complete inability to lie flat on the back and lift both legs (when separated by about six inches) simultaneously off the ground with the knees fully extended Heald has come to recognize that this double-leg lifting test is important in distinguishing one group of "backache" cases from all others assistance of Prof Lucas-Keene, has has endeavored to find an anatomical theory which would explain these cases in which absence of severe trauma ruled out sacroiliac joint dis-The hypothesis which he proplacement pounds is that the original injury is a comparatively minor tear of the inner portion of the quadratus lumborum and of its anterior fascial covering, commencing from the point where it becomes continuous with the iliolumbar ligament as this stretches from the tip of the transverse process of the lumbar vertebra, almost horizontally outward to the inner lip of the iliac crest. This hypothesis covers the majority of the symptoms so well, and corresponds with the effective lines of treatment so closely, that it may be accepted as a simple working description of a controversial condi-Treatment largely depends upon the duration and severity of the symptoms, the size, age, weight, and fatty covering of the pa-In heavily built patients with severe pain and complete inability to begin doubleleg lifting, rest in bed, completely flat, with a pillow under the buttocks, is the first essential If this does not lessen the pain strapping should be put on If this fails, the strapping is removed, and with the patient anesthetized general mobilization movements are carried The patient is then treated as before for several days, when massage and passive movements are commenced. At the end of a week strapping is applied and the patient allowed to be up, provided the ability to begin double-leg lifting has returned



LEGAL



By LLOYD PAUL STRIKER, ESQ Counsel, Medical Society of the State of New York

TRIAL BY JURY

There is probably no feature of Anglo-Salon institutions more distinctive or more characteristic of a liberty-loving race than trial by jury. This system comes to us from the very dawn of English history. It is predicated upon the belief that there resides within the breast of the ordinary man an innate sense of justice, and that in the long run, our lives, our liberty and our property are secure within the keeping of any twelve of our fellow countrymen. The system brings into the administration of justice the human touch. It alleviates the asperities and rigidities of the law through the application of what might well be called "the equity of common sense."

In this day of rapid change, when all of our institutions are in the crucible of scrutiny, it is not infrequently asserted that the jury system is a failure, and that the administration of justice could more adequately be carried on, were cases to be decided by those trained in weighing proof. It has been frequently declared that the adjudication of disputes could be more scientifically made, were a judge or a court of judges to decide both facts and law, instead of leaving factual disputes to the determination of twelve men From a long observation of the courts, and from the constant trial of cases over a period running back nearly twenty years, the writer feels constrained emphatically to dissent from the suggestions Juries do not always of these innovators render justice Yet it has been our observation that where the trial is adequately conducted by the presiding judge, incompetent or irrelevant testimony has been rigorously excluded, and the issue is left to the jury under a plain, clear charge incapable of being misunderstood, that in the long run, the verdict which the jury renders represents a fair decision and one consonant with justice in its truest sense

Men trained in the ordinary activities of life, whether they be salesmen, clerks, executives, storekeepers, businessmen, or whatever the calling which may claim them, have learned much of human nature, of human kindness and of selfishness, of the motives of self-interest, of greed and avarice, and especially they have built up an intuitive discrimination that enables them to sift out truth from falsehood, and thereby to reach a conclusion as to where

is the real fundamental right and merit of the The wisdom and the penetration with which ordinary jurors usually approach their work, is sometimes a matter of surprise to the lawyer, who feels that by his training and education he is better equipped for these things than any juror could be A lawyer has neglected much of the education available for him who has not seized upon his opportunity to discuss his case with the jurors after their verdict has been rendered,-both where he has triumphed, and where his efforts have resulted in an adverse verdict He will find from such interviews that the weaknesses of his own case have not been overlooked, nor have the flaws in the contentions of his adversary gone unnoted He will hear many shrewd observations as to why this or that witness was or was not believed. He will find that the narrative rendered from the witnessstand has been tested, not only by the observation of the witness as he testified, but by a comparison with what was or was not under all the circumstances inherently probable or The lawyer who has embraced ımprobable the opportunities afforded by such discussions will come to take a different outlook upon his future cases, and perhaps will equip himself to form a shrewder and more penetrating judgment as to the real merits of some future case He will come to see it as twelve jurors will be likely to see it when finally they retire for their deliberations in the jury room

Were the writer to be asked as to possible beneficial additions to the curricula of the law student, he would say that every man who contemplates an active career at the bar as a trial lawyer, should be compelled during at least one month of his apprenticeship to serve as a trial juror. He would thus learn much of that which is nowhere written down, for in all the legal literature there is little that will guide him as to how and in what way in actual practice a jury of twelve men will consider and decide a controversy

It is not often that a juror is as articulate as Lawrence W Rogers, whose interesting article "Gentlemen of the Jury" appeared in the Sunday supplement of the New York Herald Tribune of July 8th, 1928 Many of his reflections are worth quoting "Two points," he says, "are burned into the juror's mind

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early in the game First never go to court unless you have facts to sustain your feelings Flimsy evidence prejudices a jury against you Second, if you are going to court obtain the best counsel you can get The lawyer who is not alert and 'on to his job' has little chance when he gets in the company of those who can play all around him in court procedure An inefficient trial lawyer is, in fact, woefully out of luck unless there chances to be a member of the jury with the peculiar combination of sympathy, intelligence and personality to plead his case for him all over again when it reaches the jury room. While this sometimes happens, it is a most uncertain thing to depend upon Many just claims are undoubtedly lost by blunders, together with failure to detect and seize upon the proverbial psychological moment."

An interesting, if rather sobering sidelight on the way in which expert testimony is sometimes regarded is thus referred to by Mr "In one damage suit, two profes-Rogers sional witnesses, a bone specialist and an x-ray specialist took an armful of human spines and x-ray plates and proved the plaintiff had an incurable disease that could have come from only the accident named The defendant then put on the stand two similar specialists, who both declared the x-ray plates to show no diseased condition and insisted that in any event the disease could not possibly have been caused by the accident in question 'Some of these professional witnesses do take the cake,' impatiently remarked one of the jurors when the case had finally reached us after three dry, tedious days 'What ghost of a show have we, anyhow? The question for us to settle is, who lies?' 'I think they are full of banana oil,' spoke up another, 'and I suggest that we kick their evidence out and stick to the point of whether or not there was negligence on the part of the railroad' 'Second the motion' shouted the crowd, and the case was decided on the non-professional evidence"

The importance of conservative and of truthful statements in court, both by litigant and counsel, is further emphasized in this article "An extravagant first statement," says Mr Rogers, "unless substantiated with convincing evidence, will live to damn the lawyer or client who makes it Some juror is sure to bring it up and prejudice the whole case A girl had been knocked down and trampled by a crowding mob on a flight of stairs leading from an upper to a lower station level and had brought suit against the transit company been hurt and seemed sincere, the jurors were deeply moved 'We agree that the girl is injured,' said the defendant lawyer, an ingratiating fellow visibly touched, 'but it is one of those tough things of life Crowds are

everywhere, and you cannot stop them People will push and shove in spite of all you can do We feel that we cannot be held liable, as we are doing everything humanly possible to meet congested traffic conditions' This latter statement caused trouble When brought up in the jury room it opened a train of discussion that led the jury to conclude that the transit company positively was not doing 'everything humanly possible to meet congested traffic conditions' With this claim punctured, it was a quick sequence to the belief that there should have been a guard at the head of the stairs to direct traffic properly and a verdict for cash damages was reached"

An interesting observation for the trial lawyer, expressing a truth which the writer has often emphasized, was contained in this article in these words "In the long run, I have observed, jurors prefer the lawyer who respects the court and opposing counsel and who can present his facts in a simple, clear-cut manner and keep hammering them home until they get under the skin. They love the fellow who is a good sportsman and who "knows his onions"."

A previously unwritten chapter of what occurs in the jury room, of how jurors actually reach their determination, and how the recalcitrant or unreasonable members are sometimes overborne, is here given "A contrary streak in human nature," writes Mr Rogers "often crops out in the jury room. In one instance, after the patience of most of the jurors had been exhausted, one of the enraged ones sprang to his feet, shook his finger in the face of the obstinate member, and asked 'Didn't the judge tell us that if there was negligence shown on the part of both defendant and plaintiff, the verdict must go to the defendant? 'Yes,' answered the objector 'Have we not established the actual fact that both parties were negligent?" 'Yes' 'What else can you do, then, but vote for the defendant?' 'That's all,' admitted the recalcitrant one 'What are you hanging out for, then?' 'Well, I'd like to give the plaintiff a little something, and I shall hold out here all day unless we do it!' 'Like hell you will,' snapped the angered juror you don't vote for the defendant in the next two minutes you'll get a bung on the nose!' Such men sometimes have to be jounced into line, especially when they agree in the main with the majority, but want to hang out on petty details"

But some captious critic of the jury system may observe How can twelve ordinary men be competent to decide a case? What do they know of the canons of decisions? How possibly can they be versed in the nature of the judicial process? Such critics might abandon this attitude were they to read those fascinat-

ing essays which have just come from the Columbia Press, and whose author is the distinguished Benjamin N Cardozo called these interesting pages "The Paradoxes of Legal Science" "When," he says, "I asked an American judge, who is widely admired both for his skill and for his impartiality, how he and his fellows formed their conclusions, he * * * laughed, and said that he should be stoned in the street if it were known that, after listening with full consciousness to all the evidence, and following as carefully as he could all the arguments, he waited until he 'selt' one way or the other" If that is the way in which judges decide, surely there can be no just criticism of jurors when they employ the same method

After all, justice is a thing "felt" and perceived, rather than defined. It is not administered in accordance with the rules of Euclid but in conformity with the principles of life and human nature. "The sacred rights of mankind," said Alexander Hamilton, "are not to be rummaged for in old parchments or in musty records. No, for they are written as with a sunbeam in the whole volume of human nature, where they can never be obliterated or obscured by mortal power." Edmund

Burke somewhere said in substance that the ultimate purpose of all taxation, of all armament, of the navy and of the army, and of government itself, was to bring twelve honest men into the jury box

The jury system is protected in the United States courts by the Federal constitution, and in our State courts by the constitution of our May we never lose it! In the court-State room before twelve men, there is daily unfolded the thrilling drama of human life Kindness and malice, affection and hate, good faith and chicane, duress and fair dealing, run through the texture of the plot like the warp and woof of some fascinating priceless tapes-There rivaling all the emulations of the stage, the book of life is daily opened, where even those who run may read Were the jury system to be eliminated, much of the drama, the color, the thrill and the romance of trials and courts would be taken with it But were this system of administering justice to be changed, there would likewise go one of the greatest guarantees of liberty which Anglo-Saxons were able to devise, and which their descendants appreciated and retained in the fundamental laws of both the nation and the state

FAILURE TO ATTEND AT DELIVERY

An obstetrician had been consulted by a patient on June 5th and upon examination he found that she was pregnant. The patient gave him a history of having given birth to three dead children The obstetrician found that the patient's pregnancy did not correspond with her history of menstruation He prescribed lutein extract in capsules On June 12th the patient telephoned the obstetrician that she was spotting and staining and the patient was advised to enter a hospital That evening the patient was seen by the physician at the hospital On the following morning when he called he found that she had expelled a dead fetus of about four months' gestation Thereafter he called upon her daily until June 16th, giving her the necessary care and attention for her condition On the following day the physician left for Europe, leaving the patient in The patient was never the care of his assistant thereafter seen by the obstetrician He was not paid for his services and in an attempt to collect for the services a suit was instituted by him which resulted in a malpractice action

In this action it was charged that in May, when the plaintiff was pregnant with child, she had engaged the defendant obstetrician to render her all necessary professional services in connection with her expected confinement, and that the defendant as such physician and surgeon under-

took to render this service to the plaintiff she was requested by the defendant to notify him when she experienced labor pains, and that on June 12th she had notified the defendant of this condition That she was directed to enter a hospital where the defendant would attend her was charged that the defendant did not render the necessary services to the plaintiff, but failed and neglected to do so and that shortly after entering the hospital the plaintiff was delivered of a dead male child by the head nurse of the That after the delivery of the child the defendant had called upon her at the hospital and that she requested him to render her the necessary treatment, but that he failed and refused to do so and permitted her to be without service or treatment of any kind. The patient further charged that the defendant had failed to render the necessary services in connection with the delivery of the afterbirth That she was confined in the hospital for a period of eight days during which time the defendent wholly failed and refused to render any services That she was compelled to be in bed for four weeks after leaving the hospital and that by reason of the inattention upon the part of the defendant, her health became undermined and impaired, that she lost considerable blood and suffered great pain in her abdomen and back

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The action came on for trial and on cross-examination of the physicians who testified in behalf of the plaintiff, it was shown that the results complained of by the plaintiff were the natural consequences of her pregnant condition and the delivery of the

dead fetus That there was no negligence or carelessness upon the part of the defendant and nothing that he had done or failed to do was the cause of her alleged injuries. The trial resulted in a verdict in favor of the defendant

SCALP WOUND—SUBSEQUENT CELLULITIS

This was an action brought on behalf of an infant patient. The complaint charged that in the month of July the child was struck on the head, as a result of which, he had sustained a severe gash on the scalp That the defendant physician had represented himself as a skillful and competent physician and was employed to operate and did operate upon the infant patient in his endeavor to cure him of his wounds. That the operation and treatment of the defendant were negligent and careless and he permitted filth and dirt and other foreign substances to remain in the scalp, as a result of which the infant patient sustained a cellulitis causing the patient to be confined in a hospital for about six months and otherwise causing him injury and damage

One action had been instituted in this matter and after the joinder of issue was placed on the calendar. However, when it was about to be reached for trial it was marked off the calendar and no steps were taken by the plaintiff to restore it for trial. On behalf of the defendant a motion was made to dismiss the case for lack of prosecution. Thereafter a new action was instituted which finally came on for trial. The plaintiff, after making numerous attempts to procure a settlement, and being unsuccessful discontinued the action.

One July afternoon there came into the office of the defendant physician a boy about ten years of age who had a scalp wound about an inch in length and about a quarter of an inch deep. The skull was not touched, nor were any arteries severed. The parts around the wound were shaved by the doctor and cleansed with tincture of green soap and water. After the wound had been washed, it was sterilized with a 2% solution of lysol, thereafter dried and tincture of iodine applied. Three sutures were taken in the wound, the needle being sterilized before being used and the sutures were silk worm gut. A sterile dressing was then applied to the wound. The patient

was directed to return within forty-eight hours Upon his return the dressing was removed and the wound inspected, which appeared clean and in good condition. There was no evidence of any infection or inflammation, no swelling, no pus

Tincture of iodine was again applied to the wound and a sterile dressing placed thereon. At each of the times that the child was seen by the physician, he and his mother were instructed that the wound, the bandage and the parts around it should be kept clean. After the second visit the child was instructed to return in about four days. At this time there was no bandage on the wound. However, the wound had healed by first intention and the sutures were then removed. Iodine was again applied to the wound and a dry dressing placed over it, and the patient discharged from further care.

Two days thereafter the child, accompanied by his mother, returned to the doctor stating that the child had a temperature The physician exammed the heart, lungs and abdomen of the child and found everything normal, except a slight intestinal disturbance. At this time the doctor's attention was not directed to the wound and no examination was made of the wound and no complaint made by the mother of the child with respect to it The physician prescribed for the intestinal disturbance and it was the last time that the child was seen by the physician About two months later several men called at the doctor's office demanding money from him, charging that he negligently and carelessly treated the child They stated that it was necessary to send the child to a hospital, that the mother had no money to meet the hospital expenses and demanded that the doctor meet these expenses These men and the mother becoming abusive and insolent, the doctor ordered them from his office Thereafter this malpractice action followed which subsequently terminated in his favor



NEWS NOTES



THE LAKE KEUKA MEDICAL AND SURGICAL ASSOCIATION

The twenty-ninth annual meeting of the Lake Keuka Medical and Surgical Association proved to be one of the greatest gatherings of its kind ever held in this part of the country. First of all the registration of physicians was two hundred and seventy—a record attendance, besides, many guests, including wives, filled the meeting hall to capacity. The meeting hall, by the way, it out over the water and the view one gets out of the open windows is quite well worth mentioning. It is undoubtedly one of the prettiest spots in America.

Also the program this year was of excep-

tional character

Friday morning, July 12th, the meeting was officially opened by Dr Albert M Crance of Geneva, president of the Association, who called upon Dr James Vander Veer of Albany, president-elect of our state society to bring the greetings from the State Society Harry Trick of Buffalo, president of the State Society, was also called upon for a few remarks which were well received by the large audience Incidently, the chair recognized several prominent state society officials in the front row and made mention of each name These included Past President Dr George Fischer of Utica, Past President Dr James Sadlier of Poughkeepsie, Dr John Card, Speaker of the House, and Dr Joseph Lawrence, executive officer for the State Society

The scientific program opened with a splendid address on "The Recognition of the More Obscure Cases of Prostatic Obstruction," by Dr Arthur L Chute of Boston Discussion was opened by Dr Elmer Hess of Erie, Pa, followed by Dr James N Vander Veer, of Albany, Dr Ernest Watson of Buffalo and Dr Caryle Haines of Sayre, Pa The meeting adjourned for a delightful dinner which included Lake Keuka trout served in excellent style under the management of Mrs B M Young, proprietress of the Keuka Hotel

The afternoon session opened promptly at 1 40 with the meeting hall filled to capacity Three excellent addresses were given during the afternoon Dr Frank Lahey of Boston, gave an address on "Goiter" Discussion was opened by Dr Marshall Clinton, of Buffalo, Dr Donald Guthrie, of Sayre, Pa, Dr William Johnson of Batavia, and Dr Frederick S Wetherell of Syracuse, N Y Dr William Allen Pusey of Chicago gave an excellent address on "Eczema" Discussion by Dr George M Fisher of Utica, N Y, Dr Earl D Os-

borne, of Buffalo, N Y, Dr Albert MacFarland of Rochester and Dr Herbert H Bauchkus, of Buffalo, N Y Dr E Livingston Hunt of New York City, gave an excellent moving picture clinic on Locomotor Ataxia Discussion was opened by Dr G Kirby Collier of Rochester, N Y, Dr Eugene N Boudreau of Syracuse, N Y and Dr David C Wilson of Clifton Springs, N Y Following the first day scientific session, the doctors enjoyed swimming, motor boating and all of the various sports at this resort. In the evening dancing took place in the same hall out over the water

The Friday morning session opened at 10 A M with the largest attendance on record for the second day session, and we listened to a wonderful talk by Dr Isidor Rubin on 'Sterility and Infertility" This was discussed by Dr Thomas Farmer of Syracuse, Dr James King of Buffalo, Dr Stuart B Blakely of Binghamton and Dr George Gelser of Rochester

Lastly, a splendid address on the "Control of Cancer" was given by Dr Joseph Colt Bloodgood of Baltimore Dr Bloodgood's views on cancer alone were well worth hearing and many pronounced it the most wonderful address on this subject that they had ever heard Exceptional discussions were led by Dr John Swan, of Rochester, Dr Walter Machemer of Buffalo, Dr Arthur S Chittenden of Binghamton, Dr Otto K. Stewart of Hornell and Dr Arthur Booth of Elmira, N Y

As is customary, following the Thursday afternoon program all the chairmen from the twenty-one counties included in this society plus all the past presidents in attendance assembled to transact the business of the association. At this meeting the following officers were elected for 1929 President, Dr Joseph R Wiseman of Syracuse, N Y, Vice-President, Dr William J Tracey of Hornell, N Y, Secretary-Treasurer, Dr John A Hatch of Penn Dr Hatch will succeed himself for the sixth time as Secretary-Treasurer of this organization, and before closing, the entire society owes to him many thanks for his untiring efforts in putting this large meeting over, and more so this year than on any previous occasion

The new officers, it is understood, are already at work on the program for next July, and we dare say that the next meeting will be still larger than the one of this year which has broken all previous records. Doctors are beginning to realize that the Lake Keuka meet-

ing gives them two days of outing combined with a scientific program made up of men who are authorities and widely known in our profession, selected from all parts of the country. The speakers feel that they have been highly honored to be asked to address this association.

The association furthermore is a help to the state society and has for the past few years realized this fact by giving a place on the program to the president-elect so that more physicians may get to know him and thereby create a deeper interest in the relation between the physicians and the State Medical Society

NEW YORK ACADEMY OF MEDICINE ACTIVITIES

of Medicine has nearly completed its plans for the two-weeks' course in the medical problems of old age, which was announced in this Journal of July 15. A description of the course and a post card for reply were sent to every doctor in New York City and a radius of one hundred miles, and over 3,000 replies and inquiries have already been received. Physicians have shown an exceptionally great interest in the course, and the prospects are that it will be eminently successful.

The course will extend over the two weeks beginning October 1st. The mornings will be devoted to hospital chines. Lectures will be given in the late afternoons and in the evenings in the Academy Building at 103rd Street and Fifth Avenue. Supper will be served in the Academy on the days of the lectures.

The practical scope of the lectures may be judged from the following examples chosen from nearly fifty lectures which compose the complete course

Dr George E Vincent, President, Rockefeller Foundation "The Doctor-Trainer or Healer?"

Dr Alfred S Warthin, Professor of Pathology, University of Michigan—Carpenter Lecture "Pathological Processes in Aging"

Dr Solomon Strouse, Associate Professor Medicine, Northwestern University "Food and Food Habits"

Dr Menas S Gregory, Director Psychopathology, Bellevue Hospital "Psychoses in Old Age"

Dr Harlow Brooks, Professor Clinical Medicine, New York University and Bellevue Hospital "Angina Pectoris"

Dr Russell L Cecil, Visiting Physician,

Bellevue Hospital "Arthritis and Old Age"

Polionivelitis Serum—The New York Academy of Medicine is making a study of poliomyelitis, and has appointed a special committee to study the disease. One phase of the work of the Committee is described in the New York Medical Week of August 4, as follows.

'This committee has determined to procure convalescent serum which will be placed in the hands of a number of physicians in the five boroughs, who will act for the committee in obtaining a complete record of each case in order to determine the effectiveness as well as the most satisfactory method of administering the serum Reports from different observers have shown that, if convalescent serum is administered prior to the onset of paralysis, good results are obtained in many instances The serum is administered either intraspinally and intravenously, or intraspinally and intramuscularly, and a few observers have reported favorable results with the administration either intravenously or intramuscularly alone

"The committee has arranged to distribute to each of the physicians whose names and addresses are given below one or more doses of the serum, and they may be called upon by any physician in Greater New York for the administration thereof. The committee points out that the supply of serum will be very limited, that it is of very doubtful value after paralysis has been noted, and that, although the diagnosis is difficult, it may be made prior to the onset of paralysis. These physicians may be called upon to aid in the diagnosis.

"The Academy will charge \$25 for the administration of the serum, which is less than the cost of obtaining and administering it"

SUFFOLK COUNTY MEDICAL SOCIETY

From the June issue of the Monthly News Letter, published by the Suffolk County Medical Society

Those meetings of the Suffolk County Medical Society which have been held in the Central Islip State Hospital have always been well attended, and the last one, which was held on May 31, was no exception

There were present staty practising physicians from various parts of the County in addition to ten or fifteen members of the Staff of the Central Islip State Hospital Also, there were present a majority of the public Health Nurses of the County and a number of wives of the members, so that the total number who sat down at luncheon

at 1 30 o'clock was eighty-eight The Suffolk County Medical Society has followed the unique practice of inviting public health workers to its meetings. The physicians of Suffolk County feel their responsibility in all forms of public health work, and they realize their dependence on the Nurses and Parent-Teachers' associations and other societies for the education of the people in all lines of preventive medicine The Nurses are prepared to understand the programs of the Suffolk County Medical Society meetings, for nearly all of them have taken public health courses which physicians who have not studied the subject would have difficulty in follow-It is not that the Nurses are learning to practice medicine, but they are learning methods of carrying on educational work among the They are also learning how to conduct epidemiological investigations, and it is the Nurses on whom the public health officials must depend for the discovery of mild cases when epidemics break out.

The meeting on May 31 was of peculiar interest to Nurses as well as to the physicians, for the principal speaker was Dr W H Park, and his subject was Poliomyelitis, or Infantile Paralysis Dr Park reviewed the present state of our knowledge of the cause of this disease. One point which he stressed was that, while the disease is always with us and it has been unusually prevalent during the past year, yet he saw no reason to anticipate any such widespread epidemic as spread in 1916.

Dr Park reviewed, also, our knowledge of the virus of the disease and of the methods inducing immunization His views are of special value since articles frequently appear in the Journals, both medical and lay, that the cause of the disease has been found and sure methods of its control have been developed As a matter of fact, the standard methods which were developed and adopted in 1916 still apply at the present time The principal point for the doctors and nurses to consider is that on them lies the responsibility of the detection and prevention of the disease Mild cases are constantly occurring, and if they are recognized promptly and are controlled, the spread of the disease will probably be effectually

prevented Experts from the State Hospitals at Central Ishp and Kings Park will be available to any physician for diagnosis and consultation

Another feature of the meeting was the exhibition of moving pictures illustrating neurological conditions in the patients of the Central Islip Hospital These pictures showed gaits, reflexes, tremors, facial expressions and other symptoms and signs by which diseases of the nervous system They have the special value of are recognized enabling the physicians to visualize the conditions which are described When a patient is brought before an audience, there is considerable delay in getting a response to the doctor's suggestions and questions, but the moving picture shows the action within a few seconds, and it can be repeated over and over, as often as desired Those who saw the pictures will be able to visualize the conditions of the patients much better than by an observation of the patients themselves

The program included clinical reports from the general hospitals of the County Drs David H Hallock and David Edwards described a case of osteomyelitis which occurred in the Southampton Hospital, and showed X-ray pictures of the condi-The striking point about the case was that the patient, a boy, had slight bone trouble and stiffness of his arm which developed into an abscess in the bone in the course of three or four The nature of the process was not perceptible by the X-rays at first, and a diagnosis was difficult until the stage of destruction of the bone had been reached The impression left by the description of the case was that physicians should have the disease in mind when they are confronted by obscure signs of tenderness or other conditions of the extremities

Dr Shlimbaum described a case of hemorrhage in the pleural cavity of a new-born baby in the South Side Hospital at Bay Shore. The treatment adopted was the hypodermic injection of fresh blood from the mother. This treatment is standard, and is nearly always immediately effectual.

After the luncheon the Nurses and ladies in attendance were shown the occupational therapy work in the Central Islip State Hospital Occupational Therapy has a very great value in the rehabilitation of the mentally deranged, and many of them are normal mentally while their hands are occupied. The patients are pleased with the opportunity to occupy their minds and hands and the occupation is a great factor in making the patients contented and happy.

It is coming to be a fact that most patients in the hospitals for mental diseases are happy and contented. This is as it should be, for mental disease is as susceptible to treatment and cure as that of the physical body.



MEDICAL WARES



BAKING POWDERS

The wholesomeness of baking powders has been often questioned Insinuations regarding their hygienic quality originated principally among rival manufacturers, each seeking to promote the sale of his own product by disparaging another's powder Doctors and dieticians have little or no criticism of the standard baking powders that are on the market, but they consider all the popular brands to be wholesome

All baking powders act by liberating carbon dioxide gas from sodium bicarbonate by an acid constituent in the powder. The old fashioned leavening consists of soda alone, and a liberation of the gas was done by the lactic acid of sour milk. These soda and sour milk mixtures are still used as leavening by many expert housewives.

A modern baking powder consists of soda mixed with an acid product which will liberate the carbon dioxide gas in the presence of water. The three acid constituents which are in common use are (1) tartaric acid or its acid salts, especially cream of tartar, (2) calcium acid phosphate, and (3) sodium aluminum sulphate kidneys and may produce some degree irritation. However, the quantity of tartrate a cake made from baking powder is far small may produce some degree irritation. However, the quantity of tartrate a cake made from baking powder is far small may produce some degree irritation. However, the quantity of tartrate a cake made from baking powder is far small may produce some degree irritation. However, the quantity of tartrate a cake made from baking powder is far small may produce some degree irritation. However, the quantity of tartrate a cake made from baking powder is far small may produce some degree irritation. However, the quantity of tartrate a cake made from baking powder is far small may produce some degree irritation. However, the quantity of tartrate a cake made from baking powder is far small may produce some degree irritation. However, the quantity of tartrate a cake made from baking powder is far small may produce some degree irritation.

The United States Department of Agriculture has adopted the standards for a baking powder and require that it shall yield not less than twelve per cent of carbon dioxide gas by weight. The common baking powders actually yield fourteen or more per cent when they are fresh, but containers are not air-tight and they admit some air containing moisture and so there may be a slight evolution of gas. In order to prevent this chemical action, starch that has been thoroughly dried under heat, is added to the powder. Since the starch is somewhat hygroscopic, it absorbs water more readily than the other ingredients of the powder and so protects them.

White of egg is also added to some powder for the special purpose of enabling anyone to make a rapid test of the amount of carbon dioxide that the powder will produce. When a teaspoonful is placed in a drinking cup of water and two or three teaspoonfuls of water are added, carbon dioxide gas will be evolved for a minute or two, and will form bubbles which will fill the cup. The white of egg makes the water viscid and so renders the formation of the bubbles possible

Much has been written about the menace of 'alum' No baking powders contain alum, and none produce alum as a residue. The scare

about alum has been advertising propaganda put forth by those who use other acid ingredients in place of an aluminum salt. When the sodium aluminum sulphate of a baking powder acts upon soda bicarbonate, it produces sodium sulphate, which is Glauber's salt, and aluminum hydrate, which is mert in the body

When calcium acid phosphate unites with soda in baking powder, it forms phosphates of calcium and soda similar to those that exist in all the tissues of the body, especially the bones

The claim has been made that tartaric acid powders are especially safe, because they are "purely vegetable" As a matter of fact, tartaric acid is not oxidized in the body to mert carbonates, as are other acids, such as citric and malic acid, but they or their salts are excreted by the kidneys and may produce some degree of irritation. However, the quantity of tartrates in a cake made from baking powder is far smaller than the therapeutic dose of cream of tartar.

A self-raising flour is simply flour to which baking powder has been added. There is no government standard for a self-raising flour, or any supervision over it as there is for baking powder. Any kind of baking powder may be used, and the flour may be stored for months or years until all its gas has been evolved and it is no longer self-raising, and yet it may be sold with impunity

Baking powders differ in the rapidity of their action. A tartaric acid powder is rapid and begins to evolve gas as soon as water touches it. A sodium aluminum powder is slow and requires the heating of the powder to start its action. A phosphate powder has a speed intermediate between the other two.

When a batter or dough made with a rapid baking powder is placed in a slow oven, all the gas may escape before the heat has hardened the mass, and then the cake will collapse and be sodden and soggy. When it is made with a slow baking powder, and is placed in a hot oven, the heat may harden the crust before the gas has been evolved and then the pressure of the hot gas bursts the cake open.

The wholesomeness and attractiveness of a cake or loaf made with baking powder will depend upon the skill of the cook rather than on the constituents of the baking powder. From a medical point of view, all baking powders of the U.S. government standard are equally good and wholesome

M

THE DAILY PRESS



DRINKS, COLD OR HOT?

One of the principal rules of health stressed by the older school physiologies was a warning against ice cold drinks, but their general use in this country has not been followed by the dire results that were predicted

The New York *Times* of July 16 has an editorial comment on the use of cold drinks on hot days as contrasted with the prevalent custom of the English in India to take hot drinks for their cooling effect. The editorial reads

"Doubtless doctors and those who have lived in the tropics will take issue with the Assistant Surgeon General who warns against the use of hot tea in hot weather. This flies in the face of long experience in tropic lands

"To be sure, we in the northern part of the United States have steadfastly refused to consider our summer climate tropical, despite the fact that on many days temperature and humidity exceed the average in equatorial countries We have also a tradition of cold drinks to uphold,

having for generations delighted in chilling our summer beverages

"But the English and others who have long lived in the tropics and have tried drinks both hot and cold have learned the danger of loading too much very cold liquid into overheated stomachs and the advantage of taking plain, hot tea instead. The theory is that, although the hot tea produces a momentary excess of heat, it is followed by increased activity of the pores which, in turn, produces an agreeable sensation of coolness.

"To most Americans this idea is not attractive. The suggestion that a hot drink can be cooling they regard as laughable. But it would be a pity if the 'rules' issued in Washington should deter people from using this tried and successful method of mitigating the discomforts of excessively hot weather."

The whole theory of heating and cooling the body is being turned topsy turvy. We light the gas under the refrigerator, and now we will put the teakettle on the electric range in order to brew a hot drink that is cooling

HALF COOKED VEGETABLES

Every discovery in foods leads to new theories regarding cooking and food serving. Vitamines are impaired by long cooking not because of the length of time, but because of oxidation. Now comes the cult of the half cooked vegetable.

The New York *Times* of July 26 discusses this resurrected cult in an editorial as follows

"For certain foods it is an excellent plan to keep them at or near the boiling point for hours. But many meats and most of the green Summer vegetables are spoiled by too much cooking. Steaks, chops and roast beef are not only more fully flavored but more digestible if lightly cooked. That mysterious element, the vitamin, is destroyed in long cooking. Dr. Ruth Okey of the University of California is trying to educate people to demand their vegetables rare.

"Instead of ordering a 'blue-plate,' with a steak cooked to leather and green peas in a mush, a man is expected to demand a minute steak, ac-

tually on the fire a minute, and green beans, cabbage, spinach or carrots out of the kettles in fifteen minutes. Potatoes are an exception, but even they should not be allowed to go on cooking after they are tender."

Who wants to eat a beanpod cooked for only fifteen minutes? Every farmer boy of the old type knows that succotash and samp are not really edible until they have simmered on the back of the stove for three days. If their vitamines are destroyed, he will be willing to eat dandelion green because they are "good for the blood"

Much of the popular writing on dieting gives the impression that every dish must constitute a balanced diet and must contain a proper balance of vitamines and mineral salts. But normal people will prefer to eat what they want and how they want it, and are not willing to eat food "that is good for them' more than once a day

PROVINCIALISM

Where would you look for the best example of provincialism? The New York Times makes out a good case for New York City when its issue of July 16 makes editorial comment on the death of an employee of the Consolidated Gas Company for seventy-two years who had been to the Battery once and to 125th Street once The Times comments

"No doubt this is a highly exceptional case If there is one thing that New York seemingly connotes, it is mobility, with its inward and outward subway tides on weekdays and its vast migrations to the beaches in the Summer Nevertheless there are great masses of people in New York who know little or nothing of their city outside the routines of their work and their pleasures Greenwich Village has its own restricted circuit and the midtown Broadway popu-

lation its own Were it not for the discovery of Harlem as an esthetic sensation, it is a rare member of the literati who would ever be found north of 110th Street"

New York is provincial without doubt The average citizen follows his own rabbit path from his home to his factory and his club. The subway is a mystery to him. The word mystery is derived from the Greek mus, mouse, and terion, place, that is, a mouse hole,—and a mouse hole is a mystery, for no one knows where it goes. No one seems to know where all the subways go, and no guide book tells. Possibly some day a research worker will patiently trace the subways and map them for the benefit of rural visitors whose cosmopolitanism has not been contracted into the provincialism of the metropolis.

LENGTHENING SPAN OF LIFE

The New York Times of July 6 discusses a report on population studies made to the National Committee on Mental Hygiene by Dr Ira S Wile, Chief of a children's psychiatric clinic at Mount Sinai Hospital, New York Dr Wile is quoted as saying

"The population of this country today seems much younger that it did fifty years ago, because it is actually much older

"This apparently contradictory conclusion finds its explanation in changes in the habits and circumstances of life from 1870 to 1920. The crux of these changes lies in the fact that the birth rate has declined while the expectation of life has increased about fourteen years. As a result the average age is much higher, and there are today proportionately many more persons over 30 than there were in 1870.

"In 1870," Dr Wile reasons, "it was more of an achievement to reach old age, and therefore the aged were revered and their backward-looking outlook on life was emulated

"Today there are proportionately half as many persons again over the age of 50 as there were in 1870, he estimates Since they are less of a rarity, they have been ousted from the position of pace-setters for the population and they no longer try to make the number of their years conspicuous

"The other half of this picture is the consequence of a diminished birth-rate. The diminishing proportion of children has turned the spotlight of comparative rarity, and consequent comparative preciousness, upon the young. The infant of today is precious because of his rarity, as was the old man of 1870 for the same reason."



BOOK REVIEWS



TROUBLES WE DON'T TALK ABOUT By J F MONTAGUE, M D 12mo of 248 pages Philadelphia and London, J B Lippincott Company, 1927 Cloth, \$200

This well-written volume of 241 pages is a popular treatise on the more common ano-rectal afflictions, and is dedicated by its author "to those who suffer in silence and carry on in despair." The author deserves the gratitude of all proctologists and all those interested in better rectal surgery for his timely warning to the general public, on this much neglected subject. While diseases of the nose, throat, teeth and other foci of infection have received more than their due publicity at the hands of health authorities, and the lay press, ano-rectal diseases, by far the most important focus of infection in the body has been utterly neglected. Thus through the patient's false sense of modesty plus the physician's indifference, many incurable but avoidable diseases occur in that region

His chapters on the indiscriminate use of stomach pills, rectal suppositories and self-medication in general are particularly instructive. On the whole, the book makes for easy and useful reading to the lay public, and can be recommended as a valuable addition to one's library

One could wish, however, the author didn't "rub it in" quite so hard into the "other doctor". The book abounds in all sorts of criticisms and phrases derogatory of other surgeon's methods, and highest praise of the author's own methods. This may be all very well if stated at its proper time and place, namely at a meeting of a medical society, but on the lay mind it may have the effect of undermining his confidence in "other doctors" altogether

However, the qualities of the book by far outbalance the above-mentioned faults, and is therefore to be highly recommended.

MICHAEL CANICR

BACTERIOLOGY AND SURGERY OF CHRONIC ARTHRITIS AND RHEUMATISM WITH END-RESULTS OF TREATMENT BY H WARREN CROWE Quarto of 187 pages, illustrated London and New York, Oxford University Press, 1927 Cloth, \$9.00 (Oxford Medical Publication.)

This book by the author of a previous volume on the treatment of these diseases presents a somewhat different classification from the one the most used at present in this country. This is the division of chronic arthritis into rheumatoid arthritis, osteoarthritis and mixed arthritis. The type called rheumatoid arthritis corresponds in a general way to the degenerative arthritis of Nichols and Richardson as adopted by Cecil and others and the osteoarthritis to the proliferative arthritis of the American writers. A particular type of staphlococcus called the micrococcus deformans is believed by the author to be the cause of rheumatoid arthritis and he describes in detail the bacteriological technique he uses to identify this organism. Osteoarthritic symptoms are believed to be due to streptococci and in mixed arthritis both organisms are present

The writer quotes from the book of Weston Price on Dental Infections and Degenerative Diseases to show that radiograms can never be relied upon to prove the absence of dental infection and also to show the difference in reaction around infected teeth in different people, as apical granuloma and condensing osterits. The former is said to occur in resistant individuals and the latter in

susceptible ones

The intestine is believed by the writer to be quite as important as a focus of infections as are the teeth, but he states that he is not convinced of the etiological relation ship between tonsillar sepsis and these diseases The volume is an interesing one and evidently the result of much careful work but presents ideas different in many respects from those generally held in this country

W E McCollom

Medical Insurance Examination Modern Methods and Rating of Lives for Medical Practitioners, and Insurance Officials By J Paterson MacLaren, M.A., B Sc Octavo of 312 pages New York, William Wood & Company, 1927 Cloth, \$575

PART I Given up to the Examination of Applicant, Inspection and First Impression, with a method of cross-examination to bring out the past physical history where such information is frequently held

PART II Physical Examination of Applicant, taken up in the routine way Some attention is given to labora-

tory methods

PART III A compilation of the usual insurance impairments with special attention to Build Tables, Blood Pressure Tables, and the More Usual Impairments frequently met with in the average applicant for Life Insurance Some attention is given to the Rating of Lives with the present methods in use.

The book contains nothing new, but is simply a compilation of the methods used in routine physical examinations and the method used in the selection and rating of impaired lives, and should be of value to any Life In-

surance library

G HOLBROOK BARBER

THE HARVEY LECTURES Delivered under the Auspices of the Harvey Society of New York, 1926-1927 Under the Patronage of the New York Academy of Medicine By Dr Fred Neufeld, and others Series XXII Octavo of 164 pages illustrated Baltimore The Williams & Wilkins Company, 1928 Cloth, \$400

This volume of Harvey Lectures represents the twenty-second of the series. It will be profitable to enumerate

the contents of this volume.

1 Origin and Dissemination of Tuberculosis According to Recent Investigations Dr Fred Neufeld, Director of the Robert Koch Institute, Berlin, Germany

- 2 The Nature of the Living Cell as Revealed by Microdissection Dr Robert Chambers, Prof of Microscopic Anatomy, Cornell University Medical College, N Y
- 3 Some Problems Concerning the Gastric Juice. Dr Leonor Michaelis, Prof of Physical Chemistry Applied to Medicine, Friedrich Wilhelm University, Berlin, Germany

4 Analysis of the Action Potential in Nerve. Dr Joseph Erlanger, Prof of Physiology, Washington Uni-

versity, St. Louis

- 5 Health and Activity Dr Edgar L. Collis, Prof of Preventive Medicine and Public Health, University College of South Wales and Monmouthshire, Cardiff, Wales
- 6 Organic Chemistry, Its Relation to Medicine. Dr Richard Willstatter, Prof of Chemistry, University of Munich, Munich, Germany
- 7 The Exchange of Material between the Erythrcyts and its Surroundings Dr Merkel H Jacobs, Prof of Physiology, University of Pennsylvania Phila.

The papers present the modern scientific views in important fields of medicine. The above men are distinguished and their point of view most comprehensive.

HENRY M FEINBLATT

Physical Diagnosis By Charles Phillips Emerson, AB, MD Octavo of 553 pages, with 324 illustrations Philadelphia and London, JB Lippincott Company, 1928 Cloth, \$700

Physical diagnosis, the author says, is, and doubtless will remain, the primary and the fundamental method of diagnosis. Every advance in scientific medicine, he thinks, makes its problems greater, therefore harder Physical diagnosis is the second step in the proper study of a patient, and follows the first, which is the symptomatic exploration of the patient. The latter is made interesting by a fine knowledge of physiology, and the former by an equally fine knowledge of pathologic processes.

Physiology and pathology have a fabric which interweaves them, so that there is a sort of network to a study of physical diagnosis, the anatomy of the endeavor, so to speak Emerson fails to furnish evidence that he has ever seen this network in his mental processes, as he jumps from physical signs to headings of clinical diagnoses without any reason. He does not take a physical sign or a group of signs and work the problem toward its significance, but he vacillates first one way and then the other. To try to make himself emphatic he rushes into sprinkling the paragraphs with heavy black ink. This is most annoying to a reader, and lessens the influence of the writer.

The book is replete with all of the material which is to be found in all really good books on the subject but contains no new material of import, and often fails to consider advances of importance. Electrocardiography is placed in a status as if it were not of great use in the daily examination of patients. He is not familiar with its use from a personal standpoint, therefore, it is not important. If he had been conversant with its value, his discussion of auricular fibrillation would have been much more illuminating. The use of the X-ray as an aid in physical diagnosis receives scant consideration, while a large section is taken up with a sketchy presentation of dermatology, which is given much better in many other books.

Perhaps, subsequent editions of this book will result in the development of a philosophical way of presenting the subject matter, rather than following in the footpaths of books that are really stupid, and not at all helpful when a doctor is in the presence of a physical finding, the significance of which he is ignorant

J ARTHUR BUCHANAN

THE EVAMINATION OF THE CENTRAL NERVOUS SYSTEM By DONALD CORE M D 12mo of 248 pages, illustrated, New York, William Wood and Company, 1928 Cloth \$3 50

The book is intended for the use of medical students and especially for those who are beginning their neurological instruction. A chapter is devoted for such subjects as electrical reactions, the cerebrospinal fluid, the blood pressure, the history of the patient, speech, the psychosomatic and trophic disorders, the cranial nerves, and the sensory nervous system. Four chapters are given to the motor system, one for the voluntary muscle power, another for muscle tone, a third for reflexes, and still another involuntary muscle movements. It is a small book, but a good one, and one that covers a good deal of ground. Not only will the medical student find it useful, but the general medical practitioner will find it in excellent reference for general neurological examinations. On account of its compactness and accuracy of contents it is a really valuable little book.

I J SANDS

HANDBOOK OF DISEASES OF THE NOSE, THROAT AND EAR FOR STUDENTS AND PRACTITIONERS By W S SYME, M D 12mo of 400 pages, illustrated New York William Wood and Company, 1927 Cloth, \$500

This small volume is the second edition of the original

printing which appeared in 1920. It is primarily intended for the use of students and practitioners, but a careful reading discloses that nearly all of the more common and interesting phases of oto-laryngology have been touched upon. The author has made his text an expression of his own practical and long experience, so that questionable theories and treatment have been eliminated from the book.

The subjects on the direct examination of the air and food passages, X-ray examination, and diatherm are written in elementary style to acquaint the reader with

their possibilities

There are many X-ray photographs illustrating pathology in the sinuses, bronchi and oesophagus

The colored illustrations are helpful in understanding the text

There is a chapter setting forth the more common formulae used in therapy

This excellent volume can be recommended to any one who feels himself deficient in an understanding of the principles of oto-laryngology

BENJ H ABRAHAMS

THE MEDICAL DEPARTMENT OF THE ARMY Its History Activities and Organization By James A Tobes Octavo of 161 pages Baltimore, Md, The Johns Hopkins Press, 1927 Cloth, \$150 (Institute for Government Research Service Monographs of the United States Government No 45)

This is one of a series of monographs published by the Institute for Government Research which is an asso ciation of citizens for co-operating with public officials in the scientific study of government with a view to promoting efficiency and economy in its operations and advancing the science of administration. This volume of 160 pages deals with the history, activities and organization of the Medical Department of the Army An historical review of this Department occupies the first third of the volume and presents many of the difficulties which have been overcome in the present organization. The activities necessary for proper functioning is next given, and this is followed by a presentation of the Department as it is at present. Six appendices are given, one of which is a compilation of the laws relating to the Medical Department. This monograph is comprehensive and presents many valuable suggestions which may or may not be accepted by our legislative bodies.

HENRY M MOSES

THE PEARS OF MEDICAL HISTORY AN Outline of the Evolution of Medicine for the Use of Medical Students and Practitioners By Charles L Dana AM, MD Second Edition Octavo of 105 pages, illustrated New York, Paul B Hoeber, Inc., 1928 Cloth, \$300

That there is a growing interest in books pertaining to the history of medicine is evidenced by the fact of the appearance of a new edition of this work so shortly after the publication of the first edition

In this revision Doctor Dana has taken the opportunity to correct some minor typographical errors which occurred in the initial edition and to include some additional illustrations

For those wishing a brief, interestingly written account of the outstanding facts in the development of medicine from the earliest times to the nineteenth century, we heartily recommend this handbook

THE THYROID GLAND AND ITS DISEASES By NORBERT ODEON BOURQUE M D Octavo of 250 pages (Chicago The Author, 1927)

To borrow the titles of Dr Joseph Collins one may name this book "The Surgeon Looks at the Thyroid" In 250 pages the author has made a practical survey of our present knowledge of the thyroid gland including

its surgery. From an enormous mass of information, Dr Bourque has succeeded in crystallizing the important material and presented it in a practical yet scholarly form.

It is true as he states that nothing new is added, but the method of presentation is original. The usual anatomical points are cited with significance. The pathology and bacteriology of goitre are likewise practically presented. Clinical signs and symptoms, classification and differential diagnoses are clearly stated, and the reviewer was impressed with their unbiased and thoughtful elucidations.

The value of the Goetsch and basal metabolic tests is for reasons given, minimized X-ray and radium treatments are not encouraged Glandular therapy is advised when indicated There are valuable chapters on the Thyroid Gland in Pregnancy, Cancer of the Thyroid, the Relation of the Thymus to Thyroid Disorders, and, of course, a good bulk of the volume is devoted to thyroid surgery

The internist will find in this book a concise presenta tion of thyroid disease, and the surgeon—an invaluable guide to indications, technique, and management of thy

roid surgery

JOSEPH S BENDETSON

Mosquito Surveys A Handbook for Anti-Malaria and Anti-Mosquito Field Workers By Malcolm E. Mac-Gregor. Octavo of 293 pages, illustrated New York, William Wood & Company, 1928 Cloth, \$5.50

This publication is a well written and well illustrated handbook for Mosquito field workers. For those interested in the subject of mosquitoes, particularly in the islands of Mauritius and Rodriquez, this work, which contains so much information in so small a volume, should prove very valuable.

MAX LEDERER

PATHOLOGICAL PHYSIOLOGY OF INTERNAL DISEASES Functional Pathology By Albion Walter Hewlett, M D Revised in memoriam by his colleagues, Thomas Addis, and others Under the editorial supervision of George DeForest Barnett Octavo of 787 pages, with 164 illustrations New York, D Appleton and Company, 1928 Cloth, \$8 50

In this third edition the original form of the book has been followed by the associates of the late Dr Hewlett Recent advances in clinical physiology have been included. The original author was well qualified to write a book of this kind as he was first a trained physiologist and later professor of Medicine in the Stanford Medical School

It is a study of disease from the standpoint of function and as applied physiology is the basis of modern medicine, is a valuable book for the practitioner

The work is recognized as a standard one and will be found to be a valuable reference book of the whole

field of physiology as applied to medicine

W E McCollom

Understanding Human Nature. By Alfred Adler. Translated by Walter Beran Wolfe. Octavo of 286 pages New York, Greenberg, Publisher, 1927 Cloth, \$3.50

A collection of lectures on individual psychology prepared for the general reader with a view to help self-understanding and adaptation to difficult situations Unfortunately, the value of the book is largely undermined by verbosity, lack of clarity and long stretches of platitudinous text.

Frederic Damaau

TREATMENT OF DISEASES IN INFANTS AND CHILDREN By HANS KLEINSCHMIDT, M D Authorized translation of the fifth German edition with additions by

HARRY M GREENWALD, M.D. Octavo of 359 pages Philadelphia, P. Blakiston's Son & Company, 1928 Cloth, \$500

Dr Greenwald, the translator as well as editor, is to be commended for making available in English the wellknown book of Prof Kleinschmidt, which reflects the therapeusis practiced at Czerny Clinic in Berlin, of which Prof Kleinschmidt was formerly a member

The style is admirably terse, and the author does not permit himself to cloy the book with extraneous discussion. Considerable space is devoted to infant feeding and the management of nutritional disturbances, all from

the point of view of the Czerny Clinic.

The therapeutics of practically every disease occurring in infants and children is presented clearly and succinctly. Minute instructions are given for the mode of procedure in each disease, and useful prescriptions are appended. A commendable feature of the latter is the comparative paucity of untamiliar proprietaries, which mar the usefulness to American physicians of more than one German text-book.

Dr Greenwald has interspersed in the form of Translator's Notes, a considerable amount of material that should prove of great value to the American physician

The translation is admirably done.

Every practitioner who treats infants and children should find this "VADE MECUM" a useful addition to his medical library

Post-Mortey Appearances By Joan M Ross, MD Second Edition 16mo of 225 pages London and New York, Oxford University Press, 1928 Cloth, \$250 (Oxford Medical Publications)

We have often been asked by medical practitioners who have ocasion to do a post-mortem examination, whether we know of any small book to which they could refer for guidance in the technique and interpretation of the findings which they find at the autopsy table. We had to confess that we were not aware of any such publication. The standard text-books on pathology devote a chapter on post-mortem technique. But the volumes apparently seem too bulky for the average practitioner. In this small book of about two hundred pages Dr. Ross describes the post-mortem appearances in the various diseases in a short and concise manner. In the appendix are given, the average anatomical normals, length and weight of the fetus weight of the organs in newborn child the dates of ossification of the various bones and the ages of eruption of teeth. This booklet should fill the want.

EDWARD H NIDISH

THE PRINCIPLES OF INFANT NUTRITION AND THEIR PRACTICAL APPLICATION By K. H. TALLERMAN, M.C., M.D., and C. K. J. Hamilton, M.C. Octavo of 183 pages London, William Heinemann, Ltd., 1928 Cloth 10 shillings, net

The writers give in a concise form a summary of this very important subject, taking up first of all, Bacteriology and Physiology, then the Nutritional Requirements of the Child Next there is a chapter on Breast Feeding followed by one on Nutritional Disturbances in the Breast The Premature Infant is then taken up, Fed Infant and Artificial Feeding and Nutritional Disorders of the The final chapter concerns Weaning and the Infant Diet, then there is the appendix appearing with the Preparation of the Various Formulas and Foodstuffs It would seem that there is no fundamental difference in the feeding of the children by Pediatricians in England and by those on this Continent. The bibliography is placed at the end of each chapter and its extensiveness bespeaks a very thorough combing of literature

WM HENRY DONNELLY



OUR NEIGHBORS



OBSTETRICS IN CATHOLIC HOSPITALS

Physicians wish to respect the religious beliefs of their patients, especially when those The practice beliefs are founded on reason of obstetrics frequently involves decisions regarding the life of either the mother or the child or both The Roman Catholic Church has formulated principles of action which are well stated by Dr Walker Gossett, of Louisville, in the July number of the Kentucky Medical Journal, who states that he has consulted eminent church authorities for the statements contained in his paper Since his presentation is unusually clear and reasonable, the following quotations are chosen with the recommendation that the entire paper be consulted

"When is the human fetus viable? When it is capable of living outside of the uterus"

"At what period is it lawful to effect premature delivery of the fetus as a means of saving the mother's life? Only when the fetus is viable, that is, at the end of the 26th week of gestation in hospitals properly equipped to care for the newly born In private practice, under the ordinary conditions, not before the end of the 28th week"

"What is direct abortion? It is that which is procured as an end, or as a means to an end, in other words the direct killing of the fetus Is it ever lawful for any purpose whatsoever to procure direct abortion? No "

"If it is morally certain that a pregnant mother and her unborn child will both die if the pregnancy is allowed to take its course, but if, at the same time, the physician is morally certain that he can save the mother's life by removing the inviable fetus, is it lawful for him to do so? No, it is not Such a removal of the fetus would be direct abortion In case of pernicious vomiting, which endangers the mother's life, is it ever lawful, as a means of saving the mother's life, to empty the uterus before the fetus is viable? No, for such a procedure would be a direct abortion is the same in cases of eclampsia before the fetus is viable After the fetus is viable in such cases it is lawful"

"If the membranes rupture before the fetus is viable, is it lawful to administer a drug to bring an abortion? No As long as child is alive, not by drugs or any other means"

"Hemorrhage from placenta previa that endangers the mother's life, before the fetus is viable, is it lawful to empty the uterus as a means of checking the hemorrhage and thereby

saving the mother? No, because to do so would be to procure direct abortion hemorrhage which endangers the mother's life may be controlled by tamponning the vagina this is not a direct attack on the child If the bleeding persists with separation of the placenta and death of the child it is not due to any direct attack on the life of the child, but as a result of abnormal conditions within the uterus, the vaginal tampon protects the mother and gives nature a chance to save the child if such be possible, if such be impossible the removal of the pregnancy products can be undertaken in safety to the mother when it is certain that the fetus is dead"

"In cases of threatened abortion the cautious administration of morphine is lawful, even though its use involves a real danger to

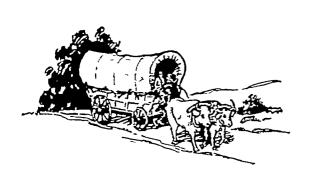
the child

"As to operations upon the pregnant woman Any operation that is necessary for the welfare of the mother and does not have as a direct result the death of the fetus is lawful fetus is present in the mother's uterus as the result of her own free will and such consequently can not be considered in the light of an aggressor The fetus has a right to life equal to that of the mother since both are living human beings, morally one may not be sacrificed that the other may benefit by such If, however, conditions arise, such for instance as appendicitis, cholecystitis, ovarian cyst with twisted pedicle, which threatens the life of the mother, operation upon such to save the life of the mother is lawful, even though abortion may result, since the loss of the child's life is an indirect result of such operation and not the result of a direct attack upon its life In the case of ruptured tubal pregnancy or of tubal abortion resulting in the death of the fetus in extra-uterine gestation, operation is lawful"

"In the presence of an unruptured tubal pregnancy there is a difference of opinion among theologians, some holding as unlawful the removal of such This presupposes the possession of greater knowledge and skill than is accorded to most physicians, namely, the ability always to recognize tubal or ectopic pregnancy and further to know whether or not such contains a viable fetus"

"Sterilization to avert a future danger is not lawful"

"At the time a cæsarean section is performed, (Continued on page 1076-adv xvi)



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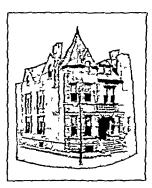
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(Continued from page 1074)

the uterus gives evidence of being infected, it is lawful to remove it, but never lawful to remove an uninfected uterus in order to forestall the danger of infection or produce sterility"

"At what period is it lawful to effect premature delivery of the fetus as a means of saving the mother's life? Only when the fetus

is viable"

"Is it ever lawful, under any circumstances, to administer a treatment to a pregnant woman, or to perform an operation upon her, that might cause an abortion, or might result in a killing of the fetus? Yes, it is lawful During pregnancy, before the fetus is viable, if a woman is suffering from an illness that does or does not endanger other life, it is lawful, in seeking to relieve such an illness, to administer a treatment that involves only a slight risk of causing an abortion or if indirectly resulting in the death of the fetus"

"In a case of threatened abortion before viability, in which the hemorrhage does not actually endanger the woman's life, it is not lawful to use a tampon. In an inevitable abortion, in which the hemorrhage does endanger the mother's life it is lawful to use a tampon"

"In a case of a threatened abortion the cautious administration of morphine is lawful even though its use involves a real danger to the fetus"

"It is never lawful to perform Embryotomy, Craniotomy, or any other operation directly destructive to the life of the fetus, whether the fetus is viable or inviable"

"During a delivery, the child dies, is it lawful to complete your delivery of the dead child in any manner that you may see fit, as embryotomy, craniotomy, etc? Yes, it is lawful if you are positive the fetus is dead. In such a case would advise with the Sister in charge of the delivery room."

"Catholic doctrine teaches that baptism is necessary for the full enjoyment of heaven and further that as soon as the ovum is fertilized, a life separate from that of the mother exists which possesses a soul, consequently in any medical or surgical illness which results in the premature expulsion or removal of the fetus, baptism should be administered to the latter before its death when such is possible Premature delivery before the period of viability, removal of the pregnant uterus on account of the presence of tumor, removal of pelvis mass which proves to contain an ectopic fetus are instances in which this can and should be done, in each giving the fetus to the Sister in charge, as soon as it is removed from the mother, for the performance of this rite the event of ectopic or uterine gestation re-

(Continued on page 1077-adv xvn)

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(Continued from page 1076-adv xxx)

moved for cause, the mass is to be opened immediately upon removal from the mother and the fetus exposed to view for this purpose

"In conclusion I would advise that the religious beliefs of Catholic patients must be taken into consideration where there are conflicts with obstetrical practice Also when in doubt concerning some moral problem consult the chaplain in charge of the hospital. If an emergency case then consult with the Sister in charge of the delivery room or operating

CATTARAUGUS COMMENT FROM TENNESSEE

The July number of the Journal of the Tennessee State Medical Association comments editorially on the Cattaraugus County Health Demonstration as follows

"The medical profession of the state of New York, particularly the profession of Cattaraugus County, have had experiences with the Milbank Health Demonstration which we have deemed of sufficient importance to warrant at-From the reports received it seems that the work touched every phase of medicine There was no limit to their activities, though they were supposed to be along the line of

preventive medicine "There frequently is no line of demarcation between the work of the sanitarian and the private practitioner of medicine In recent years vast sums of money have been appropriated by states, counties, municipalities, the tederal government and public spirited citizens for the promotion of the public health The motives which actuated these appropriations and donations cannot be criticised executives placed in charge of the expenditure of these funds and the workers under these funds are often deserving of criticism The activities of persons engaged in such work has brought about an animosity between the profession of medicine and some of these public health agencies Such a condition is not only useless but deplorable No physician has ever raised his voice against any legitimate effort at disease prevention Physicians are finding it necessary to protest actively against some of the policies of some of the public health agencies

'Some years ago the phrase 'public health is purchasable was comed. It has become a stock phrase. It is used very extensively. It is used sometimes to convey the idea that the more money that is spent in public health activities the more results will be gotten, but such is not the case. In the case of Cattaraugus County, New York, results commensurate

(Continued on page 1078-adv xviii)

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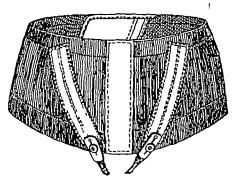
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with the expenditure are not apparent. It must be remembered that biologic laws and human equations are encountered which will not yield to padded statistics nor financial ap-

propriations

"The sane adaptation of practical means to practical ends will work. The employment of improper means or the improper employment of the proper means will bring disaster. For example, a moderate amount of money properly expended in the rearing and education of a boy will be of great advantage to him. An increase in the amount of money beyond the legitimate requirements of necessity may result in harm rather than benefit. The expenditure of ten thousand dollars per year on the boy might bring disaster when the expenditure of five hundred dollars per year would be very beneficial.

"There certainly is a limit to the amount of public health one man or agency can purchase for another man or a group of men

"We are prone to forget that the prevention of an overwhelming majority of diseases today is within the power of the individual and that the power of the state or public health agency to deal with many of the factors which enter into the production of disease is limited. It necessarily follows that improvement in the public health situation will be in proportion to individual effort and ability rather than in proportion to the money expended or the number of workers engaged in public health activities

"If the expenditure of a large sum of money in a given locality has the effect of disrupting and deranging the local community agencies created by that community for care of its sick, such harm will far outweigh any good such expenditures can do"

The Editor of the Tennessee Journal does more than state general principles,—he prints six pages of reports including the following

1 The eight principles adopted by the House of Delegates

2 The report of the Cattaraugus County

physicians

3 Address by the Secretary of the Cattaraugus County Medical Society before the Erie County Medical Society

4 Address of Dr L L Bigelow, President of the Ohio State Medical Association, before the Cattaraugus County Medical Society

5 Report of the AMA Trustees on health demonstrations by volunteer health agencies

The six page comment in the Tennessee Journal is a demonstration of the great importance which is imputed to the Cattaraugus Demonstration by physicians outside of New York State

THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION

The July issue of Northwest Medicine, the official organ of the Medical Societies of the States of Oregon, Washington and Idaho, discusses the A M A meeting in an editorial which may be helpful to the physicians of New York State in planning their annual meet-

ing The editorial says
The atmosphere of the technical exhibits is somewhat different from that of the section meetings They bring together the manufacturers' representatives who present an orderly, well arranged, instructive showing of dependable products with trained attendants to explain their uses and advantages The greatest number of displays this year seemed to be of the physiotherapy and roentgen-ray apparatus trained experts were present at each booth to answer questions and explain problems of The latest models of apparatus for diagnosis, anesthesia and other uses were represented Problems pertaining to the special food diet of infants and invalids were considered, with experienced men ready to explain the advantages of their preparations Publishers' exhibits showed thousands of medical books, displayed in an attractive manner fact, one could have spent the whole time at these exhibits and profited by each minute

"The scientific exhibit presented names of exhibitors and descriptions of exhibits, arranged according to classification and then alphabetically according to the name of the ehibitor One of the outstanding exhibits was that on fractures It comprised an exhibit of practical interest to practitioners on the following fractures Fracture of the clavicle, supracondylar fracture of the humerus, fractures of the leg, fractures of the ankle joint, plaster-of-paris bandages (a) how to make them, (b) how to store them, (c) how to use them The committee secured the services of seventy-five physicians who gave continuous demonstration throughout the entire meeting daily from 9 to 1 and from 2 to 5 These consisted of well recognized methods of handling practically every fracture that may occur in any bone of the body The medical depart-The medical department of the United States Army contributed their part of this demonstration. In each booth the demonstrations consisted of a living model, with the necessary appliances for treating the fractures specified The Section on Radiology cooperated with the fracture exhibit by means of film displays, covering the fractures to be discussed in the year's exhibits Any physician who was at all interested in fractures could well have spent his entire time with the fracture exhibit and been benefited by it

(Continued on page 1080-adv xx)

FRANK L. HOUGH

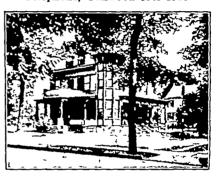
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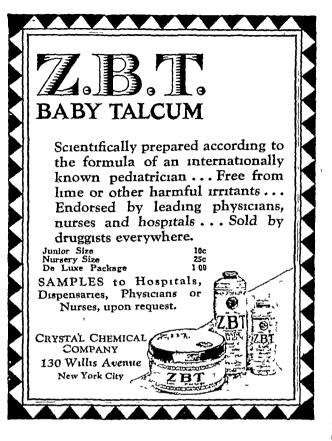
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(Continued from page 1079—adv xix)

"The booth on morbid anatomy was under the direction of Dr Elevius C Bell, Professor of Pathology and head of the department of Pathology, University of Minnesota Medical School Fresh pathologic material was shown daily from the hospitals of Minneapolis and St Paul, supplemented by material from the schools of veterinary medicine at Minneapolis I hese gross specimens were demonstrated, one after another, as rapidly as one group of men would move on to allow another group to listen in"

It would seem that the subject "Fractures," would be a proper one for the scientific exhibit at the next meeting of the Medical Society of the State of New York. It should arouse great interest among physicians, especially if various forms of fracture apparatus were demonstrated on living models, and extensive publicity were given to the exhibit through the Journal, the committee on Public Health and Medical Education, and the county medical societies

NEBRASKA PUBLIC HEALTH ASSOCIATION

The June issue of the Nebraska State Medical Journal contains the following news item

"Pursuant to call about fifty persons interested in the formation of a public health association met in Lincoln, May 14, and organized the Nebraska Public Health Association. The object of the association is to protect and promote public health by the closer correlation of all health activities, fostering and supporting constructive legislation and aiding in the dissemination of correct information with regard to public health.

"This movement should be supported by all high minded professional and lay people

'Any person interested in the movement may aid the cause by obtaining membership at the nominal cost of one dollar

"The officers of the association are Dr W H Wilson, Lincoln, president, F B O'Connell, Lincoln, J H Beveridge, Omaha, Miss Catharine Justesen, Neligh, Mrs Edna C Anderson, York, Dr Rachel Long, Holdrege, Dr F W Plehn, Scottsbluff, vice presidents, H P Letton, Lincoln, is secretary-treasurer"

The Journal also carries the following item in connection with the meeting of the State Medical Society

"Public Health Week was observed in Hastings—the program arranged by the chairman of the public activities committee Speakers presented medical and public health problems

(Continued on page 1081-adv xxi)

(Continued from page 1080-adv)

to every organization in Hastings during the week

"The registration reached 315, which is good for any city, although from fifty to seventy-five short of the probable number that would have registered in Omaha or Lincoln"

MEDICAL ARTICLES IN NEWSPAPERS

The July issue of the Journal of the Medical Association of Georgia contains the minutes of the annual meeting held May 9-11 in Savannah It records a brief address of Dr E W Patton, of Chattanooga, the official visiting delegate from Tennessee, who said

"Some of us have felt that the profession was not doing its whole duty to the laity, that we are lacking in that we have not allowed the laity to keep up with us in matters of medical You know how many of the newspapers are carrying articles by doctors all over the country New spaper men tell us that these articles are eagerly sought by the laity, and that we are derelict if we do not take part in them At our last meeting we adopted a measure that has been used successfully by W1sconsin for two years The Secretary is empowered to ask any man he may wish to write articles on popular lay topics, then a lay editor is given an opportunity to put this information in language that can be understood by the lay public, and it is then returned to the Secretary so that he may see that the meaning has not been lost in the editing. No man's name is connected with it, and there is no chance of any one using it as propaganda. It all comes from the State Association, and we feel that it will be a wonderful help It is certain that if this is not done by reputable physicians, men who do not have a high sense of medical ethics, and perhaps small knowledge of medical matters will, for the price paid, write articles for the publications I have been told that a man in New York recently turned down an offer of \$2,500 for a single article for the American I hope the State of Georgia and others will adopt a similar plan, for it has worked successfully in Wisconsin and we are going to try it out. It is not an expense to the association, the only expense is to the lav editor, and is a small item "

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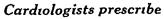
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SUBJECTS FOR HEALTH TALKS

The Educational Committee of the Illinois State Medical Society has suggested the following subjects for popular medical talks by physicians before lay audiences, as printed in the Illinois Medical Journal for July

"Men's Organizations"

"The Economics of Good Health

"Fair, Fat and Forty

"Man and the Microbe

"The Changing World

"How Are You?

"What's New in the World of Medicine?

"Longer Life and Greater Efficiency

"Teamwork with the Community

"Conservation of Health

"What's Your Score?

"How Old Are You?"

"Women's Organizations"

"After the Forties, What?

"Health Inventories for Club Women

"Social Assets

"Fat and Thin

"How Are You?

"Facing the Forties

"Value of Good Health to the Business Woman

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"The Scarcity of Doctors in Rural Communities received rather unusual and extended consideration President Dr Jackson acknowledged the existence of a shortage of the sort, but insisted that there were ample economic reasons therefor, and that the medical profession could not be blamed and could not be expected to correct the situation at once He pointed to the fact that the source of income to the medical profession through a large variety of diseases such as typhoid fever and malaria had helped to drive doctors from rural to urban communities This being purely an economic problem, the doctor must serve where he can receive a living income, and one comparative to the dignity of his position in the community He must either have a wider territory or a denser population to serve, and one in which there is money The cost of medical education in both time and money, requires that. The tendency of the time is to resort to the specialist at once, when there is an illness coming under his specialized service. That reduces the doctor to a status comparative to that of the broker in business He distributes the patients to the specialists the general practitioner upon whom the rural community must depend for service

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SOME FACTORS IN THE INFANT MORTALITY PROBLEM*

By CHARLES HERMAN, M D., NEW YORK, N Y

ROM the standpoint of health 1927 was a record year The death rate in infants under one year in New York City was less than 56 per thousand births Chart 1 Even more remarkable that in the Boro of the Bronx was less than 41 per thousand If we consider this Boro with its one million inhabitants as a city, it would have the honor of having the lowest infant mortality rate of any large city in the world Although the greater part of this splendid result may fairly be considered as due to infant welfare activities, other favorable factors must also be mentioned The Boro of Manhattan which has a rate about fifty per cent higher, has a less homogeneous population, certain nationalities whose rates are above the average are more fully represented, and more than ten per cent of the population are colored

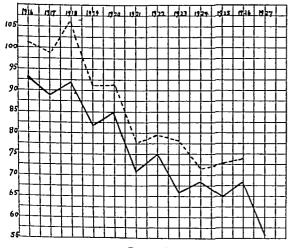
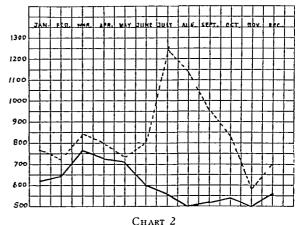


CHART 1
Infant mortality under 1 year 1916 to 1927 Dark line
in New York City Dotted line in U.S. Reg. Area

The curve of infant mortality has changed radically during the last twenty years Chart 2. The highest point is now reached in the spring,

and summer is the healthiest time of the year for infants. There has been a marvelous reduction in the deaths due to digestive diseases, which as the weather conditions have not changed, must



Infant mortality under 1 year Dark line -New York City 1927 dotted line - Vew York City, 1910

be attributed to an improved milk supply, and the education of mothers in infant feeding and hygiene. The infant mortality in the spring of 1927 was relatively low, because infectious catarrhs, and especially measles were not prevalent. If we take a series of years, we find that the mortality during the spring months has been only slightly reduced. However this must be recognized as a relative gain, since formerly weak infants who were born in the summer and died of digestive disturbance, now survive and often succumb to respiratory infections the following spring.

In Chart 3 showing the causes of death in infants under one year in the U S Registration Area, the deaths from digestive diseases are still greater than those from respiratory diseases. However during the last three years the former have been still further reduced, and a large proportion of the deaths attributed to influenza, measles and whooping cough are really due to the complicating pneumonia. In almost all sta-

^{*}Read before the American Pediatric Society Washington May 1 1928

tistics the number of deaths attributed to cerebral hemorrhage, tuberculosis, syphilis, and pneumonia are too low, those to congenital malformations, more especially those of the heart, too high. Unfortunately in the respiratory diseases we have no certain means of controlling the infecting

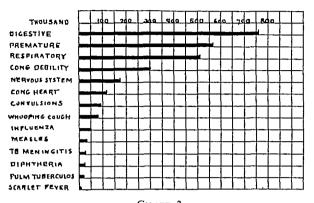


CHART 3
Infant mortal ty under 1 year U S Reg Area 1903
to 1923

medium, the air From the day of birth, infants are highly susceptible to infectious catarrhs and to whooping cough Chart 4 Fortunately in large centers of population, infants under five months are relatively immune to measles, but toward the end of the first year of life, it becomes

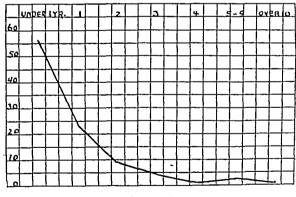


CHART 4

And distribution of deaths from schooping cough U S

Reg Area 1910 to 1913

a very serious disease, Chart 5 so that the death rate is even higher than it is during the second year. The prevalence of measles determines the number of deaths from bronchopneumonia. Between the curves of measles and bronchopneumonia there is a parallelism which is not present in the other communicable diseases. Chart 6 Although certain climatic condition with their effect on the susceptibility of the individual favor the devent of both infections, the effect of measly the prevalence of catarrh as

shown in Chart 7, for in 1926 with measles epidemic we had a large number of deaths from bronchopneumonia, while in the spring of 1927 with very few cases of measles, the deaths from bronchopneumonia were also few. I believe that this susceptibility of young infants to respiratory infections is not due to anatomical peculiarities, but is biologic. Breathing by means of lungs, the development of the respiratory tract from the endoderm is a later and therefore younger structure from the evolutionary standpoint, and less able to cope with unfavorable extrauterine conditions

There has been little or no reduction in the death in early infancy. At present it is very difficult to compare the causes of neonatal deaths as given by different observers, so that there is urgent need for a standard classification. Prematurity and congenital debility are only predis-

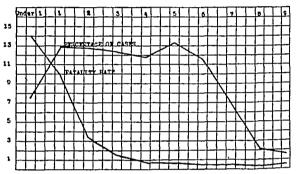
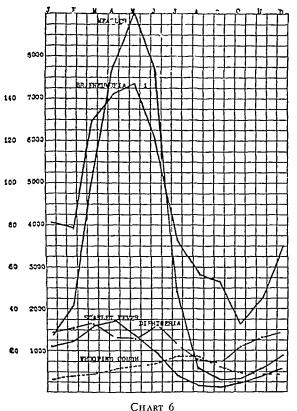


CHART 5

Showing distribution of incastes by age and the fatality rate for each age period, Aberdeen, Scotland, 1883-1902

(Crum)

posing causes As more and more women are being delivered in institutions where there is every facility for careful examination and accurate diagnosis, together with autopsy control in a large percentage of deaths, it ought not be difficult to determine the real causes of neonatal It will probably be found that many deaths recorded as due to prematurity and congenital debility are really associated with pathologic changes, syphilis, pneumonia, atelectasis, or cerebral hemorhage Environmental factors have little influence on neonatal deaths, for they have These deaths depend prinot had time to act marily on the character of the stock, and due to some defect in the germ cells If the defect is extreme it results in an abortion, miscarriage or stillbirth, if less marked the newborn may be viable but so inferior in quality that it succumb shortly after birth or in early infancy. It migh be better to use the term congenital interiority rather than debility, because the latter suggests ar acquired weakness, whereas it is usually present at the time the ovum is fertilized Under similar environmental conditions the deaths in early infancy vary in different races and nationalities Chart 8 The superior viability of those of better stock continues to manifest itself in a lower death rate from digestive and respiratory diseases throughout the first year Some years ago Chapin pointed out that the death rate in infants in New York City was lower in certain poor and con-

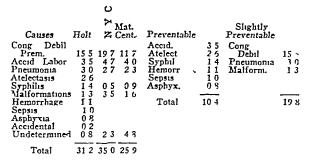


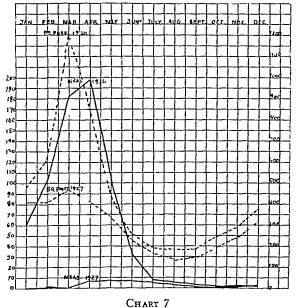
New York City, 1915, the morbidity from measles, scarlet fever, diphtheria, and whooping cough, and the mortality from bronchopneumonia between one and two years of age Showing the parallelism between the morbidity from measles and the mortality from bronchopneumonia between one and two years of age

gested districts on the lower East side of Manhattan than in certain well-to-do districts on the upper West side

The limitations of prenatal care should be recognized Care of the mother during pregnancy and better obstetrics will reduce the neonatal deaths due to syphilis, prematurity, the toxemias of pregnancy, and many of the accidents and injuries of labor, but there still remain a large number of miscarriages, stillbirths, premature births and neonatal deaths which cannot be prevented by any method now at our command, because as yet we have no certain and safe means of directly influencing the developing ovum New Zealand, Chart 9, partly on account of a favorable climate and a large percentage of parents of English stock, the infant mortality from digestive and respiratory diseases is very low. However notwithstanding a certain amount of prenatal care, the deaths in early infancy have not Leen reduced The slight reduction during the last few years is more apparent than real, for it will be noted that the deaths attributed to malformations has increased. This is probably due to more accurate diagnosis of anomalies by means of roentgenographic and autopsy control.

NEONATAL DEATHS





Deaths from measles (dark line), and bronchopneumonia (dotted line), New York City, 1926 and 1927

In the above table the causes of neonatal deaths as recorded by Holt (based on 10,000 consecutive births at the Sloane Maternity), in the entire City of New York, and at the Maternity Center, are given As we should expect the rate for the city is somewhat higher The Sloane Maternity with better obstetrics, has a lower rate for the accidents and injuries of labor, and on account of greater facilities for accurate diagnosis, a smaller percentage of deaths in which the cause With the addition of prenatal was unknown care there is no doubt that its rates will be dim-The low rate for prematurity in the ınıshed Maternity Center group is due to prenatal care The higher percentage of malformations in the city as against institutions is only apparent, since

prenatal care can have no influence on such anomalies. It is probably due to the tendency to consider cyanosis as a symptom of congenital heart disease, when in reality it may be associated with cerebral hemorrhage, at electasis or pneumonia. If we consider what portion of the neonatal deaths may be prevented, we find that even if all the deaths due to syphilis, accidents, injuries of labor, asphyxia, at electasis were eliminated, there would still remain about 20 per thousand births which could not be prevented by any means now at our command. With a neonatal death rate of twenty, it would be possible to obtain an infant mortality of 50 per thousand births.

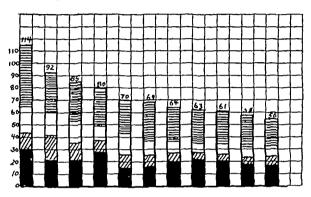


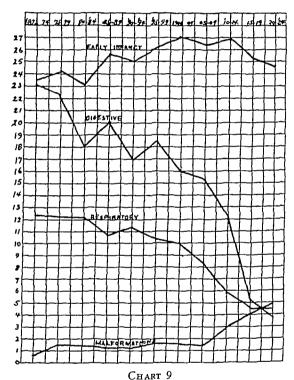
CHART 8

Infant mortality by color and country of birth of mother U S Reg Area, 1924 In order of columns (1) Negro, (2) Polish, (3) Austr, (4) Canad, (5) Ital, (6) Ire, (7) Ger, (8) U S (9) Brit (10) Scand, (11) Rus The markings from the bottom up indicate early infancy, digestive, respiratory, all other

That the death rate among breast fed infants is decidedly less than among artificially fed infants is beyond all doubt. To determine just how much is due solely to the character of the food, is not It is not sufficient to compare a group of breast fed with an equal number of artificially fed, even if they are of the same age, nationality and social position A mother who nurses her baby successfully gives it something more than Her infant receives not only a subreast milk perior food, but it inherits favorable unit factors which have a distinct survival value of only one way in which the exact degree of superiority of breast milk could be conclusively If one of duplicate twins was given breast milk and the other cow's milk, the environmental conditions remain the same for both, it would be fair to assume that any advantage in growth, development, and in reaction to infections was due solely to the superiority of the food Perhaps some enthusiastic pediatrician will be able to carry out this experiment

Writers on infant mortality have usually stressed the importance of such factors, as occupation of the father, income, number of rooms, rental, working out of the mother Ethel Elderton has called attention to a very important

distinction between caused by and associated with, and has shown by refined statistical methods that a high infant mortality is not necessarily caused by, but rather associated with some of these fac-It was not an accident that Franklin in his well-known couplet linked together "healthy, wealthy and wise", for these are correlated and usually associated with good habits, industry and intelligence If we except a few unfortunates, poverty is usually found with ill health, bad habits, or lack of industry and intelligence From my own observations in the poorer districts of New York, I should say that the infant mortality among the offspring of parents physically, mentally and morally defective cannot be reduced by providing a dole As stated previously in some of the poorest districts with imperfect environ-



Infant mortality under 1 year, New Zealand, 1872-1924

mental conditions the death rate is below the average

The personal equation All men are not born physically, mentally or morally equal If there are no two individuals with finger prints exactly alike, what an enormous number of combinations are possible with so many different parts. It has been shown that differences can be detected in infants a few days old. As most of our present methods are crude and inexact, the personal equation still contains many unknown quantities, but as our knowledge increases and new instruments of precision are devised, it will become possible to determine the equation with more and more

accuracy Even at present we have some exact methods and measurements, functional and intelligence tests, so that it is possible to examine, score, and determine the individual's standing physically, mentally and morally

The human body is not like the celebrated "One Hoss Shay" of Oliver Wendell Holmes, it does not go to pieces in all parts at once Each individual has a weak spot, a sort of Achilles heel This congenital, inherent point of least resistance, or lack of vital endurance may not manifest itself for years, so that ordinary tests are successfully met, but depending on the degree of inferiority sooner or later it will show itself unequal to the task. The various organs and systems are so inter-dependent that a functional inefficiency of one organ is sufficient to upset the perfectly harmonious action of other parts, so that deterioration and eventually death results

Summary

- 1 From the standpoint of health 1927 was a record year The infant mortality under one year in New York City was less than 56 per thousand births, that of the Boro of the Bronx less than 41 per thousand
- 2 The curve of infant mortality has undergone a radical change. The highest point is reached in the spring, the lowest in the summer
- 3 Epidemic catarrh, measles, and whooping cough are the chief exciting causes of respiratory infections, and have not been controlled to any great extent
- 4 There has been little or no reduction in deaths in early infancy Environmental condi-

tions have very little influence on neonatal deaths, which depend primarily on the character of the stock, and are largely due to some defect in the germ cells. An extremely defective embryo does not mature and results in an abortion, miscarriage or stillbirth. One less defective may be viable but being of inferior quality the individual dies shortly after birth or in early infancy.

- 5 Under similar environmental conditions, deaths in early infancy vary with the race and nationality of the parents, that is with the character of the stock. This also determines to a great extent the number of deaths during the rest of the first year.
- 6 The limitations of prenatal care should be recognized. Care of the mother during pregnancy and better obstetrics will reduce the deaths due to syphilis, prematurity, the toxemias of pregnancy, and the accidents and injuries of labor, but a large number of miscarriages, premature and stillbirths and neonatal deaths cannot be prevented by methods now at our command.
- 7 A mother who nurses her baby successfully, gives it something more than breast milk. Her infant receives not only a superior food, but it inherits favorable unit factors which have a distinct survival value.
- 8 Ultimately the solution of the infant mortality problem, like so many of our social problems, will depend on preventing the birth of those who are defective physically, mentally or mortally
- 9 Nothing in the foregoing should be construed as a lack of appreciation of the value of improved environmental conditions

PAINLESS CORONARY OCCLUSION*

By ALFRED M WEDD, CLIFTON SPRINGS, N Y

UT of the many investigations in recent years on the general subject of cardiac pain there may be said to have come, among other things, a re-discovery of coronary occlusion as a clinical entity. It has been observed by a few authors, and these have been often quoted, that this accident may occur without pain Krehl¹ pointed out that it sometimes happened without any symptoms of which the patient was aware and that he lived for years Leyden² recognized two groups of acute coronary thrombosis, one in which the onset was with "angina pectoris" and a second, with acute heart failure. According to Vaqueza, it is rare to have pain altogether absent in coronary thrombosis It is doubtless true as Leyden stated that, although there are severe

cases which do not present the picture of "angina pectoris" but run their courses with general weakness, cardiac weakness, or pulmonary edema, perhaps in these cases there are invariably some indications of "angina pectoris" which are not striking, because the other symptoms outweigh them The literature, however, contains very few detailed examples of painless coronary occlusion. On this account, the following cases seem worthy of being reported, as they clearly show the less common, non-anginal mode of onset first instance, the patient felt slight transient substernal discomfort twenty-four hours before death but the minor pain which occurred was certainly not related to the thrombosis itself In the second case the individual had suffered from true angina, but the acute circulatory collapse, later shown to have resulted from coro-

^{*} Read before the Ontario County Medical Society at Clifton Springs N Y, April 12 1927

prenatal care can have no influence on such anomalies. It is probably due to the tendency to consider cyanosis as a symptom of congenital heart disease, when in reality it may be associated with cerebral hemorrhage, atelectasis or pneumonia. If we consider what portion of the neonatal deaths may be prevented, we find that even if all the deaths due to syphilis, accidents, injuries of labor, asphyxia, atelectasis were eliminated, there would still remain about 20 per thousand births which could not be prevented by any means now at our command. With a neonatal death rate of twenty, it would be possible to obtain an infant mortality of 50 per thousand births.

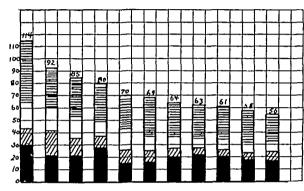


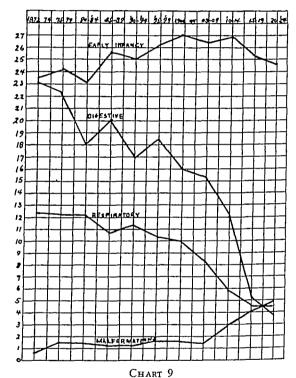
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ent. Beginning at noon, vomiting occurred at frequent intervals and he rapidly became weaker At 6 P M the blood pressure was 80-40 His mind was clear and he felt stronger Forty minutes later death occurred following an attack of vomiting

Necropsy was performed at once The heart, with the aorta and some mediastinal tistue, weighed 900 gms, the increased size being due to hypertrophy of the left ventricle. There were old pericardial adhesions but no recent pericarditis. The left border of the left ventricle was rounded and the upper portion of firm consistency. Anteriorly, beginning just to the left of the interventricular septum was a triangular zone, 3 cm. in width at the upper

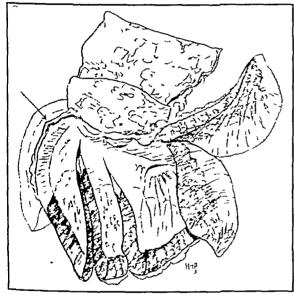


Figure 1

A drawing of the heart of Case 1 The shaded portion indicates the area of infarction. The arrow points to the site of occlusion.

portion and 45 cm at the apex of the heart, which was of brighter red color than the adjacent muscle and to the touch felt soft and Just above the apex, the surface was flattened and somewhat depressed revealed a greater area of softening than was indicated by the surface changes The wall of the left ventricle was 25 cm thick. Where it felt soft, the cut surface was dull and lusterless, and of mottled reddish-brown color Softening was more marked at the apex vertical incisions on the left ventricular side of the interventricular septum showed an upward continuation of the infarcted area to a point 15 cm from a sharp angulation of the left coronary artery This angulation occurred 2 cm from the mouth of the vessel and the narrowing of the vessel was further increased by the presence of a heavy calcareous plaque

In the lumen at this point was a small irregularly cylindrical plug or soft fibrin-like material which had completely occluded the vessel and was responsibe for the infarction previously described. The infarcted area also extended downward to the apex of the right ventricle. The left coronary artery contained many calcareous deposits throughout its course, and to palpation felt like a string of small beads. The intima showed extensive chronic nodular endarteritis, with atheroma. The right coronary artery showed changes of similar kind but of less advanced degree.

The tricuspid and pulmonary valve cusps were normal. The mitral orifice was stenosed, being 9 cm in circumference, and the cusps were uniformly thickened. The aortic cusps were thickened, especially the posterior one,

and incompetent

The ascending aorta showed aneurysmal dilation. Just above the aortic valve were many hard brittle plaques. The intimal surfaces showed superficial atheromatous areas. A few small puckered scars were visible, but in the gross, the arterio-sclerotic changes obscured the syphilitic. Microscopic study showed the presence of well-defined syphilitic mesaortitis.

There were no other findings of interest save the presence of free fluid in the pleural cavities, 400 cc in the left and 100 cc in the right. The liver was somewhat congested but of normal weight. The kidneys were practically normal.

The second patient was a physician seventyfour years of age who came to Clifton Springs on March 31, 1927 Just one year before that date while attending a patient, he suddenly collapsed, but did not lose consciousness. He suffered from great air hunger, stating that he struggled to breathe There was profuse sweating and later, vomiting The accident, however, was entirely without pain. He was taken to a hospital where it was found that his systolic blood pressure, normally 140 mm, had fallen to 118 mm After a week there he returned home and rested in bed for two months, following which he resumed his work He was short of breath on evertion and often had severe dyspnea after several hours of office work, but he did not become incapacitated until six weeks before coming to this hospital

For a short period, about forty years before the recent trouble, he suffered from attacks of substernal and precordial pain which were attributed to true angina pectoris. He was entirely free from pain until four years ago when typical anginal attacks recurred. They usually occurred after meals. The last painful seizure was experienced in February, 1926, six weeks before the severe circulatory accident that has been described. It has been em-

nary thrombosis, was entirely painless and because of the absence of pain, coronary occlusion was not suspected by his physician. Moreover this man experienced no further cardiac pain during the remainder of his life. The complete cessation of pain following coronary occlusion is frequently observed. Mackenzie has pointed out that following the development of auricular fibrillation, anginal symptoms usually disappear, and Wenckebach has emphasized that "what damages the heart muscle wards off angina." It would seem that this phenomenon should receive more attention by those who would explain the mechanism of cardiac pain.

Allbutt has utilized these cases of painless coronary occlusion to further his argument in favor of the aorta, in opposition to diseased coronary vessels, as the site of origin of angina pectoris. In the first case presented, there was found syphilitic aortitis and extensive intimal aortic arteriosclerosis, chronic myocarditis, advanced coronary sclerosis with calcification and thrombosis, resulting in infarction of a large area of ventricular muscle, and myocardial failure, in fine, every structural and functional change that has ever been suggested as the underlying basis for pain, and yet pain was strikingly absent.

The patient was a commission merchant 58 years of age His general health had always been good, he had had no serious illness and no reason to suspect the presence of cardiovascular disease He was married were no children in the family In 1913, a cyst was removed from the right frontal sinus and a second operation was performed in November, 1923, because of recurrence Following that, according to his wife, he had been very nervous and crying spells often occurred on slight provocation As the operative wound did not heal, the patient frequently reported at the hospital On the afternoon of January 23, 1924, the wound was dressed The following morning about four o'clock, he awoke and said that he was dying, dyspnea was extreme, there was profuse sweating and the color was described as "ashy" The administration of aromatic spirits of ammonia, and soda gave re-The attack was attributed to indigestion He remained in bed until noon of that day and then went about as usual On January 29th, it was observed that he was very short of breath on going upstairs and throbbing of the neck was noticed for the first time following afternoon he again came to the hospital Just after a small dressing had been applied to the wound, the patient collapsed, supposedly from acute dilatation of the heart

The patient was taken to the ward where he was examined at 4 15 P M He was propped up in bed suffering from extreme

dyspnoea, and using all the accessory muscles of respiration to alleviate the air hunger At first, pallor was striking, later he became cyanotic The pupils were dilated and unequal, the right being larger The jugular veins were engorged There was forceful pulsation of the carotid vessels The heart was enlarged to both left and right At the apex there was a systolic murmur which was transmitted to Over the manubrium, systolic and diastolic murmurs were heard. The heart rate was 144 per minute and was subject to vagal The blood pressure was 210 mm. systolic and 55 mm, diastolic There were rales at the bases of the lungs and the liver edge was just palpable Strophanthin and morphine sulphate were given subcutaneously

At 4 45 P M the heart rate was 174 skin was moist Respiration was irregular He complained of thirst By 5 30 P M the rate had fallen to 130 The pupils were smaller and respiration was regular. Morphine and strophanthin were again given and the patient passed a fairly comfortable night. The next day, January 31st, the rate was 104, blood pressure, 170-50. The general condition was much improved On February 1st, the heart rate was 120 when quiet, but on talking or slight exertion it increased to 140 The blood pressure was 160-40 The pupils were small and equal The reflexes were exaggerated, the plantar response was normal The specific gravity of the urine was 1020, albumin was present but no casts The blood Wassermann reaction was strongly positive. A teleroentgenogram gave the following cardiac diameters MR, 51 cm, ML, 135 cm, aorta, 92 cm, the cardio thoracic index was 070 The electrocardiogram showed deep inversion of T₁ and T₂ Certain ventricular complexes of the third lead suggested the muscle injury curves seen in coronary occlusion, but were not definite, partly because of respiratory movements. This record was also modified by the strophanthin and 5 cc of tincture of digitalis which had been given previously The day was passed in comfort and with considerable improvement

Suddenly during the night of February 1st, the patient became much worse. The pulse rate fell to 64 and there was excessive sweating. For a short time, he was conscious of substernal discomfort, a sense of constriction at the level of the fourth rib, together with slight precordial pain. This was the only painful sensation experienced and it continued for about one half hour. On the morning of February second his general appearance showed conspicuous change. The eyes appeared sunken. The color was ashen, but there was no increase in cyanosis. The blood pressure was 105-45. Cheyne-Stokes respiration was pres-

occluded by a gray granular, laminated thrombus which extended over a distance of 5 mm The clot was closely adherent to the vessel wall and the intima at that point was absent The area of myocardium supplied by that artery was not softened The right coronary artery was also thickened and tortuous, but its lumen was patent throughout The intima of the base of the aorta showed numerous yellow streaks The kidneys were normal

SUMMARY

Two cases of coronary occlusion and ventricular infarction in which the onset was characterized by shock and cardiac weakness but absence of pain have been recorded ample of "angina pectoris" fatal in the first attack and its relation to coronary occlusion has also been described

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STUDIES OF THE RELATIVE INTENSITY OF DISTRIBUTION OF THE RAGWEED POLLEN DURING A PERIOD OF THREE YEARS*

By SALVATORE J PARLATO, MD., BUFFALO, N Y

T has been generally accepted that the great majority of cases of autumnal hay fever and asthma are caused by the inhalation of the pollen of both the giant and small ragweeds The syndrome known as seasonal hay fever or pollinosis is a manifestation of hypersensitiveness of the individual to the pollen which he is exposed to when the plant is in bloom. The most approved method of treatment has been to produce hyposensitization by administering hypodermic injections of the pollen extract before the onset of symptoms (preseasonal or prophylactic) and also

during the hay fever season The results of this specific therapy have not altogether been uniformly good in the hands of the general practitioner Some have tried it, were not satisfied and soon discarded it Others still feel that it is something which has not yet emerged from the experimental stage and so they continue to use various palliative treatments has occurred to me that in order to handle this problem more effectively, it would be necessary to obtain more data about the ragweed pollen, particularly in and about the city or town where one practices Since the pollen of these two ragweeds causes at least 85 percent of autumn hay fever, the need of becoming thoroughly acquainted with this weed and its pollen becomes self evident. As Chamberlain states in his recent paper1 "Greater attention is being given to a more careful and complete study of the hay fever plants and pollen distribution in various localities"

Among the few workers who have made such studies are Scheppegrell in New Orleans2, Koessler and Durham in Chicagos, Durham in Kansas City, Missouri and Robert A Cooke in New York City 5

*From The Buffalo Eye Ear Nose and Throat Infirmary—Wettlaufer Clinic.

I have completed a botanical survey of Buffalo, its suburbs and neighboring parts of Canada but I shall only undertake here to present the most important observations which have proved helpful in obtaining better results in the treatment of The studies of the relative ragweed pollinosis intensity of pollen distribution of both the giant and small ragweed were made during the summer and fall of the years 1925, 1926 and 1927

As the ragweed pollen is readily carried by the wind even for the distance of 5 or 6 miles, it can be collected on glass slides or plates set up For one of these sites, the at suitable places tower of the Liberty Bank Building was chosen because of its central location and its height (325) feet from the street level) which permitted free

exposure to the winds

The following method was used for collecting the pollen Two ordinary glass slides measuring 3 inches in length and 1 inch in width were stood up in a specially constructed contrivance which had a slot whose diameter was a trifle greater than the width of the glass After being smeared on one side with boiled linseed oil, one slide was set up in the slot, facing the wind and the other facing in the opposite direction Should the direction of the wind change after they were so arranged, the glass slides would swing around so that one of them would always be in the path of the wind The whole apparatus was weighted so as to avoid damage by the wind and rain. The U S Weather Bureau reports were daily consulted and used as a guide in this work

I found that the prevailing wind was the southwestern and that it carried the most pollen The greater the rainfall, the more marked was the drop in amount of pollen in the air The slight changes in temperature and velocity of the wind which occurred had very little effect on our

readings

phasized that this attack was not accompanied by any pain, nor was pain experienced at any time during the following year. There was nothing else significant in the past history except chronic indigestion and occasional "bilious attacks." The doctor, a country practitioner, said that during his active career he had done the work of three men

The physical examination revealed a large heart, the heart sounds were of fair quality, without murmurs or abnormal accentuations. The rate varied between 80 and 100 per minute. The blood pressure readings were normal, 130 to 145 mm, systolic and 80 to 90 mm diastolic. There was marked sclerosis of the peripheral vessels. All the signs of myocardial insufficiency were present general anasarca, with gross edema of the legs, thighs, and back, cyanosis, congestion of the lungs, liver and kidneys.

During the last week of life the patient suffered greatly from dyspnea Rest could be obtained only by opiates There was progressive retention of fluids and mild uremia developed On the morning of April 7, he died with symptoms of acute pulmonary edema

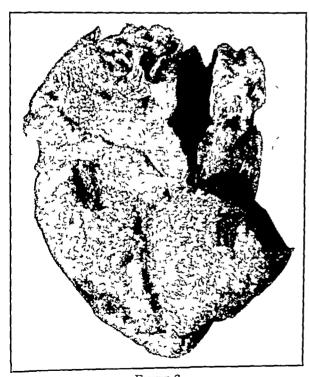


Figure 2

A photograph of the heart of Case 2 Description is given in the text

The heart weighed 400 grams The pericardial surfaces were smooth A large area including the left anterior surface and extending to the apex of the left ventricle represented

a healed infarct. The muscle tissue in this area was of a lighter brown color, definitely softer and more homogeneous than the myo cardium elsewhere The wall of the aper of the left ventricle was 5 mm in thickness Throughout this area was extensive white fib rous tissue formation This is well shown in the accompanying photograph, a section has been made through the old infarct and the anterior surface turned back. At a point 08 cm from its mouth was a calcified ring where occlusion of the main left coronary artery had The artery was blocked for about occurred 3 cm below this point and had been practically converted into a fibrous cord There was extensive endocardial and subendocardial fibrosis throughout the left ventricle and the interventricular septum An irregular thrombotic mass was present in the apex of the right ventricle The mitral and aortic valves were somewhat thickened

The first portion of the aorta was thickened and there were numerous plaques. In the abdominal portion there was extensive calcification.

In the right lung were three distinct infarcts, and there was one in the lower lobe of the left lung

The gall bladder was constricted in the midfundus region, and contained a mass of stones

and precipitated bile salts

The clinical diagnosis of coronary occlusion, whether there be pain or not, rests on the appearance of signs of myocardial insufficiency, the first of which is usually air hunger pain attending coronary occlusion is often no more severe than that which occurs in attacks of "angina," so that it is not until there are signs of congestive heart failure (or a pericardial friction rub is heard) that the real The diagnature of the trouble is revealed nosis can be made with greater certainty when the symptoms, either severe pain or acute cardiac weakness, occur unexpectedly in one Doubtless inthought to be in good health creasing experience will show that the majority, if not all cases of "angina pectoris" that terminate fatally in the first attack are in reality due to coronary occlusion. An example of this type will be described briefly

A physician thirty-eight years old, who, as far as could be learned from his friends, had been in excellent health, fell on the street in an attack of severe substernal pain and was carried to a drug store where he died a few minutes later. He was a very large man, weighing 235 pounds. The heart weighed 375 grams. The left coronary artery was thick walled, tortuous and presented many fatty streaks, and beneath the intima were numerous fibrous plaques. At a point 66 cm from its origin, the artery was very narrow and was

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of pollen extract for each patient can thus be more carefully calculated In this way only, the process of hyposensitization can be made more effective and the results of our treatments prove much more satisfactory

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THE MEDICAL SOCIETY'S SHARE IN PROTECTING THE CHILDREN OF SCHENECTADY AGAINST DIPHTHERIA*

By HOWARD A. GILMARTIN, MD, SCHENECTADY, NY

S Secretary of the Diphtheria Committee of the Schenectady County Medical Society, I hope a preliminary report of that Committee will be of interest to you In previous public health campaigns, undoubtedly some methods of procedure used by medical and lay organizations have been responsible in a large measure for what might be considered a lack of cooperation on the part of the Medical Profession Schenectady a unique campaign has been at work, first to immunize the pre-school group against diphtheria and, secondly, to coordinate organizations interested in public health work, collect data and try to develop a plan of campaign based upon principles which could be applied in any com-In spite of all scientific knowledge regarding diphtheria, the average death rate for the past ten years has remained approximately the same Medical leaders in public health work have for some time advocated reaching the group where the mortality is highest, namely, the preschool group

While Dr Charles Gordon was Chairman of the Committee on Public Health and Medical Education of the State Society, that Committee advocated a definite plan of campaign, and selected Schenectady for the demonstration

Our local health commissioner had just organized a committee for a Diphtheria Campaign in conjunction with the state-wide movement However, he immediately so directed his activities to

cooperate with the proposed plan At the regular April, 1926, meeting of the County Medical Society, a resolution was offered to form a committee of eight members representing the Medical Society during the period of the Anti-Diphtheria Campaign This resolution provided, first, a means of assuring the cooperation of the Medical Profession and supplying aid and advice to any or all organizations responsible for the active conduct of the campaign Secondly, to collect data pertaining to all phases of the

work, especially the social, psychological, financial and organizational factors involved

The first meeting of the Diphtheria Committee was held in April, 1926, and a program was arranged, based on the essential points advocated by the Committee on Public Health and Medical Education This program called for a three-year campaign divided into three stages with special emphasis on the pre-school group All cases during the first stage were referred to the family The establishing of a clinic marked the beginning of the second stage, at which time the parent had an opportunity to have the immunization given gratuitously by the family physician or at the Health Center The third stage will be in the nature of a "round-up" or an attempt to reach as many as possible of the pre-school children who still have not been immunized

The Girl Scouts within a comparatively short time copied over 8,500 names of the pre-school Duplicate cards were made from this list containing the name and address of the parent, and the name and age of the pre-school children in each family The white cards served as a permanent office record, filed alphabetically, and the yellow cards were filed according to street and district for the nurses' record

The City is divided into eight school districts and a nurse from the Department of Health covers each district, making contact in conjunction with her regular line of duty She was requested to note on the card the reaction of the parent If in favor of immunization, they were to sign the white card giving the name of their family physician, if opposed the nurse ascertained the reason The obviously poor were advised regarding diphtheria prevention, listed for the clinic. and these cases were notified when the clinic The Public Health Nursing Association made contacts and gave publicity throughout the County similar to the City plan

It was decided to send one nurse into a district to gather statistics and also information needed to definitely instruct the other seven nurses

^{*}Read at the Annual Meeting of the Medical Society of the ate of New York, at Albany N Y May 22 1928

The characteristic size and shape of the ragweed pollen enable one to readily identify it Lugol's solution as a stain was used in cases of some doubt in identification. In order to secure an accurate count, twenty-five consecutive low power fields of the microscope were examined and the total number of pollen counted in these spaces was recorded as the relative amount for that day. The plates were changed daily

In all, nearly 500 pollen plates were collected and examined and the number of pollen grains The results of these tabulations are shown in the accompanying charts The latter reveal many interesting facts They have disproved the popular but erroneous idea as to the time of onset of the hay fever season patients will tell you that their symptoms commence regularly each year on a specified day of August It may be anywhere from the first week in August to the 2nd or 3rd of September Naturally one would think that the pollen makes its appearance in the air on that particular day They will also tell you that their hay fever subsides during the latter part of September and attribute it to the coming of the first frost glass slides showed that ragweed pollen gets into the air as early as the 26th of July and this was confirmed by visiting various parts of the city where the weeds were found in full bloom. However, the amount of pollen was comparatively scanty until the latter part of August The charts show that the time when a substantial amount of pollen gets into the air varies from year to year, maintains a high level for about 15 to 20 days and then there is a distinct drop observations coincide clinically with the symptoms of a patient whose degree of suffering is dependent upon the amount of pollen in the air The subsidence of symptoms which usually occur during the third week in September is not caused by any frost because the Weather Bureau has reported none during September of any of these three years On the other hand, when one returns to the fields, he will find that the ragweed has finished pollination and has completed another step in the propagation of the plant

In the year 1925, the amount of pollen in the air was small an insiderably less than that of the last twent by the pation of the light season are been was confirmed clinically by the pation of the light season are been with slight symptoms. But in 1926, was distinctly greater. In 1927, there was a comparatively late start, undoubtedly due to the frequent rainfalls during August. But once pollination set in, there was a greater quantity of pollen thrown into the air During these three years, it was remarkable to see that with the rise in the pollen count, there corresponded an increase in the number of patients who came for treatment for the first time

When the physician realizes that the extent of symptoms is directly proportionate to the degree of hypersensitiveness and to the amount of pollen in the air, he can readily appreciate the ineffectiveness of administering the treatment according to any particular set of rules or directions The intradermal and ophthalmic tests with pollen extracts made according to the method of Coca and Milford have proved of the highest value in diagnosing our cases By using extracts of varying concentration as indicated by their nitrogen content, one can determine the extent of hypersensitiveness and classify the cases according to their reactions I have correlated these findings with my daily pollen counts. Through such means, I have truly individualized the treatment for each patient. The size and number of dosages were arranged according to the amount of pollen in the air When the count was high, I gave increasing doses at shorter intervals, sometimes daily for two or three successive days This method has proved particularly successful in our new cases who came for treatment after the hay fever season had started pollination subsided as shown by the low count of our glass slides, the dosage for each injection was correspondingly decreased and the interval between treatments was lengthened By following this method, one can avoid the mistake of giving an inadequate amount of extract which produces insufficient hyposensitization to the pollen and consequently the results as measured by the relief of symptoms, will be unsatisfactory Then again, one can also avoid the error of too large a dose with its sudden and even alarming constitutional reactions

Summary

1 Studies of the ragweed pollen made in Buffalo and its vicinity during the years 1925, 1926 and 1927 have shown that the relative amount of pollen found in the air varies from one season to the other and also from day to day during the same season, depending upon the prevailing wind, the amount of rainfall and other meteorological factors

2 There can be no fixed date as to the onset of the hay fever season because the period of time when pollen is found in the air in sufficient quantities to produce symptoms, varies from year to year. This fact should emphasize the importance of preseasonal treatment, especially the perennial method as proposed and used by Aaron Brown.

- 3 The severity of hay fever symptoms is dependent upon the degree of the patient's hypersensitiveness and the amount of pollen which is found in the air as recorded by daily pollen counts
- 4 By correlating this data, one obtains a greater insight into the activity of the ragweeds and their pollens, the biggest factor in the etiology of fall hay fever. The dosage of every injection

John Hancock Life Insurance Companies, several thousand copies were printed for distribution. The Medical Society's official seal appeared on the cover page above its printed endorsement. The insurance companies' advertisement appeared on the inside of the cover page.

Through the efforts of the sub-committee a \$550 contribution was secured from the Committee on Tuberculosis and Public Health, and a \$500 contribution from the Schenectady Chapter of the American Red Cross These contributions were made to cover the expense of a direct mail program. Every parent of pre-school children received three personal letters along with a diphtheria pamphlet, the first letter reaching the parent in May and the last in July, 1927

The second stage of this campaign began June 1, 1927, with the opening of a clinic three days a week, held at the Health Center during the regular medical clinic hour. The immunization is administered by physicians receiving a salary from the Department of Health The nurses carry a blue card which reads "I am unable to bear the cost of immunization and desire the same to be given by the family physician or at the Health Center" It had been previously ascertained that approximately 5% of the cases to be immunized might be considered as "City charge cases," and the committee believes that the nurse, who is familiar with her district, is qualified to issue and certify these cards

During the vacation period, June to August, the physicians reported 77, 27 and 63 cases completely immunized For the same period the clinic reported 53, 70 and 187 cases, or a total of 169 done by the physicians and 310 done at the clinic ginning with the month of September the next seven months showed a decided increase in the number done by the physicians During that time they immunized 1,090 cases, a monthly average of 156, against the clinic's total of 157, a monthly average of 22 These figures are not particularly startling, but very significant when one considers that this average has been maintained in the absence of publicity since July, 1927, except for the nurses' contact The nurses during this seven months' period made 1,658 actual contacts This cannot be considered high pressure publicity compared to 973 actual contacts made in one month by the same number of nurses Surely the combined cases immunized by physicians and at the clinic totaling 1,247 did not all come from the 1,658 contacts made by the nurses

I do not intend to minimize the work done by the nurses, but rather to emphasize the point that some other factor has also been at work. It appears to me that the physicians of Schenectady are actively rather than passively interested, in contra-distinction to the claim that physicians in general are lethargic and indifferent to public health measures. Furthermore, one death from

diphtheria in a population of 95,000 during the past 20 months cannot be considered an alarming death rate. To substantiate the physicians' interest, a recent survey reveals that there are 117 physicians in Schenectady County, 27 of whom specialize, 7 are unable to do the work, only one claimed to be too busy to send in reports and 82, the remainder, are immunizing and rendering reports. The present rate of immunization in the pre-school group is about equal to our birth rate.

The Department of Health nurses have issued approximately 650 blue cards since the clinic opened, 550 were referred to the clinic and 100 referred to the family physician. Ten months later out of 508 received at the clinic, 485 have been completely immunized. A recent canvass of physicians shows that no parents who accepted a blue card for gratuitous service by the family physician have availed themselves of this opportunity. Throughout the county, exclusive of the city, 859 parents were interviewed, only one accepted a card and that was for the clinic, all others favoring immunization preferred going to the family physician.

Provided matters under consideration turn out as hoped, we expect to start the third stage of the campaign June 1, 1928, and continue through the vacation period. Although the details have not been definitely worked out as yet, the committee believes the physicians should be compensated for their services, but this will depend upon available funds. At this time we expect the parents to give enough information to fill in a card for statistical purposes

In behalf of our committee, I wish to acknowledge the cooperation extended to us by individuals and organizations. We fully recognize that any benefits which may develop from this demonstration will be largely due to the efforts of our local Health Officer, who made possible the organization forming the hub around which this campaign revolves. The nurses representing the Department of Health and the Public Health Nursing Association have rendered valuable service, and throughout the campaign we have not heard one word of criticism regarding the manner in which they have handled their work

The executive secretary of the State Medical Society has expressed his interest in the campaign by meeting the members of the diphtheria committee in conference from time to time, and offering suggestions, which have been extremely valuable

In conclusion, the opinions as to the success or failure of our efforts are undoubtedly divided, and will depend upon the value given by different individuals to the different factors in the situation. If success is to be measured by the number of children immunized by revival meeting methods, then we have failed. On the other hand, we have in Schenectady an alert medical profession always on the lookout for diphtheria, actively interested.

before starting their canvass This nurse in a very short time made 632 visits and found that 291 had moved, were not at home, or the children were attending school leaving 331 actual con-Of this number 114 were in favor and would either consult the father or their physician, 149 signed to have it done by their physician, 4 refused and 3 were obviously poor The mother's were interested in the cost of immunization when informed that it would require three This seemed to be . visits to the doctor's office a problem which required immediate attention and at the May, 1926, Medical Meeting a resolution was offered providing for a uniform fee of \$500 for three injections for one child, \$700 for two children and \$900 for three or more This fee was not intended to interfere with the physician's private practice and only applied to office calls in those cases of limited means which were referred by the nurse with that understand-However, with very few exceptions the physicians adopted this fee and applied it to practically all of their cases

The Committee was particularly anxious to enlist the interest of the Medical Profession, then lay organizations, and finally prepare a publicity program. The first attempt made to interest the medical profession was in the form of a dinner given May, 1926, to Dr. Joseph Regan, who came from Brooklyn to talk to the physicians on the subject of Diphtheria and Its Prevention, 79 doctors attending this dinner. Since then their interest has been maintained by regular circular letters with information concerning the activities of the Committee and the Campaign.

The Diphtheria Committee was ready to function May 1, 1926, and as originally planned, had no intention whatever of dominating the picture, but rather wished to furnish the cooperation which lay organizations interested in public health work have so long recognized as essential to the success of lay projects At this point, however, the Committee encountered its first difficulty, there being no lay organization available to assume the financial and other necessary obligations to conduct such a campaign and by force of circumstances the work has been carried on very largely through the efforts of the Medical Society's Committee and the City Department of Health, with such help as could be obtained from time to time from other organizations local Health Officer made an appropriation from his department and the nurses began their canvass August 1, 1926

During the first four months, August to November, the nurses made 4,180 visits or an average of 1,000 per month. On October 1st we began telephoning the physicians for their monthly report. The number of immunizations steadily increased from 97 to 208 per month with a total of 486 completed immunizations. On or about December 1st Schenectady experienced a sudden

outbreak of measles which interrupted our program for the next four months and from December to March, only 195 visits were made by the nurses The number of immunizations done by the physicians dropped from 486 to 235

In the meantime, plans were considered for future activities. The Committee views Diphtheria Prevention as a community problem, that is, if the people of Schenectady desire protection against diphtheria, organizations interested in public health work should advocate, organize, raise funds and then call upon the physician, the logical one to do the work, and compensate him for his service. Furthermore, the Committee believes that organizations collecting public funds, for public health work, and those companies which benefit directly from such activities should support such movements

In order to devise a means of cooperating with such organizations, a sub-committee was formed January 1, 1927, composed of one member representing each organization, such as the Department of Health, Committee on Tuberculosis and Public Health, Public Health Nursing Association, Red Cross, Welfare Department of the General Electric Company, Metropolitan and John Hancock Life Insurance Companies, and one member of the Diphtheria Committee represent-

ing the County Medical Society

The members of the sub-committee are in accord with the principles upon which this campaign is based and immediately assumed the responsibility of raising funds and giving publicity The executive secretary of the Committee on Tuberculosis and Public Health gave publicity to the campaign, according to a plan approved by the Medical Committee Although our program called for newspaper items, motion pictures, etc, we tried to avoid as much as possible the sensational type of publicity depending more upon talks by physicians to parent-teacher associations, mothers' and service clubs Articles were written for the bi-monthly news of the General Electric Company and human interest stories appeared in the daily press, written and signed by local physicians

It was found in answering questions following talks to lay organizations, that the meaning of the Schick test and toxin-antitoxin were confused in the mind of the layman Further consideration led us to believe that confusion breeds criticism and this criticism is thrust upon the Medi-Anticipating the possibility of cal Profession some other preparation being used by 1930, such as toxoid or ana-toxin, the sub-committee undertook to prepare a diphtheria pamphlet avoiding the term "toxin-antitoxin" and substituting the word "immunization", on the ground that immunization, or protection against diphtheria should be urged, but it still remains within the province of the physician to determine the method used Through the courtesy of the Metropolitan and

the purpose of isolation for group study hospital is thoroughly equipped to give X-ray therapy for cancer for we have two machines with a maximum voltage of 250,000 volts we are equipped to treat with radium having in solution two grams of radium"

Question A Will your hospital admit cases of cancer for operation in the early stages?

1 Hospitals with a bed capacity of less than Yes, 70, No, 4

2 Hospitals with a bed capacity of 100 and

over Yes, 26, No, 1

One of the hospitals in class 1 specifies that early cancer cases are admitted for operation "in private rooms" Of the three other hospitals in class 1 to which early cancer cases are not admitted for operation, one superintendent of a hospital with 20 beds writes "We do not handle any kind of cancer cases" and another writes "Our hospital is in a small village only open about 5 months in the year to accommodate local patients temporarily." This hospital has a bed capacity

The one hospital of class 2 to which early cancer cases are not admitted for operation is a hospital for incurables with a bed capacity of 118

Question B (1) Will your hospital admit late

cases of cancer for operation?

Hospitals with a bed capacity of less than 100 Yes 56, No. 15, no answer, 3

2 Hospitals with a bed capacity of 100 and

Yes 25, No. 2

One of the hospitals in Class 1 that will not admit late cases for operation limits the reply by saying that such cases are admitted "when justified " Another has already been quoted as not admitting any kind of cancer case The others make no remarks concerning their policy of not admitting late cases for operation Of the hospitals in Class 2 that will admit late cases for operation one will do so "when advisable" One of those that will not admit such cases is the hospital for incurables The other says admission "depends upon circumstances, conditions, etc"

Question B (2) Will your hospital admit late

cases of cancer for X-ray treatment?

Forty-five hospitals will admit cases for X-ray

Forty-six hospitals will not admit cases for X-ray therapy

Ten hospitals did not answer the question One hospital refers patients requiring X-ray treatment to another hospital in the same city

Question B (3) Will your hospital admit late cases of cancer for treatment with radium?

Twenty-seven hospitals will admit patients requiring such treatment, sixty-one will not admit such cases Twelve do not answer the question and one refers patients requiring treatment with radium to another hospital in the same city

As it is well known that an insufficient dose of X-ray or radium will stimulate the growth of malignant tumors, questions E and F were included in the questionnaire

If your hospital is equipped to give X-ray treatment for cancer, please indicate the character of the equipment including the maximum voltage vour transformer will give

The answers to this question are far from uni-Some institutions give the voltage in kilivolts, others in volts Some give the spark gap Only eight give the type of equipment. One superintendent says his hospital has "all modern

equipment "

Summarized Of the forty-five hospitals that will admit patients for treatment with X-rays, one is equipped with apparatus that will develop 90,000 volts, one that will develop 80,000, one 100,000, two, 110,000, three 120,000, one 125,-000, one 160,000, three 200,000, three 220,000, three 250,000 One superintendent reports 300 K V , one, 200 K V , one 100-140 K.V , one 325 K V, one 220 KV, one 131 KV Eleven state that they can give superficial treatments only The type of apparatus is reported in ten instances only Snook, 1, Victor, 2, Kelly-Koett, 3, Acme, 1, Wappler, 1, Victor-Snook, 1 One superintendent reports "Reconstructed Scheidel-Western machine giving 12-inch spark"

The hospitals that profess to give deep X-ray for cancer are situated in Albany, Broome, Clinton Dutchess, Erie, Genesee, Monroe, Montgomery, Oneida, Onondaga, Otsego, St Lawrence, Schenectady, Steuben, Wyoming and Yates Counties In thirty-eight counties there is no provision for deep X-ray therapy

Of the twenty-seven hospitals that are equipped to give radium treatment, two have 50 milligrams each, two have 65 milligrams each, 4 have 100 mg each, one has 117 75 mg, one has 136 mg, one has 225 mg and one 2 grams One has five ten-milligram needles and two ten-milligram plaques, one has fifty mg steel needles (five needles of 10 mg each) In the others radium is owned by members of the staff and is available for use in the hospital These hospitals are situated in Albany, Broome, Clinton, Dutchess, Erie, Jefferson, Monroe, Oneida Onondaga, Otsego, Rensselaer, St Lawrence, Schenectady, Tompkins, Ulster and Washington Counties In thirtynine counties there is no radium available in the

Question C Will your hospital admit cases of chronic cancer, complicated with sepsis, which require frequent surgical dressings and a comfortable place in which to die?

Forty-four hospitals will admit such cases, forty-two will not admit such cases, and the answers from fifteen are equivocal One hospital superintendent did not answer the question forty-four hospitals that will admit cases of chronic cancer represent a total bed capacity of Seven have a total capacity of 100 beds or more, the other thirty-seven have a capacity of less in reducing the mortality and constantly advising the immunization of the pre-school child. Our community is enlightened regarding diphtheria and educated to the fact that the family physician can administer this treatment at a cost within the reach of 95% of the population. If these factors are important, then perhaps our efforts have been worthwhile

THE CANCER SITUATION IN THE STATE OF NEW YORK III

The Hospital Facilities for the Diagnosis and Treatment of Cancer

By JOHN M SWAN, MD, ROCHESTER, N Y

Chairman of the New York State Committee of the American Society for the Control of Cancer

HE National Office of the American Society for the Control of Cancer is often asked for information concerning the facilities for the study and treatment of patients suspected of having cancer or of those in the terminal stages of the disease. The National Society has reached the conclusion that the facilities in the country at large for the diagnosis, and particularly for the treatment of cancer in its various stages are entirely inadequate.

The New York State Committee, which is carrying out the policies of the National Society in the State of New York, has undertaken to estimate the facilities in the State available for the cancer patient. To that end during the latter half of the year 1927 the following letter was sent to the Superintendents of the hospitals in the 54 up-state counties. The list was compiled from the Directory of Hospitals and Dispensaries published by the State Board of Charities of the State of New York in 1925. "To the Superintendent

In 1926 6,536 persons died of cancer in the State of New York outside of New York City It has been estimated that the average duration of the life of the cancer patient is three years. If this estimate be correct, there must be between nineteen and twenty thousand cases of cancer in up-State New York all of the time

The New York State Committee of the American Society for the Control of Cancer desires to make an estimate of the facilities in the State of New York for the treatment of these patients In order to obtain the necessary information, may I ask you to answer the following questions

Will your hospital admit cases of cancer?

(a) For operation in early stages?

(b) Late cases for operation?

For X-ray treatment?

For treatment with radium?

(c) Cases of chronic cancer complicated with sepsis, which require frequent surgical dressings and a comfortable place in which to die?

(d) If you admit patient in class C how many beds are available in your hospital for such cases?

Are they situated in Wards? Semiprivate

Are they situated in Wards? Semiprivate wards? Private rooms?

(e) If your hospital is equipped to give X-ray therapy for cancer, please indicate the character of the equipment including the maximum voltage your transformer will give

(f) If your hospital is equipped to treat cancer with radium, please state how much radium you own or whether you apply radium emanation

Any remarks you may have to make on the

cancer situation will be appreciated"

The letter was sent to 135 hospitals having a total bed capacity of 10,599 in a population of 4,642,388 Thirty-one of these hospitals have a capacity of 100 or more beds each, with a total capacity of 6,078 The remaining 104 hospitals have a bed capacity of less than 100 each, a total capacity of 4,521

/ Answers have been received from 102 hospitals, or 75.5%, the remaining thirty-three hospitals, or 24.5%, had not answered the question-

naire at the end of five months

In analyzing the replies it has seemed best to use 101 as the basis for calculation. The reply of the Director of the New York State Institute for the Study of Malignant Disease is published as received because that institution fills a special place in the cancer field and is organized and administered for a specific purpose

"As you probably know, we have a small hospital of 25 beds and the primary purpose is research in the treatment of malignant disease However, as we have about 1,500 new cancer cases each year you can readily see that it would be impossible for us to hospitalize them all Therefore, we do not take advanced cases but use the hospital largely for the care of patients who come here for treatment and are able to return home in a few days. We do not invite surgical cases as we do not care to compete with the general surgeon and we believe that surgical treatment has practically reached its limit. We accept cases for the treatment by X-ray or radium or both but consider that operation is useless in As mentioned above, we do not take Therefore, we have chronic cancer cases here no beds available for class C patients Our hospital is divided about equally between private rooms and small wards However, these are for

LYMPHOCYTOSIS, ITS CLINICAL IMPORTANCE*

By KENNETH R McALPIN, MD

Presbyterian Hospital New York N Y

TN discussing any of the various diseases characterized by changes in the blood, there is more than a little danger that the listeners will at once settle themselves for a This is due to the fact that anything hematological has had a tendency to call forth a veritable smoke screen of long words, some of which seem only vaguely familiar, and as one scans the face of strangers in a distant land, so one seeks in vain for some well remembered friend such as a lymphocyte Even a well developed and easily recognizable myelocyte would be welcome, but now the myelocyte is accompanied by brothers and sisters of varying ages and these are in turn called pro— and meta—, while the self respecting "Transitional" has acquired as many different names as a basophile has granules Has everything to do with blood cells, then, become involved in a highly developed nomenclature as complicated as astronomy and almost as difficult to understand? At times it would seem so but the present apparent confusion is only a phase in the natural evolution of a complicated subject, which as yet is far from its solution

Important as is the magnificent work being conducted today in some of the splendidly equipped laboratories, where highly trained observers have the most modern facilities, there still remains the routine blood examination which may be done by anyone who commands the use of a microscope and the simplest of stains and diluting fluids

Let us then consider for a little while Lymphocytosis, actual and relative. Here is a blood picture easily recognized but which has undoubtedly tremendous importance from the standpoint of diagnosis, prognosis and treatment.

Some of the conditions characterized by an increase in lymphocytes will be reviewed very briefly

LYMPHATIC LEUKEMIA

Is in itself a large subject and will be only mentioned as the classic example of great increase in lymphocytes. Formerly said to be found in both acute and chronic forms, it is now generally admitted that the acute-form is much more rare than formerly thought. This is due to the use of oxydase stain which has shown many cases of so-called acute lymphatic leukemia to be myeloblastic.

Although leukemia is always associated with an increase in the white count, Ordway¹ has pointed out that the so-called "aleukemic"

* Read at a meeting of the New York County Medical Society
New Lork Academy of Medicine—March 26 1928

phase may appear at any time and may last indefinitely

INFECTIOUS MONONUCLEOSIS OR GLANDULAR
FEVER

Is now generally accepted as an entity and during the last few years has received a considerable amount of attention. It is of interest chiefly because of the ease with which it may be confused with more serious diseases.

Young adults are those most frequently affected, and it is noteworthy that physicians and medical students seem unusually susceptible. This has no particular significance other than that this class of patients offers an excellent opportunity for study, and too, they are likely to be interested when they note their symptoms.

The onset is gradual, the patient generally complains of "not feeling well," there is usually a sore throat, weakness and fever, which may occasionally get as high as 103 or even 104 degrees

The pharynx is red and tonsils affected the superficial lymphnodes, especially the cervicals are enlarged and sometimes tender. In about 70 per cent of the cases the spleen is palpable but rarely reaches more than three fingers breadth below the costal margin, this too may be sensitive. The nodes and spleen increase in size gradually and the return to normal is slow.

The blood count is interesting White blood cells are increased, especially if the condition is well developed. One of Longcope's² patients had a count of 26,000 and Cottrell⁵ reported a count as high as 31,000

Such counts are unusual and the average will probably be nearer 15,000 although some cases never have more than 10,000

The differential count is characterized by the large proportion of lymphocytes, these cells make up from 40 to 70 per cent of all of the leucocytes. The cell with a kidney shaped nucleus or the so-called "Rieder" cell is as a rule present in large numbers.

The highest white count is usually at the end of ten days or two weeks, but the return to normal numbers as well as to normal proportions may require a month or two

The red cells are very little affected and much of a drop in haemoglobin is not expected

At first the diagnosis is not easy typhoid is often thought of, tuberculosis or even Hodgkins disease have been considered before the blood was examined, and acute is mphatic leukemia afterward. After a few days the diagnosis is much simpler, especially as the patients are rarely very ill

than 100 beds each Of course all of these beds are not available for cases of chronic cancer Therefore Question D was asked If you admit patients in Class "C" how many beds are available in your hospital for such cases? Are they situated in wards? semi-private wards? private rooms? The answers to this question are eminently unsatisfactory from the viewpoint of determining the number of available beds Fifteen of the hospitals give the number of beds available They add up to 195 The answers are as follows 20, wards and semi-private wards, 2, private rooms, 2 or 3, 10 to 20, wards and private rooms, 1, private room, 2, 8, semi-private wards and 6 private rooms, 4, wards, 10, semi-private and private rooms, 1 or 2, 13, 4, private rooms, 90, wards, semi-private wards, private rooms (the hospital for incurables), 2, wards, 2, semi-private rooms, 2 private rooms, 3 private rooms, 1, semiprivate ward or private room Many superintendents beg the question "No specified number," "Depends on the activity of the service," "Indefinite," "No number," "Whatever needed," "Depends on rooms available," "Wherever available," "As necessary," "No beds set aside," "Any number needed," "No means of isolation," "Depends on finances of patient," "The determining factor being how long they are likely to remain and the financial status of the patient," "No definite number of beds set aside We prefer to put these cases in private rooms whenever possible," "We have no stated number of such beds, nor are they situated in any particular part of the hospital, their rooms depending entirely upon their financial condition"

The equivocal replies to question C are as follows "Admit chronic cases for 6 weeks," "temporary in private rooms," "avoid receiving," "Have occasional case, whatever the patient can afford," "Doctors as a rule do not send them to the hospital," "doubtful, we do not admit incurable cases," "during the past year we have had but three cases which required frequent surgical dressings In regard to the number of beds available for such cases we can give no definite answer for we have no special department," "rarely No specific number of beds," "to date we have not had many cases in Class C and we have not any

special beds available It would depend on the severity of the case just where we should put them I do not think we could care for them in the wards," "not usually," "yes, if necessary," "prefer not to," "not sufficient room," "we do according to circumstances of the case-but we do not make a practice of admitting such cases Always to private rooms," "not as a rule"

As a result of this questionnaire the following

comment may be made

(1) The cancer patient, in the early stages of the disease, can be adequately cared for in the

fifty-four up-state counties

(2) When cancer has reached a more advanced stage and for cases of recurrent cancer the opportunity for adequate hospital treatment is reduced by a little over fifteen per cent, and then the patient is looked upon with some suspicion and beguis to be undesirable

(3) The opportunity for hospital treatment of the final stage of a case of cancer is definitely limited, a little more than forty-five per cent of the hospitals that will admit early and late cases will admit the chronic case. This is the period in the life of the cancer patient when sympathy and philanthropy are needed and in which they are likely not to be found

(4) The facilities for deep X-ray therapy are limited No such facilities are available in thirty-

eight up state counties

(5) The facilities for radium treatment are also limited, no radium being available, except purchased emanations, in thirty-nine counties

(6) There is definite indication of the desirability for standardization of the equipment to be installed by a hospital in which deep X-ray ther-

apy is to be given

(7) There is no reason that I can see why a hospital should not "handle any kind of cancer case" It is always "advisable" to admit a case of cancer when application is made for the admission of such a case. As cancer is not transmissible why should any hospital refuse to admit such a case because the patient cannot be "isolated '''

(8) There is but one hospital for incurables in up-state New York-an institution of 118 beds in

Albany County



cervical nodes, no signs were found. The blood counts told an important tale

	11 29 27 Oper	12 1 27 1 ration	2 31 27 Pnem		1 29 29	Same day after trans fusion
HGB					83	93
RBC		_	_		3,700,000	4,500,000
WBC	16,300	31,000	7,200	2,800	500	1,500
NEUT	81	85	82	0	0	0
FOS			_			
LYMPH	14	12	13	97	100	100
момо	5	3	5	3	0	0

The possibility of "agranulocytic angina' was of course considered, but notwithstanding the blood count, the rest of the picture did not seem to fit, for among other reasons, the patient was an elderly man, the onset was sudden, and the throat was not particularly sore He died two days after the sudden rise in temperature and a post mortem could not be obtained A blood culture showed Streptococcus Haemolyticus

A boy (69986) of three years was admitted to the children's ward with a history of fever Although the that lasted for five months temperature had been normal for a time, it did not stay down and when the child was admitted he was running a temperature of about 100 with an occasional jump up to as high as 104 One of the reasons for bringing him in was a slight swelling of the face With the exception of swollen cervical nodes and a marked anemia there was little to be found on physical examination The fever was a real problem On one occasion some of the nodes in the neck were incised with temporary relief Staphylococcus aureus was obtained from the

The hemoglobin varied from 45 to 65 Sahli, the red blood cells from 2,000,000 to 3,100,000

The white blood cells on admission were 2,100, Neut 32, Lymph 65, Mono 3 The last count was 1,200 WBC, Neut 8, Lymph 68, Mono 12, Smudges 12

For the last week of his life the temperature ranged around 105. There were signs of bronchopneumonia and purpuric spots appeared. Two transfusions helped a little for a time but he died 24 days after admission.

A blood culture showed Staphylococcus aureus, and on post mortem innumerable abscesses were found in the viscera, the organism was obtained from these abscesses as well as the blood

A boy of nine years came into New York Orthopedic Hospital for the treatment of a small sinus over the lower extremity of the left radius. His leukocytes were 13,000, the differential was not remarkable except that the proportion of lymphocytes was higher than might be expected. He was not operated on at once and in three weeks his white cells were

found to have suddenly increased to 66,000, with the following differential, Neut 37, Eos 9, Bas 1, Large Lympho 6, Small Lympho 47, a few of the small lymphocytes were undoubtedly of the Rieder type. There was no anemia, no lymphnodes nor spleen, and no symptoms whatever, except the sinus. But the white cells were climbing in a most alarming fashion.

The problem was should the boy be operated upon? There appeared to be three pos-

sibilities

1 Acute lymphatic leukemia

2 Chronic lymphatic leukemia 3 An abnormal blood count due to some irritant, presumably a sequestrum, which the surgeons felt sure caused the sinus

- 1 Acute lymphatic leukemia is of course rare in the young, but is by all odds the most frequent of any of the leukemias (Ward¹º) in those under ten years. But this boy was NOT sick and had none of the usual symptoms of the disease except for the white cell count.
- 2 Chronic lymphatic leukemia is rare in the young and was definitely ruled out because the boy had a normal count a few weeks before
- 3 Hence it became necessary to find something else to account for the abnormal blood picture. It is well known that children break all rules of hematology when it comes to lymphocytes, but such a count was far higher than a hurried search of the literature revealed under similar conditions. So, without much enthusiasm, it was decided to operate

Three days before the operation, the white cells were 52,000 A small sequestrum of bone which was unattached and surrounded by "dirty granulation" was removed. The day after operation the leukocytes were 12,500 and two subsequent counts showed only slight variation. It is now 18 months since the operation and the boy continues to be perfectly well

Hardly had the paint dried on a nice new sign when a young medico was tremendously flattered by having his opinion asked about a case with an unusual blood picture tient was a husky young man who had re-cently been "ailing" For some time he had been running a low fever with no apparent Typhoid had been ruled out and the attending physician intimated that there had been some symptoms referable to the rectum but there was nothing definite in the physical examination except a few moderately enlarged lymph nodes and a palpable spleen. The patient did not appear seriously ill. The red cells showed a slight anemia, but the leukocytes seemed to have a story to tell, they numbered 16,000 Neut 26 Eos 1, Myeloblasts 8, Large I vmph 53 Small Lymph 12

The prognosis is always good and there are no complications

There is little to do but keep the patient

in bed and as comfortable as possible

No etiological factor has been found but the portal of entry seems to be either tonsils or the upper respiratory tract (Longcope², Sprunt and Evans' and Blaeborn & Houghton⁴)

DISEASES WHICH MAY CAUSE LYMPHOCYTOSIS

An increase in the lymphocytes may be found in exophthalmic goitre and tuberculosis, and has been reported in cases of generalized carcinoma. A tremendous increase has been found in pertussis. Seitz³ reports three cases of over 200,000 and ten of over 100,000, the lymphocytes were usually over 50 per cent

A relative increase in lymphocytes is usual in typhoid fever, syphilis, malaria, and pernic-

ious anemia

Occasionally pneumonia will upset usual precedent by terminating with a low white count and relative lymphocytosis. Menningers' case had only 150 to 350 white cells with only 5 per cent granular cells. This was just before death. Pneumococci were obtained but group was not mentioned.

AGRANULOCYTIC ANGINA

Much interest has been aroused of late by this very interesting condition, which most observers seem disposed to regard as an entity As the name implies it is characterized by a great decrease in the granular elements of the white blood cells, and sore throat

Although there have been many theories as to the cause of the disease and various organisms have been present, it is as yet impossible

to say what the etiological factor is

The onset is gradual and the patient is not particularly impressed. The throat is sore and there is some temperature. There is usually backache and general malaise. In a day or two the temperature climbs up to 103 or 104, but often the patient is surprisingly alert and does not appear to be as sick as the chart would indicate. There may be jaundice, superficial cervical lymphnodes, liver and spleen may be palpable.

It is safe to say that most physicians think the case is a "bad sore throat" or possibly a Vincent's angina, if the throat is not sore as sometimes occurs, typhoid may be suspected. The first blood count comes as a distinct shock and is likely to be in the neighborhood of 2,000 white cells with granular cells 10 per cent or less. The red blood cells will show little or no reduction and there will be no

The course is rapidly down, the throat gets worse and terribly annoying, what was a small area covered with evidate becomes a great

dirty slough that may involve the soft palate and even the roof of the mouth and gums The prostration is marked and the temperature continues to soar reaching 105. The patient becomes progressively weaker and seldom survives the fourth week

The white cells almost disappear and the granular cells are few and far between It is perhaps not amiss to say that the work of the hemotologist on such cases is not pleasant, for nothing is much harder than looking for something that is not there.

Kastlin's excellent paper deals with 43 cases Of the 43, nine were males, this is interesting as it was usually thought the disease attacked only females. The average age was 46 years for females and 29 years for males. Forty of the forty-three cases proved fatal, twenty-five had sore throats and a similar number were jaundiced, the average white cell count was 1,200, the lowest white cell count was 100, the percentage of granular cells was between six and zero.

Moore and Wieder reported a case that had an attack and recovered, but in two years

another attack terminated fatally

Because of the nigh mortality treatment is aimed at the comfort of the patient, and is limited chiefly to treating the mouth and attempts to relieve the discomfort due to the hyperpyrexia Sedatives are sometimes indicated Transfusions seem to afford only temporary relief

Thus far an attempt has been made to touch on some of the more recent work that has had to do with variations in lymphocytosis. It might be of interest to consider a few cases which if they add nothing to the knowledge of the world, will at least offer an opportunity for speculation

It is possible to refer to these cases because of the courtesy of Dr Hibbs of New York Orthopedic Hospital, Dr Phillips of Englewood, and Drs Mason and Gile of Presbyterian Hospital

A man (70314) of 65 years was operated on by Dr Gile for abscess of the prostate He did fairly well after the operation, but was inclined to run a little temperature, which was to be expected A month after the operation he had a sudden rise in temperature and signs of pneumonia were found. This only lasted a few days and he improved somewhat. It should be borne in mind that he was not a first class surgical risk, was an old man, had a blood pressure of 190/120 on admission, and was having a rather hard time of it. So that when his temperature shot up to 105, about a month after his attack of pneumonia, his lungs were suspected, but proved negative. Aside from a red throat and a few enlarged.

These considerations suggested to us that it might not be unprofitable to study a group of epileptics with regard to the diseases of childhood considering the problem from the standpoint of blood examination supplemented by a survey of the personal history in search of a clue to the possible existence of any relationship between these two pathological conditions -if such there be These investigations involved blood studies, the technical nature of which will not be discussed in any great detail in this article Here we hope to present to you some features of these observations that we trust will prove not only interesting but also of some practical value

For the purposes of this paper we will review the results secured with observations on about 150 cases altogether In selecting our cases only those individuals were chosen whose past personal history was not too much complicated by the occurrence in the same person of too many of the diseases of childhood These cases were divided into two series, the idiopathic group and the non-idio-By the term idiopathic we mean pathic one those instances of epilepsy in which there is no definite evidence of any pathological condition which could reasonably be regarded as the cause of the epilepsy, and conversely, by non-idiopathic we mean those instances of epilepsy which can be attributed to a definite probable pathological cause, such as, for instance, trauma Each one of these major divisions was further subdivided into a number

of minor groups dealing with the incidence in the same individual of measles alone, whooping cough alone, measles and whooping cough together, measles, whooping cough and diphtheria together, and also measles and scarlet fever together as their occurrence appeared in the patient's past personal history In each of these sub-groups the present age, the age of onset, the duration, the number of seizures (both severe and mild), the hemoglobin, the clotting and bleeding times, the white count and the differential of these patients were considered as will appear in the tables subsequently shown In some of the instances studied the past personal history seemed to indicate that the individual had not suffered from any of these diseases while in others no satisfactory information on this point could be gleaned from the record The former collection of such cases serves as a control for the various sub-groups just enumerated Figures for these cases, therefore, have also been incorporated in the following tables. In these tables the total number of cases included in the different sub-groups is, it will be noted, not constant throughout the table This is because the variation in frequency of the childhood diseases mentioned above has rendered it impossible to make these sub-divisions numerically comparable in this report For this reason a weighted average has been obtained for the combined number of cases in a series of successive sub-groups and is shown in the table after this combined total, the average indicated

TABLE I—GENERAL DATA FOR GROUPS STUDIED

				IDIOP.	ATHIC				-			Nov	-Idiopa	тніс			
SUB-GROUPS	Measles	Whooping Cough	Measles and Whooping Cough	Meastes, Whooping Cough and Diphtheria	Measles and Scarlet Pever	None	Unknown	Total	Weighted Average	Measles	IPhooping Cough	Measles and Whooping, Cough	Measics and Scarled Ferer	None	Unknown	Total	Weighted Average
Present Average Age Number of Cases	27 4 48	27 4 11	29 5 38	35 7 6	30 1 8	33 41	38 13	165	30 6	31 4 11	33 1	37 7 11	53 5 2	33 4 5	35 2 5	35	34
Average Age at Onset Number of Cases	10 6 47	4 1 11	11 1 38	14 2	10 6 8	11 2 39	4 5 11	160	10 3	13 7 11	4	15 2 11	21 2	7 5 5	4 4	34	12 4
Average Duration Number of Cases	16 8 47	23 3 11	18 4 38	21 5	19 5 8	21 8 39	33 5 11	160	20 3	17 7 11	29 1	22 5 11	32 5 2	25 9 5	31 2	34	21 6
Average Grand Mals. Number of Cases	26 1 42	56 9 11	35 9 34	18 3	17 7 8	40 5 38	16 6 13	152	32 7	30 11	64 1	37 11	20 8 2	9 5 5	7 8 4	34	28 8
Average Petits Number of Cases	9 8 42	8 2 11	5 9 33	41 9	8	6 6 37	2 9 13	150	8 6	9 5 11	2	9 7 11	19 5 2	34 5	1 3 5	35	13 6

The increase in the white count, the marked increase in the lymphocytes, and the general physical findings suggested an acute lymphatic To be sure the myeloblasts were a trifile difficult to fit in the picture, but it was thought that perhaps they were not myeloblasts, but lymphoblasts So with due regard for the feeling of the family the young practitioner with what eloquence he could command, prepared them for the worst time his bill was paid and the budding specialist telt that after all it was an excellent plan to do a little special blood work on the side

He was not so sure of this when he learned that his patient had been operated on for an abscess of the rectum and was making an un-This was well over ten eventful recovery years ago and aside from serving in aviation during the war the erstwhile acute lymphatic leukemia has nothing to report

It may be far fetched to try to associate those two patients, but it is well to go slowly in making a diagnosis of lymphatic leukemia if there is any possibility of a focus of infection

The last case to be considered is one that would not be regarded as a case were it not for a blood count An active business man had a routine physical examination when it was discovered that he had an abnormal white cell count The white cells ran from 35,000 to 45,000, with Neut 13, Lympho (mostly small) 87, occasionally eosinophiles and transitionals were found. No anemia and no symptoms nor physical signs, active in business and is in his office every day Regards his occasional blood counts rather as a joke

What is the diagnosis? It is impossible to regard such a count without misgiving, but it certainly is not justifiable to make a diagnosis of lymphatic leukemia and give him the mental burden of such a hopeless prospect

Conclusions

A marked leukopenia and decrease in the granular type of blood cells was produced by streptococcus haemolyticus and staphylococcus aureus in two individuals of very different But here the similarity ended, one resembled agranulocytic angina, the other air aplastic anemia

There may be found cases such as the young man with the rectal abscess as it is not unusual for a focus of infection to upset the blood picture considerably Such cases may at times be more readily diagnosed in retrospect, however, it is always a pleasure to see anything as hopeless as acute leukemia turn out to be something else, even though the diagnostician's pride is somewhat damaged in the process

It is vain to guess as to the cause of the lymphocytosis in the man who has no other This may well turn out to be a typical lymphatic leukemia, but it has been suggested that it is the result of an attack of infectious mononucleosis of which the patient was not aware

Finally, lymphocytosis, actual or relative, should always be regarded with profound sus-

A routine examination of the blood is rarely diagnostic, it is rather a guide post, but taken with history, symptoms, and physical signs, may help point the way to the solution of a difficult problem

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SOME OBSERVATIONS IN CONNECTION WITH EPILEPSY AND SOME OF THE DISEASES OF CHILDHOOD*

A Report Based Primarily on Laboratory Findings Supplemented by a Scrutiny of the Personal History

By HAROLD A PATTERSON, AM, MD, FAC,P, And SAMUEL M WEINGROW, MD

N general practice convulsions in childhood are frequently encountered Also meningeal and central nervous system involvements at times develop as sequelae of the diseases of infarley and childhood Moreover, the onset of

epilepsy often appears early in life is conceivable that changes subsequent to the diseases of infancy and childhood might bring about pathological effects which, although they do not readily manifest themselves, might be reflected in alterations in the blood picture

^{*} From Craig Colony Laboratory

will be observed that when whooping cough occurs in combination with measles, or with measles and diphtheria, the average age of onset in these instances is about that at which it occurs in individuals with no history of previous childhood disease This apparent inconsistency renders it rather dubious as to what influence, if any, whooping cough exerts on the age of onset of the epilepsy

There is also considerable uniformity in the

average duration of the cases studied

With respect to the (weighted) average number of grand mals per year the frequency is about the same in the idiopathic and the nonidiopathic divisions. With whooping cough the incidence of grand mal seizures seems to be higher than when the history shows no childhood disease and also exceeds the (weighted)

average for the group

In regard to the (weighted) average number of petit mals it appears that the frequency of these mild attacks is greater in the idiopathic than in the non-idiopathic series Furthermore, the relatively high incidence in instances where the previous history of childhood disease is negative tends to suggest that this greater frequency is a part of the picture of the nonidiopathic aggregation rather than a result of the influence of childhood disease within the

Table II presents data dealing with coagulation time, bleeding time and the total white

In determining the coagulation time we obtained blood from a skin puncture and used the capillary method The technique is as follows The puncture should be deep enough to insure free flow of blood in order to lessen contamination with tissue juices The first drop should be wiped off, and the second used for the test Time is counted from the appearance of the The blood is taken up in a small capillary glass tube about 11/2 mm in diameter If clean the tube fills readily by capillary attraction Short sections of the tube are then carefully broken off at half minute intervals after scratching with a file, and the ends are gently separated When coagulation has occurred threads of fibrin will be seen to span the gap between the broken ends Since some definite endpoint should be adopted we selected as that end-point the time when the fibrin thread would span a gap of 4 mm before breaking Coagulation consists essentially in the transformation of fibrinogen, one of the proteins of the blood plasma, into fibrin by means of a ferment called thrombin The presence of calcium salts is necessary The process is complicated and not fully understood and the theories which have been offered to explain it are many and intricate

Normally, when blood is secured from an

ordinary skin puncture, coagulation takes place in from 2 to 6 minutes after it leaves the vessels, usually about four and a half minutes The time is influenced by temperature, the size of the drop and other factors, such as meals Our data indicates that the coagulation time in both major divisions tends to fall within the lower limits of the normal and occasionally even to drop below the lower normal threshold In this connection, it may be noted in passing that, since the coagulation time is accelerated. excessive bleeding from accidental injury in epilepsy is not likely to occur. As may be seen from the table the variation in coagulation time in individuals giving a previous history of different childhood diseases is not sufficient to serve as a differentiating factor between these various conditions in the epileptic Moreover, except for the point already made, the acceleration in coagulation time is not significant in itself for Todd1 says that the shortening of coagulation time is not of much clinical significance in general except in relation to possible thrombosis

Todd² further suggests that the determination of the coagulation time should always be supplemented by the estimation of the bleeding Bleeding time is a term used by Duke³ to indicate the interval required for a small cut to cease bleeding It does not necessarily parallel the coagulation time of the blood for it is thought to be largely dependent upon the efficiency of the tissue juice in accelerating clotting, upon the elasticity of skin and upon the mechanical and chemical action of the blood platelets. In determining the bleeding time we obtained blood from the finger employing the following technique After proper aseptic precautions, the usual puncture, as for a blood count, was made with a blood lancet The site of the puncture was touched at quarter minute intervals with a piece of absorbent paper until the blood flow had ceased Estimations were further refined by calculating, from the size of the last two spots on the blotting paper, the approximate point at which this cessation had occurred instead of accepting an arbitrary endpoint. In our experience with this collection of cases we found it much easier to estimate the bleeding time from a lancet puncture than from a needle puncture, since blood did not flow freely from a wound of the latter type even when the needle was driven deeply into the tissues

The normal bleeding time is from one to three minutes, although it may be prolonged A perusal of the data in the to 8 minutes table dealing with bleeding time, shows that this falls well within the normal limits in both classes of epilepsy and that the variations in bleeding time in the different varieties of childhood diseases studied is neither sufficient

TABLE II—COAGULATION AND BLEEDING TIMES AND WHITE COUNTS

				Idioi	ATHIC							Non	-Idiopa	тніс			
SUB-GROUPS	Measles	Whooping Cough	Measles and Whooping Cough	Measles and Scarlet Ferer	None	Unknown	Total	Weighted Average	Measles	<i><u>И</u></i> hooping Cough	Measles and Whooping Cough	Measles, Whooping Cough and Diphlheria	Measles and Scarlet Perer	None	Unknown	Total	Weighted Average
Average Coagulation Time Number of Cases	2 m 24 s 4	0	2 m 14 s 6	4 m 15 s 2	2 m 12 s 3	1 m 50 s 3	18	2 36	3 m 14 s 25	1 m 50 s 6	2 m 56 s 18	1 m 7 s 5	2 m 45 s 3	3 m 9 s 17	1 m 57 s 6	80	3 4
Average Bleeding Time Number of Cases	2 m 57 s 3	0	2 m 25 s 4	4 m 8 s 2	1 m 40 s 3	2 m 15 s 2	14	2 34	2 m 15 s 26	2 m	2 m 12 s 14	3 m	2 m 7½ s 4	1 m 39 s 15	2 m 19 s 5	69	2 06
Average White Count Number of Cases	10,643 3	0	10,223 5	18,310 1	8,316 2	12,875 2	13	11,153	12,543 22	15,197 4	12,912 12	6,188 2	6,649 3	10,510 14	11,983 5	62	11,006

TABLE III-DIFFERENTIAL COUNTS

		IDIOPATHIC											Non-Idiopathic								
SUB-GROUPS	Measles	Whooping Cough	Measles and Whooping Cough	Measles, Whooping Cough and Diphtheria	Measles and Scarlet Pever	None	Unknown	Total	Weighted Average	Measles	Whooping Cough	Measles and Whooping Cough	Measles and Soarlet Pever	None	Ипк поил	Total	Weighted Average				
Average "Polys"	53 1	71 3	60	60 7	61 5	56 2	59 8		57 7	59	0	55 5	70	64	63 5	_	60 9				
S L	21 1	22 7	33 1	26 5	33 3	38 4	33 2		36	33 5	0	36	29 5	34 5	27 5		33 3				
L L	1 3	3 7	5 5	10 5	3 7	4 2	6 5		4 6	4 1	0	7	0	5 5	9		5 6				
Endos	8	2 5	0	1 3	1 8	1 3	0		1 4	0	0	1	0	0	0		02				
Eosinos	1 3	0	1 2	1	1 3	1 4	2 5		1 7	2 8	0	0	5	0	0		1				
Basos	3	2	0	3	5	1	1		1	8	0	1	0	1 5	0		08				
Number of Cases	14	3	8	4	3	10	5	47		3	0	2	1	2	2	10					

in the sub-groups is, of course, the arithmetical mean. For the sake of brevity let it be understood that any reference to the diseases of childhood is intended to include also those of infancy.

From the first of the preceding tables, it may be noted that there is little variation in the ages of the patients chosen so that the groups and sub-groups selected are fairly uniform in our series with the exception of these instances in which there is a previous history of whooping cough when the onset appears at an earlier age than the weighted average age of onset for the group. In this connection it is also interesting to contrast the average age of onset for the individuals with a history of whooping cough alone with that for those who have had no childhood diseases. On the other hand, it

will be observed that when whooping cough occurs in combination with measles, or with measles and diphtheria the average age of onset in these instances is about that at which it occurs in individuals with no history of previous childhood disease. This apparent inconsistency renders it rather dubious as to what influence if any, whooping cough everts on the age of onset of the epilepsy

There is also considerable uniformity in the

average duration of the cases studied

With respect to the (weighted) average number of grand mals per year the frequency is about the same in the idiopathic and the non-idiopathic divisions. With whooping cough the incidence of grand mal seizures seems to be higher than when the history shows no childhood disease and also exceeds the (weighted) average for the group

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				Іріор	ATHIC							Non	-Idiopa	тніс										
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		Idiopathic											Non Idi	ОРАТНІ	PATHIC								
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S L	21 1	22 7	33 1	26 5	33 3	38 4	33 2		36	33 5	0	36	29 5	34 5	27 5		33 3						
L L	1 3	3 7	5 5	10 5	3 7	4 2	6 5		4 6	4 1	0	7	0	5 5	9		5 6						
Endos	8	2 5	0	1 3	18	1 3	0		1 4	0	0	1	0	0	0		02						
Eosinos	1 3	0	1 2	1	1 3	1 4	2 5		1 7	2 8	0	0	5	0	0		1						
Basos	3	2	0	3	5	1	1		1	8	0	1	0	1 5	0		08						
Number of Cases	14	3	8	4	3	10	5	47		3	0	2	1	2	2	10							

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ing times, the total white count and the differential fail to show the existence of any definite relationship between epilepsy and the diseases of childhood and infancy studied

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SOME RADIOGRAPHIC AIDS IN THE DIAGNOSIS OF DISEASES OF ESOPHAGUS AND CARDIA*

By JOHN RUSSELL CARTY, MD, NEW YORK, N Y

■ISEASES of the esophagus and the upper portion of the stomach form an interesting and, at times, exceedingly puzzling group to diagnose It is the purpose of the author to discuss some of the radiographic signs which have been found useful in diagnosis and to add a few original observations

The gullet is probably not as fixed in position as is generally thought and is capable of enormous Normally there are five important points of narrowing, as follows at the introitus, the aortic arch, the crossing of the left bronchus, the hiatus esophagi and at the cardiac opening

Just before entering the hiatus esophagi the gullet describes a lateral and anterior curve to reach the stomach The esophageal opening in the diaphragm is simply a space between two muscle bundles which arise from the spine Mosher has shown that this portion of the esophagus moves in response to the respiratory movements, to the midline and forward on inspiration

The cardiac portion of the stomach hugs the diaphragm along its medial half but falls away in the outer half due to the interposition of the spleen and in asthenic individuals, the splenic flexure of the large gut The cardia closely follows the movements of the diaphragm, molding itself to the shape of the diaphragm. The gas bubble is of course familiar to all and varies greatly in size

A careful radioscopic examination is essential The radiograph should be used to check observations made while screening The dynamics of the part play a greater role here than in other portions of the digestive tract, hence the necessity of the screen examination

For routine work the ordinary barium meal will suffice. If no lesion is demonstrated a thicker mixture may be used If this fails, it is wise to have the patient swallow a dry cracker Spasm at the site of the lesion may thus be excited If the patient complains of dysphagia and can indicate the point of obstruction by placing the finger on the body corresponding to the level of the esophagus, a very careful and intensive study is made This is repeated if necessary

our experience this points strongly to an organic lesion of the esophagus

A definite routine is essential The patient is first examined upright and is placed in the right oblique position The central ray is directed over the gastro-esophageal area and the patient told to swallow a mouthful of the barium meal The first swallow is often the critical time for observing lesions in this region The remainder of the gullet can be studied subsequently

The patient is told to recline on the horizontal radioscopic table and the upper portion of the cardia is studied. During inspiration firm pressure is made on the anterior abdominal wall with the flat of the hand This increases the intraabdominal pressure, causing a herniation through the diaphragm if such a tendency exists prone position may be employed and sometimes

gives helpful information

As the meal passes down the esophagus there may be some slight hesitation, particularly at the normal points of narrowing mentioned above The heavier the meal, the greater the hesitation which may be more marked at the gastro-esophageal junction Normally, however, there is an initial spurt of the barium into the stomach If this spurt is absent, an early obstructive lesion should be suspected although the actual time taken in passing into the stomach may be the Regurgitation into the esophagus from the stomach is not uncommonly seen in normal individuals

Carcinoma -- Carcinoma of the esophagus generally causes an obstructive lesion. In the cardia two types are recognized a bulky, fungating adenocarcinoma and an infiltrating, fibrosing or scir-This latter type may be exceedingly rhous type difficult to detect

Malignant neoplasm is generally considered to be considerably more frequent in the lower half This has not been our experience Out of 100 cases of carcinoma, forty-six percent were situated in the upper half The location of the lesion is of little help

The character of the obstruction may be of some help While the presence of a smooth constriction does not rule out malignancy, still a serpentine course through the constricted area is suspicious of malignancy

^{*}From the X Ray Department Clinic of Cornell University Medical College.

nor constant enough to serve as a differential criterion in these conditions

In obtaining total white counts the usual technique was followed except that we employed varying concentrations of acetic acid, all of them stronger than the solution generally used as a diluent This modification, we believe, has the advantage of presenting a clearer picture since the other solid elements of the blood are more quickly and completely destroyed without any apparent injury to the leucocytes themselves than in the ordinary Scrutiny of the above table discloses the leucocyte count to be slightly above normal for adults (but not for children) in both the idiopathic and the non-idiopathic group Since it occurs in both series we assume that the slight increase in the total white count is not due to essential epilepsy itself but to some concomitant phenomenon connected with its manifestations, such as, perhaps, the mechanism of the seizure It may further be noted that the differences in the leucocyte count in the various childhood diseases studied is again not enough to be interpreted as a differential factor of any significance

The third table indicates the differential white counts in the different classes and sub-

groups

The percentage of polymorphonuclear neutrophiles falls within normal limits and shows no significant variation with the various childhood diseases

In general the percentage of lymphocytes is high. Moreover, this appears to be a result of the epilepsy since the percentage of lymphocytes is higher in those instances where there is no previous history of the childhood diseases mentioned than it is in the (weighted) average for the group. This fact is of interest in interpreting the blood picture in a case of whooping cough in an epileptic child, for although the lymphocytic fraction is not so high in our cases, Todd4 claims that a marked lymphocytic leucocytosis occurs in pertussis appearing early in the catarrhal stage and persisting until after convalescence and that it is of value in diagnosis

By endotheliocytes, or endothelial leucocytes, we mean phagocytic cells which take their origin from endothelial structures. These cells were formerly called transitional cells but this term is a misnomer since they do not represent an intermediate stage of development. Normally, they number from two to six per cent of the white cells of the blood. Here they are below the normal limit in both the essential and non-essential groups mentioned above and they occur in a much smaller percentage in the latter group than in the former. The significance of this, if it has any, is not clear to us. Furthermore, the percentage fraction is

relatively high in those idiopathic cases which have had whooping cough, but these instances however are too infrequent to induce us to risk an opinion as to their diagnostic value here

The eosinophils in the groups studied fall within the lower limits of the normal range and there is not enough of a difference between the numbers in which they occur in the various individuals with different childhood diseases to be noteworthy. This is interesting for two reasons In the first place, various other observers have reported the presence of eosinophilia in epilepsy and we ourselves have observed it, although it does not occur in the cases selected, in the second place, Todd says that scarlet fever is frequently accompanied by an eosinophilia which may help to distinguish it from measles Evidently this is a transient rather than a permanent increase in the eosinophils since we see no evidence of it in those individuals with a past history of scarlet fever But the frequent occurrence of eosinophilis in epilepsy must nevertheless be borne in mind in connection with the diagnosis of animal parasites, worms, and urticaria in epileptic children

On the whole the basophiles fall within normal limits as might be expected since a notable increase is limited almost exclusively to myelogenous leukemia

Unfortunately, as in other methods of approaching the problem, these blood examinations fail to establish any definite relationship between epilepsy and the diseases of infancy and childhood. While the results of this investigation must be couched largely in negative terms, we feel justified in submitting the following conclusions.

1 The influence of whooping cough, if it has any, on the age of onset of the epidepsy is uncertain for our results show an apparent contradiction between the effect of whooping cough on the onset when it occurs alone and when it occurs in combination with other child-hood diseases

2 In our series a greater number of grand mals per given period was found with whooping cough than with any other of the childhood diseases studied

3 As the coagulation time is accelerated in epilepsy, excessive bleeding is not likely to occur

4 The lymphocytic leucocytosis often present in epilepsy must be taken into account in interpreting the blood picture of pertussis where there is also a lymphatic leucocytosis

5 The possibility of an eosinophilia in epilepsy must be borne in mind in interpreting the blood picture in children when scarlet fever, worms, parasites or urticaria is being considered

6 In our group, the coagulation and bleed-



EDITORIAL



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COUNTY DEPARTMENTS OF HEALTH

Those who are seriously engaged in official public health work are convinced of the necessity of county departments of health, modelled on plans suited to the peculiar conditions of New How Suffolk County secured a county department of health is told on page 1127

of this issue Two essentials of the campaign in that county were the leadership of physicians and the avoidance of controversy and argument The success of the campaign conducted by the Suffolk County Medical Society is its own justification of the methods used

There may be considerable dilation above the lesion especially in the upper half The dilatation is generally less than in cardiospasm. Fluid retention is rarely seen. If the dilatation is extreme, a picture resembling diverticulum may re-The dilated portion of the esophagus may extend along the point of obstruction, causing a pocket formation. In a diverticulum the barium is seen to pass into the pocket and spill out, while in the condition mentioned above the barium passes through the stricture and into the pseudodiverticulum at the same time

If coughing is noted as the barium reaches an obstructed area, the possibility of an impending tracheo-esophageal fistula should be considered Out of the series mentioned above, four cases giving this sign eventually developed a fistula

Much caution should be exercised when a suspected malignant lesion is located at the hiatus esophagi or at the junction with the stomach. especially if the findings are not marked Recently the writer has collected six cases in which a fairly confident diagnosis of carcinoma of the lower end of the esophagus was made three years they were all alive and in fairly good The patients were all over fifty and condition showed a slight irregularity of the posterior wall of the esophagus just above the hiatus was a small amount of obstruction with a slight dilation above

The history was that of an indefinite, unlocalized dysphagia with a slight loss of weight. The symptoms were of recent date. There was no evidence of liver disease. The other findings were negative No autopsy or esophagoscopic findings are available Reexamination of two of these patients showed essentially the same findings as at previous examination. The symptoms and physical findings were essentially the same

This condition might be due to a loss of tone of the esophagus and diaphragm with consequent slight constriction at the hiatus. The length of time elapsed should rule out malignant neoplasm The presence of dysphagia and a slight loss of weight in a patient of the cancer age is suggestive of carcinoma

In view of the above findings too confident a diagnosis of cancer should not be given in atypical lesions, but reexamination at a later date should serve to differentiate

Carcinoma of the Cardia has been particularly well described by Notkin The splitting and irregularity of the barium stream is exceedingly important The lack of pliability of the cardia, as shown by the absence of molding of the stomach to the diaphragm, has been given only pass-This may be the only sign in a ing mention scirrhous carcinoma Another way of estimating this is to compare the size of the cardia in the upright position with that in the supine position The normal cardia should expand as the barium runs in when the supine position is assumed There may be some limitation of motion of the dıaphragm

Diaphragmatic Herma—Hermations through the diaphragm are probably more common than the statistics give because undoubtedly many of the smaller ones are overlooked

The small hermae are generally seen through the hiatus esophagi. If the barium stream takes an upward curve just before or after entering the stomach, a hernia through the hiatus is strongly suspected A thorough study in the supine position will demonstrate the hernia if present Many of these small hermations show regurgitation into the esophagus with a small amount of dilation

The large hermiae are not so readily over-Very rarely there may be ulceration at looked the hernial ring, blocking the lumen When this takes place the stomach has the appearance of a truncated cone, the apex pointing upwards This sign is important only if there is a mass directly above having intimate relation with the diaphragm A large number of stomachs which have hermated through the diaphragm are smaller than normal and may be acutely flexed along the lesser curvature

SUMMARY

Salient points of the anatomy of the esophagus and cardia are described

Some diagnostic aids in carcinoma of the escphagus and cardia are given

A condition simulating carcinoma of the lower

end of the gullet is described

Several diagnostic signs in the diagnosis of diaphragmatic hernia are given

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parent has followed the advice Also ascertain the mother's opinion regarding the physical progress and present state of the health of the baby

Second—We further recommend that a record of the social service calls on the babies be kept for three months and that the records then be studied with the view of determining what action if any should be taken

These recommendations are in line with an investigation which was made by the physicians of the South Side Clinical Society in April and May, 1925, the results of which were published in the Long Island Medical Journal for July, 1925—IVilliam H Ross M D, in the Monthly Bulletin of the Southside Hospital, August 1928

DR. JOHN ARCHIBALD SMITH

Physicians throughout New York State appreciate the characteristics of Dr John Archibald Smith, who died suddenly on August 20th from an acute heart attack Although he suffered from extensive tuberculosis, yet in his demeanor, as well as his personal appearance, he concealed his affliction Nevertheless his condition enabled him to deal with tuberculosis problems with a sane and scientific spirit which had a universal appeal to physicians Starting as a family doc-

tor and rural health officer, Dr Smith became Secretary of the New York State Department of Health, and later Medical Secretary of the National Tuberculosis Association. Yet he retained the friendly spirit of the best type of country doctor. Practicing physicians, and especially health officers, will remember him as the type of man which a public health administrator should be

OUR LONDON LETTER

The London letter of this issue is a felicitous. bit of writing done in the best style of English writers. It gives due credit to American speakers and sums up the cancer problem in

a few clear statements Its statement of the uncertainty of prognosis in the two fields of cancer and racing will appeal to the sporting instincts of Americans

LOOKING BACKWARD

This Journal Twenty Years Ago

Facilities for Tuberculosis Cases—The extensive anti-tuberculosis work of the present day is in great contrast with its meagerness only twenty years ago, as is shown by the following extracts from this Journal of September, 1908

"How poorly equipped the State is at present to deal properly with tuberculosis cases, is day after day vividly impressed upon those engaged in the campaign to secure control over the disease. Many cases might be cited to show the lamentable lack of facilities for caring for consumptives. The following is an illustrative case.

"A young mother with two infants of tender age, became ill A local doctor examined her and suspected that it was tuberculosis, but he could not be sure without having the sputum examined by a bacteriologist. The patient was too poor to pay the cost of such an examination, while the doctor did not know that he could have the examination made without charge by sending the sputum to Albany

Valuable time was lost before the examination was finally made"

The article describes the red tape and long delay in getting the patient examined for Ray Brook, only to be refused admittance because the disease was then too far advanced. The article continues

"If there were in this city, as there should be in every city and town in the State, a-dispensary, a visiting nurse or nurses, and a bacteriologist to make examinations of the sputum without charge, it is altogether probable that the disease in this case would have been discovered in its incipient stage and that the patient would have been promptly placed in the State Hospital, or under other conditions which would immensely increase the probability of her recovery and absolutely protect the family from infection When the well-approved measures for cure and prevention which it is the object of the campaign against tuberculosis to secure, are generally adopted throughout the State, such cases as these will be impossible"

1114 LDITOKIALY

SOCIAL SERVICE IN A VILLAGE HOSPITAL

The following report on the proposition to establish a Well Baby Clinic in the Southside Hospital at Bayshore, N Y, sets forth the principles of social service in a village hospital in a manner suitable for the editorial page of this Journal Editor's note

The need for a dispassionate study of existing facts and a calm analysis of results obtained as a basis for decision as to expanding activities in any kind of altruistic effort is unlikely to be controverted by anyone

One naturally asks what is the objective in social service and in the proposal to establish a Well Baby Clinic for the Southside Hospital? Is it to remove cases of distress by dealing with groups? or is it to give immediate relief dealing with individuals?

If something definite cannot be done in preventing future distress or in advancing health education as to what can be had in the prevention of disease, the giving of relief only will be endless and of no use beyond the immediate need To give immediate relief to the unfortunate is probably about as far as social service can go in the communities served by this hospital. There is limited opportunity for anything else and not much need to seek social reforms since little or no-general unfavorable economic conditions exist.

Is the conception of social work just case work—each piece separate and distinct from every other piece of work?

What is planned to be gained from the establishment of a Baby Clinic? Certain questions arise about it. What is the need? How many cases are there now of those born in this hospital or-in the practice of its doctors who do not go to their physicians once a month? How many are there who are neglected? We have never had a report of the need for a clinic. The facts surely can be shown Social service must not lose sight of the fact that it is now essentially philanthropy and that it might be repugnant to self-respecting persons as well as destructive to their self-inde-If the sociological effort in this hospital field keeps within charity limits, its work If it goes beyond this, it will put will be small the doctors into competition with the hospital and be destructive also of personal financial responsibility

Giving people valuable service without developing personal responsibility is always destructive of ,social morale and out of harmony with the usual conception of self-reliance

If a medical clinic could be confined to those who would not otherwise have scientific medical service, it should be commended. If it gives people service that they are able to pay for, it injures the medical profession upon whom the health of the community is dependent, and equally

destroys personal self-reliance and creates repugnance in self-respecting persons

Much social work is now being done throughout the country that is unethical, unnecessary, and injurious in taking from people the stimulation of personal initiative. Leading public health experts and teachers are nowadays discussing this phase of social work and counseling and stressing that public health education should be the primary object, and advising the individual to go and buy the service and become better citizens for doing it

Perhaps the only field for social service in this hospital will continue to be along lines of individual relief when distress occurs from causes beyond the control of anyone. There is here no question of a living wage, abolition of slums, child labor, the lack of economic opportunity, and other things understood in present day sociological effort.

There is, however, an almost open field to engage in public health education, and to quite an extent to engage in public health work by joining with other agencies, in informing people or individuals, whenever the opportunity presents, of what can be had in disease prevention

To aid in keeping well competent opinion has fixed upon about seventy-five health examinations throughout life For all of these the only one who is competent to render this service pathologically or physiologically is the family physi-No other agency can give any service comparable to that which a private physician can give to his patient Therefore, if careful analysis of the facts shows the need for a Well Baby Clinic, then it must be organized along lines approved by expert medical opinion Naturally, the competent source of medical information can come only from the medical profession—it is the only authoritative source of information regarding disease and its prevention

The establishment of a clinic needs a good deal of thought. Clinics may be good. Too often they are unnecessary. No clinic succeeds without the cooperation of the family doctor in his private practice. This fact must be kept uppermost. No clinic succeeds unless so conducted as to maintain the community's confidence in its medical profession.

The writer has had during the last year the opportunity of studying social work, clinics, and public health work in eleven places in six states. Some of the conclusions reached are used in this discussion

The Medical Board's specific recommendations are

First—That the 'social service worker visit every hospital baby within the first month after leaving the hospital and advise the mother to take the baby to her doctor, and make a second visit two weeks later and find out whether or not the

pseudo-influenza, while in a second group there were fever, vomiting, diarrhea, and in one case icterus Of nervous symptoms vertigo is mentioned and, pointing to infection, a chill with sudden rise of temperature of short duration rise may recur but the amount and height of fever play no role in the severity of the later disease. Just before supervention of the paralytic symptoms we may see headache and a meningeal reaction. The lack of a positive Kernig and a sterile liquor are not good but bad symptoms, for the two negative finds are common in acute poliomyelitis Other symptoms sometimes encountered were neuritis-like pains and tender areas in limbs which later became paralyzed Hyperidrosis, especially of the head and legs was often seen. It is of great interest to note that the special serum in use for the disease will control some of these early symptoms, especially those characterized by pain But these various symptoms cannot justify the diagnosis of incipient poliomyelitis, even if cases exist in the neighborhood Moreover, the disease not infrequently begins at once with the paralytic symptoms the present connection the subject of abortive cases is of interest. These are hard to recognize In the midst of an epidemic in Roumania there were many cases of isolated facial paralysis, associated with exposure. The prognosis was good, perhaps because the serum was ap-Sometimes this paralysis has set in with high fever As far as we know, the general sequence is somewhat as follows various symptoms pointing to general infection, a meningeal stage, and finally the paralytic stage—Klimsche Wochenschrift, August 5, 1928

Specific Prevention and Treatment of Epidemic Poliomyelitis -Simon Flexner and Fred W Stewart, writing in the New England Journal of Medicine, August 2, 1928, excix, 5, review the conditions under which infection and protection are promoted in experimental polio-Recently they have studied the effects of a preliminary intravenous injection of convalescent serum on the result of an intracerebral inoculation of the virus If as much as 15 cc. of the convalescent serum is injected into the blood of monkeys 24 hours before a suitable dose of filtered virus is injected intracerebrally, infection does not take place. The test is a severe one, because a lesion is produced in the cerebral tissue at the site of inoculation and also a locus of reduced resistance in which the virus rests is thus created. It is even possible that a-smaller intravenous serum injection may protect. On the basis of these tests it is proposed that convalescent human serum should be employed at times of stress and anxiety, when poliomyelitis is epidemic, for producing passive immunization The doses of convalescent serum suggested are 10 c c for children and 20 cc for adults, injected subcutaneously and repeated after a period of four to six weeks if the danger still continues recent experiment which Flexner and Stewart have carried out make it more than ever desirable to devote attention to the relative therapeutic value of convalescent serum when administered together, intravenously and intraspinally, alone intraspinally, and alone intravenously There is one point which should be borne in In the passive immunization tests in monkeys, several days - called the incubation period of the disease—elapse between the inoculation and the appearance of the first symptoms This period permits the immune antibodies to become well distributed throughout the central nervous system. In preparalytic or early paralytic poliomyelitis in man, the first effects of the virus have taken place, and the next events may There is, therefore, not follow very quickly the same periods of time provided for the immune antibodies in the blood to reach in concentration all parts of the nervous system. Hence it would seem advisable, theoretically at least, that one intraspinal injection of the convalescent serum should be given at the earliest practical moment

Is Diphtheria on the Increase?—Professor J von Bokav of Budapest, who has been in close touch with diphtheria and its serum treatment for the past 40 years believes that during the past two or three years the malady shows some tendency to increase in both frequency and sever-Curves plotted show rise of morbidity at 1890-2, 1903-4, 1915-16 and 1927 These intervals show some regularity. The mortality curve is much less striking for since the initial decline following introduction of serum treatment there have been no marked exacerbations although the mortality for 1927 is higher than for the preceding nine years Other statistics of much interest refer to the doses of serum in use at different periods Up to 1899 the average dose was about 1,500-3,000 units, but by 1905 it was 2,000-4,000 and by 1908 3,000-6,000 In 1918 it had risen to 6,000-8,000 During all of this long period the maximum given was not over 8,000, but in the past two years some severe cases have received specially large amounts. ranging up to 50,000 units! These Budapest figures, high as they are, have been exceeded elsewhere, as in Copenhagen, where 100 000 units have been exhibited to a single patient. Can this great increase in dosage be explained in any other way than that the disease is not abating in severity? Since the dosage of serum began to go up it has shown no tendency to come down again It is true of course, that the former doses are now generally regarded as absurdly small, while the increase was natural as soon as it became apparent that much larger doses could be tolerated and were the patients' right. If the



MEDICAL PROGRESS



The Newer Knowledge of Cancer Metabolism and Some Other Aspects of Cancer Research --- Writing in the New England Journal of Medicine, August 23, 1928, excix, 8, Eugene C Glover reviews two interesting theories of the origin of cancer The first is based on studies showing that cancer tissues contain much vitamin B and no vitamin A Cancer is, therefore, the result of whatever disturbs the vitamin balance of the tissues, so that vitamin B predominates over vitamin A to an abnormal degree The second theory is based on the work of Freund and Kammer who claim to have isolated a substance in the normal serum which destroys cancer cells. it is a dibasic saturated fatty acid with a molecular weight of 500 The serum of cancerous persons is said to contain a different substance which protects cancer cells from the lytic action of normal serum, this substance being an unsaturated fatty acid, which is combined with the nucleoglobin of the serum. The authors record that with increasing age of persons the cancer destroying power of the serum gradually dimin-Freund and Kamerin have isolated from the intestinal contents of normal persons a specific fatty acid which is supposed by them to destroy cancer cells, and have shown that the intestinal secretions can actually form this substance by acting on fats, especially palmatin. In cancerous persons, however, there is an anomalous condition which prevents the formation of this Glover describes the technique by which Otto Warburg studied the metabolism of resting tissues and of various tumor tissues in order to determine the relative importance of oxidation and of lactic acid fermentation of these tissues, and also their metabolism under aerobic and anaerobic conditions He found that all the tissues, both normal and malignant, had about the same amount of oxygen consumption, except the retina, and that whereas normal resting tissues and embryonic tissues produced little or no lactic acid in the presence of oxygen, benign tumors produced as a rule somewhat more, and frankly malignant tumors produced a large The reason why cancer tissue can produce lactic acid in the presence of oxygen is that the ratio of lactic acid production to oxygen consumption is so great that the oxidative processes are unable to furnish enough energy to transform any great part of lactic acid back into glu-More recently Cori and Cori reported experiments from which they conclude that probably a very low free sugar content is characteristic of malignant tumors in general In discussing the significance of his observations, Warburg regards cancer cells as present in all normal tis-

sues, and holds that the exciting cause of their exclusive proliferation is a sustained local lack of oxygen "Irritation" becomes anoxemia. This view remains without direct evidence in support or denial. It is definitely established, however, that malignant tissues utilize carbohydrates in a manner strikingly different from that of most normal tissues.

Sodium Oleate and Titanium-Lipase in Cancer Treatment —D Gardner comments on the decreased enzyme action in general and, in particular, decreased lipolytic action in the serum of cancerous patients, and calls attention to the chemical differences of cancerous and normal He has found that the Shaw-Mackenzie method of studying blood and tissue changes in cancer suspects gives very satisfactory results He thinks the public should be informed of the advisability of having the blood examined from time to time, and especially after operations Among the substances which foster lipolytic action is sodium oleate, with which Gardner has The contents of . obtained encouraging results a sterile ampule containing 2 cc of 2 percent sodium oleate, warmed to about 30° C to bring the solution into a more mobile state, is injected intravenously The duration of the treatment depends upon the individual case, to prevent recurrence the treatment is continued at a reduced rate, even after the blood test is no longer posi-Cancerous tissues reduced to ash show a marked increase in calcium and potassium over normal tissue, together with a disappearance of manganese and titanium and an imbalance in the iron content Experiments with various preparations led to the finding that a compound obtained by the action of a 10 percent solution of pure titanium tetrachloride on an aqueous solution of lipase gave promising results sidering that the rôle of lipase in its lipolytic action is to assist in digesting oils and fats and that there is a disappearance of titanium in the cancerous cells, this treatment of cancer seems opportune. In some cases a joint treatment with titanium-lipase compound, by mouth, and sodium oleate injections, was applied, and in cases of external cancer titanium ointment proved highly satisfactory - Journal of Tropical Medicine and Hygiene, August 1, 1928, xxxi, 15

Initial Symptoms of Infantile Paralysis— Dr Hans Cohn publishes a review of the recent interature of this subject, which shows an astonishing range of variability Etienne, for example, in a large material noted affections of the upper air passages, as angina, bronchitis, and five months after operation, the improvement continues to be satisfactory. The patient must of course be under the treatment for tuberculosis (the author neglects to state what if any other tuberculous lesions are present). She gives a strong reaction to tuberculin. The gain in weight is not over 3 pounds. Further implantations may be resorted to, and if human material is not available animal adrenals may be tested.—Münchener medizinische Wochenschrift, June 15, 1928

Perforative Disease of the External Ear -According to Dr P Jacques of Nancy, this name is suitable for cholesteatoma of the auricle However, the term is often misapplied to a condition which is nothing more than an uncomplicated chronic eczema and in any case has nothing in common with cholesteatomatous affection of the middle ear, although in both we see proliferation of epithelium and usury of bone along with a slight discharge In this condition the external ear, after evacuation and cleanliness, will be found unassociated with middle ear disease. But once the canal is clean it may appear wider than normal owing to a depression which is filled with exuberant granulations Fragments of exfoliated bone come away, but removal of these is not followed by pain or hemorrhage the affection is of such an insidious character that the patient ignores its existence brane may be intact but even if perforated or destroyed there is seldom any true otorrhea Briefly, we have here a torpid ulcer which is made possible by the thinness of the integument at this point, by its poverty in blood vessels and by the spongy character of the subjacent bone. It resembles somewhat perforating ulcer of the nasal septum Authors have regarded the condition as a purely accidental complication of eczema, as a manifestation of syphilis, etc., but it conforms better to our ideas of a trophoneurosis, as shown by the striking lack of pain and tender-Scratching, lack of cleanliness, etc, may play a minor rôle, but the condition agrees, as before said, with our ideas of a dystrophy author had a number of cases analyzed carefully as material for a graduation thesis by his student Revel, and the neuropathic factor was manifest in half of them, so that it may well have been involved in the others —Bulletin de l'Académie de Médecine, July 24, 1928

Familial Infection of Chronic Sinusitis, Its Clinical Import.—Patrick Watson-Williams says it would seem inevitable that chronic as well as acute catarrh should be contagious, yet this is not an easy quesion to prove in practice. If, as there is good reason to suppose, chronic nasal focal sepsis is a causal factor in appendicitis, gastroenteric catarrh, etc., we ought to find that such abdominal subinfections tend to prevail in families exhibiting a proclivity to chronic naso-

oral sepsis In an article published in 1921, the author reported that in a series of 90 consecutive unselected cases of definite infective nasal sinusitis, no fewer than 14 (over 155 percent) of the patients had undergone appendectomy Others in the series had had gastric or duodenal ulcer, so that of the 90 patients almost 19 percent had had operations for one or the other A child when the subject of nasal sinus focal infection rarely escapes infection of the adenoids and tonsils, and when these alone have been removed, the persistent reinfection of the remaining lymphoid tissue causes recurrence of the adenoids, perhaps once or twice This child will tend to infect brothers and sisters, it gets the credit of starting the family colds. If the child grows up and marries, the carrier parent is prone to infect members of his family. In some cases the author's investigation of such an unsuspected source of infection in children has revealed the fact that the parent has been the subject of a long-standing nasal sinus infection. What has been accepted as inborn familial constitutional weakness may perhaps be more correctly explained as "carrier infectivity" There is good reason to believe that early and effective treatment of parental nasal infection would save many serious abdominal operations, without taking into consideration manifestations of conveyed infection in other regions —Practitioner, August 1928, exxi, 2

Undulant Fever —R. H. Kampmeier observes that within the past few years there has been an increasing number of cases of Brucella melitensis infection reported in the United States. indicating a more common recognition of this disease, though without question it is often considered to be typhoid fever. He reports six additional cases, three of bovine origin, and the remainder presumably due to goat's milk Brucella melitensis infection is characterized by waves of fever alternating with afebrile periods-a fever with the peak in the evening and morning remis-Chills, sweats, anorexia, and loss of weight accompany the fever in almost all cases Arthritic pains and even swelling of the joints may be prominent in the picture Most of these symptoms were present in the author's cases The liver and spleen may be enlarged been the impression of several writers that the strain occurring in the goat will produce in the human a more serious type of the disease than In Kampmeier's cases this the bovine strain contrast seems to be borne out, there having been arthritic symptoms, splenic and hepatic enlargement, and more severe systemic manifestations than in the three cases of bovine origin interest to note that the white blood count was in all cases within normal limits and that lymphocytes may be the predominating cells -American Journal of the Medical Sciences, August, 1928. clxxvi, 2

dosage must be so high this is the greater argument for immunization by the Schick method, but like most Continental authorities the author is silent on this resource. As the mortality from the disease is still small the chief significance of the author's remarks is related to the future. Incidentally he is unable to connect any increase in virulence of the disease with mixed streptococcus infection—Deutsche medizinische Wochenschrift, August 3, 1928

Massive (Atelectatic) Collapse of the Lung -Leroy Sante, writing in the Annals of Surgery for August, 1928, laxxviii, 2, emphasizes the importance of making a clear distinction between atelectasis and collapse of the lung incidental to pneumothorax The term atelectasis should be reserved for cases in which there is collapse of a previously well aerated lung without mechanical obstruction from foreign body, tumor, or anomaly The condition is more frequently encountered as a post-operative complication of abdominal and rectal procedures, or after wounds or other injuries such as fractures of the pelvis or femur, it may follow apparently trivial injuries A number of theories have been advanced as possible explanations of the cause of the condition, most of which can be shown to be untenable. It seems most logical to suppose that the condition is due to a simultaneous inhibition of the cough reflex by some toxic or reflex stimulus in association with impairment of the respiratory muscles, either immobilization from a defense reaction or paralysis from toxic neuritis, which permits secretions to accumulate and block the bronchus, and atelectasis Neither alone is able to bring about this condition, a simultaneous occurrence is necessary for its development Roentgenographically, there is a dense consolidation corresponding to one or more lobes or to an entire lung, homogeneous in character and resembling consolidation from The narrowing of the chest on the pneumonia involved side, the approximation of the intercostal spaces, the elevation of the diaphragm, and the drawing over of the heart and mediastinal structures toward the involved side, make the condition readily recognizable The treatment consists in rolling the patient back and forth on the uninvolved side Ordinarily no other therapeutic agent is necessary In all instances (5) in which Sante has employed it, aeration of the lung has been promptly reestablished

Primary Spasmodic Dysmenorrhea and Its Treatment—C W A Emery (British Medical Journal, July 14, 1928, 11, 3523) points out that there are two factors at work in the production of primary spasmodic dysmenorrhea (1) The inability of the body of the uterus to assume the new and normal position at the commencement of menstruation (lifting of the

body as the result of increased intra-uterine tension, so as to form a continuing line through the cavity of the body and cervin, (2) the existence of too acute an angle between the body and the cervix Intra-uterine tension must overcome these factors Successful treatment depends upon increasing the intra-uterine congestion and distention so as to get as much straightening of the uterus and as great an "essential flow" angle as possible, the uterus is then made to contract in this position. First a good general tonic is administered between The author recommends the following Ferri et ammon, citratis, 1 drachm, liquoris arsenicalis, 1 drachm, aquæ chloroformi, 6 ounces, I tablespoonful three times daily after When the pain commences the patient should take a hot hip-bath and aspirin, antipyrine, or bromides Having ascertained how long the pain usually lasts, the following mixture is started a few hours before the pain ceases Liquid extract of ergot, 30 minims, potassium bromide, 5 grains (or tincture of chloroform and morphine, 3 minims), water 1/2 ounce If the pain lasts 36 hours or more, the mixture is given every two hours for six hours previous to its cessation, and then every four hours If the pain lasts about 24 hours, the mixture should be started four hours previous to its cessation If a relapse occurs it may be corrected by posterior lobe pituitary extract taken four hours before the cessation of the pain, following by the same mixture as before.

Implantation of the Adrenals in Addison's Disease -A Rinhart of Wiesbaden, states that in 80 per cent of cases the cause of this syndrome is destruction of the adrenals by tuberculosis The outcome is always fatal and until now the only benefit obtained has been from rontgen rays and limited to a few cases only at that Implantation has never been attempted although naturally it has been suggested The case tested by the author is so far as known the first on record It was typical, the patient being in an advanced stage of the cachexia Material for implantation is not rare owing to the number of tuberculous kidneys which have to be removed which comprise at least a portion of the adrenal In the present case the lower portion was removed from the kidney and at once embedded in a muscle pocket of the patient, outside the peritoneum The fragment was allowed to heal in and the wound was closed. After a latent period of a few days a remarkable reaction was seen appetite returned, the pigmented skin began to peel, and the blood pressure rose slowly from 85 before operation to 135 The amenorrhea of the patient gave way to a violent dysmenorrheic period which necessitated morphine, menorrhagia also being present Now

in which he was subprenaed, the court, as an additional punishment, may strike out his pleading" (New York Civil Practice Act, Sec 405)

As to those matters concerning which a physician is privileged to speak and those as to which his lips are sealed, we shall endeavor in a later editorial to discuss the law of that subject in detail

There is no doubt that the receipt of a subpœna works a hardship as to the person on whom it has been served. It involves the interruption of his duties elsewhere and of his life in general It is a nuisance The writer can well understand and sympathize with the feelings of annoyance which any physician or other citizen experiences when he has been subpœnaed But this subject requires a larger We hear much of "rights" We engage lawyers to defend them We are accustomed "to demand our rights," for the securing of our rights courts are instituted our free republic, the enumeration of our rights would fill many volumes, but the corollary of right is sometimes overlooked, and that corollary is duty. In consideration of our citizenship and our taxes, we expect to receive our rights but we also owe the state certain duties One of these duties, from which physicians fortunately are exempt, is that of serving upon juries. The writer is familiar with the complaints of business men when summoned for jury duty. Yet if we did not have juries, we could not have the jury system, we could not have a determination of our rights through the Anglo-Saxon method of administering justice. We have the duty of paying taxes. This also is onerous. We have the duty, in case of war of going out to defend the commonwealth by force of arms and if necessary, to lay down our lives for the republic. It is not pleasant to be bayonetted or to be shot apart by shell fire, but every able-bodied citizen of the republic may some time be called upon to endure this

The duty of obeying a subpæna is one of the duties of a citizen. It works a hardship on the citizen, on the other hand justice could not be administered without this important process. Everyone is entitled to his day in court and he cannot have it unless he can compel the attendance of those who can give evidence concerning the matters in controversy in his suit.

These suggestions may come as cold comfort, but they are in accordance with the law and in recognition of the fact that while the law protects the rights of the citizen, it demands from him the performance of certain duties

MASTOIDITIS—SINUS THROMBOSIS

The doctor was called by the parents to attend a girl five years of age An examination disclosed an acute bi-lateral middle-ear suppuration The doctor incised both ear drums and advised irrigation of the ears with boric acid solution For a time after the ear drums were incised the child's condition was improved, but one morning about two weeks after he first saw the child the mother telephoned him that the child had had a chill and her temperature had gone up to 106° doctor immediately went to see the child and made a diagnosis of bi-lateral mastoiditis and advised an immediate operation mother was undecided as to whether to permit the operation, but the doctor informed her that if an operation was not permitted he could assume no further responsibility in The mother said she would think it over, and several hours later she telephoned the doctor and told him he could operate The child was thereupon removed to a hospital where the doctor operated upon both mas-Because of the chill and rise of emperature the doctor suspected there might a thrombus in the lateral sinus, he accordingly uncovered the sinuses and found a thrombus in the right lateral sinus Pus was found in both mastoids The doctor evacuated the thrombus from the sinus and ligated the internal jugular vein The high temperature persisted and two days later the sinus was reopened and it was found that the clot had extended down into the jugular bulb The jugular bulb was opened and the clot removed from the bulb The high temperature still persisted, and several days later the sinus was opened for a third time, and the doctor found that the thrombus had extended back toward the torcular The clot was removed back as far as the mid-line of the skull was not possible to follow the clot beyond the mid-line because the interference with the blood circulation of the brain would undoubtedly have resulted in death

The child stood all these operative interventions very well, but as the high temperature still persisted, the doctor had several blood transfusions done on the child, and these transfusions improved her condition somewhat. The child was seen by the doctor two or three times a day for almost two months. On each visit the child was very carefully examined from head to foot. These examina-



LEGAL



By LLOYD PAUL STRYKER, ESQ Counsel, Medical Society of the State of New York

THE SUBPŒNA-PEST OR PRIVILEGE

Among the many questions asked us by the various members of the medical profession, the one most frequently recurring relates to the subpœna "I have a subpœna here," some doctor will say, "must I go down to court and waste my time? I have an operation tomorrow morning and I can't go" Sometimes this will be varied by the statement made in pique, "I won't go"

Knowing something of the doctor's problems, the writer receives these questions and these occasional outbursts of irritation with sympathy and understanding, but his answer always is, as it must be, "Doctor, if you have been served with a subpœna, you must go'

Among the many irritations of modern life there is probably none greater than to be subpoenaed. Always this occurs at the most inconvenient moment and to a busy man never at a time that does not mean interference with the performance of his necessary work.

The subpœna reads "The People of the State of New York to 'John Brown' Greeting There seems something almost ironical in this word "Greeting" Certainly the recipient is anything but grateful And then this document continues "We command you, That all and singular business and excuses being laid aside, you and each of you appear and attend before," then follows the court where attendance is required and the date and hour "to testify what you and each of you may know in a certain action," then follows the name of "For a failure to attend" this the action document continues, "you will be deemed guilty of a contempt of Court and liable to pay all loss and damages sustained thereby to the party aggrieved, and forfeit FIFTY DOL-LARS in addition thereto" At the bottom of this awe-inspiring document appears the name of a Judge of the Supreme Court and the lawyer who has invoked the strong arm of the judiciary

The language of this document is significant and it means just what it says. A failure to obey it may render a person so failing guilty of a contempt of Court with the consequent liability to pay the damages which are sustained by reason of his faliure to attend, and in addition a \$50 forfeit

A subpæna is a "process to cause a witness to appear and give testimony" (Bouvier vol 3, p 3164. 37 Cyc 359)

Our New York statute declares that "a subpoena is a process in the name of the court, referee, body or other person authorized by law to issue the same, requiring the attendance of a witness at the trial or hearing of a cause or the hearing of a motion or before a referee or other person where proof or the production of books, papers or other documents is required" (New York Civil Practice Act, Sec. 403)

The statute defines the way in which a sub poena must be served as follows "1 The original subcepna must be exhibited to the witness 2 A copy of the subpoena, or a ticket containing its substance, must be delivered to him 3 The fees allowed by law for traveling to and returning from the place where he is required to attend, and for one day's attendance, must be paid or tendered to him" (New York Civil Practice Act, Sec 404)

The statutory fees provided are not handsome, but as this is a government of laws and not of men, the legal fees provided for are all that a witness can demand "A witness," says the statute, "in an action or a special proceeding attending before a court of record or a judge thereof is entitled, except where another fee is specially prescribed by law, to fifty cents for each day's attendance, and if he resides more than three miles from the place of attendance, to eight cents for each mile going to the place of attendance" (New York Civil Practice Act, Sec 1539) Dissatisfied with these fees, a physician in the case of Potter v Austin contended that he was entitled to more, but our New York court held that in the absence of a special agreement, he was entitled to the (Potter v Ausstatutory fee and to no more tin, 190 N Y Supp 712 [1921])

The penalty for non-attendance so ominously referred to on the face of the subpœna, is definitely provided for by law "A person so subpœnaed," says the statute, "who fails without reasonable excuse to obey the subpœna, * * * duly served upon him, * * * requiring him to attend and be examined, or so to attend and bring with him a book or paper, is liable, in addition to punishment for contempt, for the damages sustained by the party aggrieved in consequence of the failure, and fifty dollars in addition thereto. Those sums may be recovered in one action or in separate actions. If he is a party to the action



LONDON LETTER



INTERNATIONAL CONFERENCE ON CANCER

London, July 16th 20th, 1928

At the end of a busy week one has time to gain a perspective of the events which crowded this important Conference, and the first impression is one of most efficient organization This opinion was well voiced by Dr Franklin Martin of Chicago, President-elect of the Boston Congress of the American College of Surgeons, who, in congratulating the British Empire Cancer Campaign on the success of the Conference, made the very true statement "These Congresses do not arrange themselves" It was the opinion of all with whom I talked that, from the Reception, by His Majesty the King, of the International and Dominion Delegates, at Buckingham Palace on Monday morning, July 16th, to the visit to the Royal College of Surgeons, on Friday afternoon, July 20th, there was no single hitch in the arrange-

The social side began with a reception of the Delegates by Sir John Bland Sutton, President of the Congress, and Lady Bland Sutton, in their beautiful home in Brook Street, where we had an opportunity of renewing old friendships, and meeting, perhaps for the first time, men of international fame. I was delighted to meet again Dr. Max Cheval of Brussels (who had given an inspiring address to the Medical-Society of London earlier in the year), Professor Bastianelli of Rome, Professor Finsterer of Vienna, among the Continental giants, and Dr. Bruce and General Birkett of Canada, and Drs. Coley, MacCarty and Franklin Martin from the United States of America

The scientific work began on Tuesday, and meetings were held at the Royal Society of Medicine, and at its neighboring house the College of Nursing. A large gathering attended at the College of Nursing to hear Professor James Ewing of Cornell University open a discussion on the "Etiology of Cancer" It was here that Dr James B Murphy, of the Rockefeller Institute, in a paper on the "Nature of the Filtrable agent in Chicken Tumours" maintained that the causation factor was not a virus, but of the nature of an enzyme, in direct opposition to the views of Gye and Barnard, which caused so much stir three years From the bio-chemical side this was the event of the Congress, and it was seized upon by the lay press, which drew a picture of Dr Murphy awaiting with keen an liety receipt of a radiophone message from New York, to

tell him whether or not his last and conclusive experiment had confirmed or refuted his theories! When I had a chance to talk to Dr Murphy about this, he was full of admiration for the enterprise and invention of our newspaper reporters, but he regretted that there was no word of truth in it. He was quite sure that he would be hearily chaffed about it on his return to New York

After an opening address by Professor Regaud, head of the Radium Institute of Paris, on Tuesday, July 17th, at the Royal Society of Medicine, Dr Donaldson opened a discussion on the "Relative Values of Surgery and Radiation in the Treatment of Cancer of the Cervix" Sir Charles Gordon-Watson then attacked the problem from the point of view of cancer of the rectum On Thursday, the 19th, Professor Burton Lee of Cornell University, discussed the same problem as it referred to cancer of the breast, and Dr Douglas Quick, of New York, in its connection with the buccal cavity. An excellent and in some ways rather heated debate arose on Professor Blair Bell's paper on Lead Treatment, and very opposing views were held, and it is obvious that much remains to be done to obtain a less toxic agent for chemo-therapy

The last morning was devoted to two debates of great value Sir Berkeley Moynihan opened a discussion on the "Early Recognition and Treatment of Cancer of the Stomach," and Sir Thomas Horder spoke on "Diagnostic Methods in Relation to Cancer" It seemed that there is nothing new in the methods of investigation, and that earlier diagnosis must depend upon education, both of the public and profession Sir Berkeley Moynihan summed it up well when he said that cancer was at first a local disease which could be eradicated if treated sufficiently early, and the great enemy of successful treatment was the fatalism of patients suffering from the disease, and that the "fear of cancer' should be replaced by "the fear of the fear of cancer"

Every afternoon was occupied by scientific demonstrations, and operations in various hospitals. Dr Canti showed once more his Cinematograph Demonstrations of Living Tissue Cells in Vitro, and Dr McKillop, of Brisbane, tells me he has obtained a film for demonstration in Australia. It is hoped that the film will become readily available as it has unbounded educational possibilities.

Excellent work was seen at St Batholo-

1122 LEGAL

tions were directed particularly to the discovery of any metastatic abscesses in different parts of the body During this period of time the doctor called in two specialists in consultation, and they agreed with his diagnosis and treatment Several weeks later tenderness and swelling developed over the right hip A specialist called in consultation was of the opinion that pus might be present in the hip joint, and after watching the case for three or four days, the specialist incised the swelling and found a collection of pus about the hip joint The ear and neck wounds at this time had almost healed and the defendant relinquished the case, leaving the patient in the hands of the specialist who had been called in to treat the child's hip

The defendant sent the father of the child a bill, whereupon an action was brought or behalf of the infant, in which it was claimed that as a result of the defendant's careless and negligent treatment, the child sustained an in fection to her hip, necessitating four opera tions which would have been wholly unneces sary, except for the careless and negligent conduct of the defendant Damages were prayed for against the doctor in the sum of \$100,000 When the case appeared on the calendar, at the request of the plaintiff's attorney it was adjourned several times, but finally the plaintiff's attorney evidently realizing that the case was wholly devoid of merit, failed to go forward with the action, and the case was dismissed

ACNE VULGARIS-CLAIMED IMPROPER TREATMENT BY X-RAY

On September 19th, the plaintiff, a woman, called at the defendant's office The defendant was not present on that occasion and the woman was seen by the doctor's assistant, a competent dermatologist and roentgenologist She gave a history of acne vulgaris, beginning about one year before her visit and becoming progressively worse The face, forehead and chin were involved. An examination disclosed numerous blackheads and pustules on her face and numerous scars at the site of old pustules which had healed. A diagnosis was made of acne vulgaris The plaintiff was desirous of having the defendant administer X-ray treatment, since he had treated her sister for acne with X-ray with excellent results A course of X-ray treatment of one-quarter of a skin unit, according to the McKee standard of measurement, weekly for eighteen exposures was advised, the time of exposure being 45 At each treatment the X-ray tube was lowered to a point at which the centre of the target was 8 inches from the part ex-The first treatment was rendered by the doctor's assistant on September 19th The defendant first saw her on September 23rd and his examination confirmed the diagnosis and proposed treatment of his assistant Both the defendant and his assistant told the plaintiff that the X-ray treatment would not cause the scars to disappear

The plaintiff received about eighteen exposures in all at approximate intervals of a week. The machine used was a Waite & Bartlett solace model, a 10-inch spark gap was used. The X-ray treatments were rendered by the defendant's assistant under the

defendant's supervision The last treatment was rendered on January 16 of the following year The doctor's record shows the progress of the patient as follows "February 6, roughness of skin, March 6, roughness of skin gone, March 13, probably slight flattening of pits, March 20, fading and flattening continuing, April 3, nearly white (skin), May 1, pigment about faded and pitting less marked, gradual improvement up to last visit on September 18th" The treatment from the latter date until the last visit on September 18th consisted of the use of lotions containing resorcin of sulphur applied to the skin on her face

During all of the time that the plaintiff was under treatment the defendant constantly warned her against picking her face, but nevertheless she continued to do so. On the occasion of the plaintiff's last visit, the doctor advised her that further electrical treatments for the pittings of her face might be useful, but she never returned. When the X-ray treatment was completed the acne was cured and the pimples and blackheads were gone.

About two months after the patient was last seen by the doctor she brought action against him charging in her complaint that he treated her in a careless, reckless and unskillful manner, causing her face to become scarred and otherwise marred and demanding damages against the doctor in the sum of \$50,000. The plaintiff duly noticed the case for trial, but failed to diligently prosecute the same. A motion was thereupon made by the defendant's attorney to dismiss the case, which motion was granted and the action terminated in the doctor's favor.



NEWS NOTES



DISTRICT BRANCH MEETINGS

The dates and places of the District Branch meetings, so far as they have been announced are as follows

First Thursday October 18, Briarchiff Manor Third Thursday, October 4, Hudson

Fourth Friday and Saturday September 21 22, Ogdensburg

Fifth Tuesday, Octoler 9, Utica Sixth Tuesday, September 25, Elmira Seventh Thursday, September 27, Rochester Eighth Tuesday, October 2, Buffalo

Fourth District Branch — The afternoon meeting of the Fourth District Branch on Friday, September 21, will be held at the St Lawrence State Hospital, at 2 P M, with the following program

- 1 Address by Dr Harry R Trick, President of the Medical Society of the State of New York
- 2 Clinic, Medical and Surgical Cases by Dr Grant C Madill, Ogdensburg

3 Psychiatric Clinic, with presentation of cases, Staff of St Lawrence State Hospital

On Friday evening a dinner will be given in the Country Club where the members and their ladies will be the guests of the St Lawrence County Medical Society Following the dinner addresses will be given by Dr Harry R Trick, President of the Medical Society of the State of New York, and Dr Daniel S Dougherty, Secretary

A morning session will be held on Saturday, September 22 at the Country Club, at 930

o'clock, with the following program

1 Business meeting

2 "Hypertension," by Dr James Francis Roonev Albany

3 "Management of Pathologic Labors with Special Reference to Maternal and Infant Mortality," by Dr Lyman G Barton, Jr, of Plattsburg Discussion opened by Dr William M Mallia, of Schenectady

4 "Public Health Creed," by Dr W L Munson, of Granville

5 "The Relationship between Injury and Tuberculosis," by Dr Edward N Packard, of Saranac Lake

Fifth District Branch—The program of the Fifth District Branch will include a paper by

Dr Ralph Lobenstine of New York, on 'Standards of Prenatal Care,' as outlined in the leaflet prepared by the National Committee on Maternal Welfare There will also be a paper by Dr James E MacAskill, of Watertown, on "Ear Infections in Children," which will be discussed by Dr Thomas H Farrell, of Utica, First Vice-President of the State Society

Sirth District Branch—The Sixth District Branch will meet on Tuesday, September 25, at the Arnot-Ogden Memorial Hospital, Elmira The program is announced as follows

"Recent Advances in the Treatment of Fractures," by Dr Charles L Scudder, of Boston

"Some Legal Points of Interest to Physicians by Mr Lloyd Paul Stryker, Counsel of the State Society

"Studies on Breast Cancer" with Lantern Demonstration, by Dr J W Wainwright, of Scranton, Pa

"Causative Factors in Maternal Mortality" by Dr Stuart B Blakely, of Binghamton Dr J V DePorte, Director, Division of Vital Statistics, State Department of Health, Albany, N Y, will open the discussion on this paper

'The Ruptured Appendix," by Dr Arthur W Booth, of Elmira

'Some Points of Interest to the General Practitioner on Urology," by Dr Elliott T Bush of Elmira

Eighth District Branch—The meeting of the Eighth District Branch will be held at the Buffalo City Hospital on Tuesday, October 2nd—At ten o'clock there will be an inspection of the Hospital, followed by group clinics in surgery, medicine pediatrics and psychiatry Demonstrations will be given in the laboratories of Pathology and X-ray—Luncheon will be served at the new hospital cafeteria at 1 PM—In the afternoon a paper on "Modern Plastic Operations for Correction of Deformities of the Nose and Face" illustrated by motion pictures by Dr Charles B Handel, of Buffalo

2 "The Coming Generation," by Dr J Henry Dowd, of Buffalo, who specializes in diseases of the nervous system

mew's Hospital, at the Cancer Hospital, at Westminster Hospital where Mr Arthur Evans and Mr Cade showed an amazing series of cases of Buccal Cancer treated by radium, and at the Middlesex Hospital The Radium Institute also welcomed the delegates and an afternoon could be spent at St Mark's Hospital

Every delegate must have felt that the wealth of material available in London was

utilized to the greatest advantage

On the social side, two events stood out On Wednesday, July 18th, a reception was held at the London Museum, Lancaster House, and this was attended by their Royal Highnesses, the Duke and Duchess of York The fine hall of this beautiful mansion looked its best when the Duke and Duchess, taking up their position half way up the double staircase, received the Delegates and their Ladies Many of the delegates had the honour of a chat with the Royal visitors, and I came away with an unforgettable picture of the great Italian Surgeon, Bastianelli, long, thin and grave lined face with its scanty beard, engaged in animated conversation with our beautiful young Duchess

A very different, if equally happy event, was the dinner given to the Delegates on the next evening by the Staff of the Cancer Hospital Mr Ernest Miles, Senior Surgeon to the Hospital, made an ideal Chairman, and the speeches were excellent for their wit and brevity. Those who accepted the Chairman's tip for the Eclipse Stakes, were not perhaps so happy next day, but racing presents as many difficulties in prognosis as cancer itself, and much may be forgiven. After dinner Sir Berkeley Moynihan, Dr. Murphy and I fell to

talking about the other Murphy—the fine teacher and master surgeon of Chicago, and tales were told of his amazing courage in the face of ill health, of his enthusiasm and the loss his death had meant to surgery. Thus the talk ran on, as talk does, till Dr. Murphy was telling us about his old home in Virginia, which had passed down in the family since the first colonising in the 17th century, and the tales of the old communal life on the farm with slave labour. A happy evening, and one to which the Cancer Hospital can look back with satisfaction.

And so the Conference drew to its close What has been accomplished and what are the lessons it has taught us? One is impressed by the diversity of the methods of investigation and attack upon the great problem, and by the enthusiasm and good fellowship of those engaged in this great research We have not yet solved the problem of causation, but doubtless the work of Murphy will set many able minds to search along a new avenue The outstanding feature, in my opinion, is the evidence of the increasing value of radium in the treatment, not only of advanced and recurring cancer, but in the early stages also battle between radium and the knife is set, and one cannot yet tell whether radium will oust the knife altogether or whether they will unite against the common foe There is great need for more radium, and it is a sad fact that the whole supply in this world is dependent on supplies obtained from one area, the Belgian Congo The cost, £12 per miligramme, is a serious consideration, and it is estimated that England alone requires £250,000 worth a year

H W CARSON, FRCS, Eng



A HEALTH DEPARTMENT FOR SUFFOLK COUNTY ESTABLISHED

From the September Issue of the Monthly News Letter of the Suffolk County Medical Society

The Board of Supervisors of Suffolk County, at its regular monthly meeting on August 27, unanimously voted to establish a county department of health in accordance with Section 21-B of the Public Health Law Suffolk County is the second county in New York State to establish a county department of health the only other one being that of Cattaraugus County, which was The Suffolk County pùt in operation in 1923 Department is the first one to be established as the result of a spontaneous movement originating in the county itself, and developing to its full fruition without extraordinary aid except from the State Department of Health which will exercise some degree of authority over it, principally in the way of maintaining standards

The Suffolk County method of establishing the department is in direct contrast with that of Cattaraugus County where a wealthy organization -the Milbank Fund,-offered to finance the Department with over \$100,000 for only five years The published intention of the trustees and operators of the Milbank Fund was to demonstrate how a county department of health could be run as a model for other counties throughout the State and Nation The Demonstration was planned by experts from outside the county and was modeled after that of a large city ployes of the County Department of Health were largly from outside the county and even the Moreover, the local health officers and physicians were consulted only to a minimum degree, and they were scarcely mentioned in the reports of the work of the department

The County Department of Health of Cattaraugus County stands in contrast with that of Suffolk County where the local physicians originated the plan and secured its adoption after a quiet campaign of less than two years The success of the campaign of Suffolk County is a vindication of the attitude of the officers of the Medical Society of the State of New York and its committee on Public Relations, in urging physicians and other county citizens to assume their proper leadership in every public health movement. The physicians of Suffolk County have not only suported all local movements for the practice of public health and civic medicine, but they have originated many of these movements and have asked the voluntary health workers to promote them

The aspirations of the physicians of Suffolk County to establish a county health department first took concrete form on October 8, 1926, when the annual meeting of the Suffolk County Medical Society adopted the following resolution for unanimous vote

"Resolved, that the Suffolk County Medi-

cal Society go on record as favoring the cs tablishment of a county department of health under a full-time health officer

On January 10, 1927, the County Tuberculosis and Public Health Association at its annual meeting, discussed the county health department proposition and voted to adopt its promotion as a major activity

The Comitia Minora of the County Medical Society held its regular meeting on January 26 The principal subject that was scheduled for discussion was the milk situation in Suffolk Physicians from various parts of the county reported on the varying degrees of enthusiasm with which the boards of health of villages and towns throughout the county supervising public milk supplies and the great number of overlapping jurisdictions was emphasized This brought up the problem of the proper co-ordination of the twenty-three health officer districts of the county There was a unanimous agreement of the physicians present that the only solution of the problem lay in the establishment of the county health department The following resolution was therefor unanimously passed

"Resolved that the Comita Minor of the Suffolk County Medical Society instruct the Committee on Public Health to make a formal appeal to the Board of Supervisors of Suffolk County to establish a county department of health with a full-time health officer, and, further, that the Committee seek the cooperation of civic bodies interested in public health"

The members of the Suffolk County Medical Society continued their campaign by the method of informal talks with supervisors and other officials, and also organizations such as boards of trade and Parent-Teachers Associations. They met with a favorable response, and sentiment rapidly developed in favor of the proposed county department.

On February 24, 1927, Governor Alfred E Smith held a conference of the chairmen of the boards of supervisors of several counties for the purpose of promoting a general movement for the establishment of county units. He told how the State had made provision to pay half the cost of the departments and showed how the departments were a part of a general plan for consolidating the innumerable governmental agencies and regrouping them into units suitable for efficient demonstration. Dr. Matthias Nicoll, Jr. State Commissioner of Health, outlined a budget showing that the annual cost of conducting an efficient county department of health would be about \$25,000 of which the State would pay

GRADUATE FORTNIGHT OF THE NEW YORK ACADEMY OF MEDICINE

The program of the lectures in the Graduate Fortnight of the New York Academy of Medicine is as follows

The Heart and Bloodvessels

October 3rd—The aging of the heart muscle regarded from a general biological point of view, Dr Alfred E Conn, Rockefeller Institute.

October 11th—Angina pectoris, Dr Harlow Brooks, Professor of Clinical Medicine, New York University October 10th—Hypertension, Dr Herman O Mosenthal, Director Department of Medicine, Post Graduate Medical School and Hospital.

October 3rd—Arteriosclerosis and aneurism, Dr E J G Beardsley, Associate Professor of Medicine, Jefferson

Medical College

October 11th-The Myocardium, Dr John Wyckoff, Clinical Professor of Medicine, New York University October 9th-Diseases of the arteries of the extremities, Dr Leo Buerger, Attending Surgeon, Bronx Hospital

The Digestive Tract

October 11th—Digestive Problems, Dr Thomas R Brown, Associate Professor of Clinical Medicine, Johns Hopkins University

October 12th-Liver and biliary passages Dr Franklin W White, Instructor in Medicine, Harvard Univer-

sity

October 5th—The conditions of the rectum in old age, Dr Jerome M Lynch, Professor of Rectal and Intestinal Surgery, Polyclinic Medical School and Hospital

The Respiratory Tract, Infectious Diseases and Climate

October 8th-Pneumonia in old age

October 8th-Bronchitis and asthma, Dr Frederick T Lord, Boston, Mass

October 8th—Tuberculosis, Dr Lawrason Brown, Saranac Lake, N Y

October 8th-Climate and the aged, Dr Gerald B Webb, Colorado Springs, Colo

October 11th-Infectious diseases and old age, Dr Rufus I Cole, Director Rockefeller Institute.

Surgical Problems-Bones and Joints

October 1st—The treatment of arthritis deformans of the hip, Professor Vittorio Putti, Institute Rizzoli, Bologna, Italy

October 5th-Osteomalacia and Paget's disease, Dr Edwin Allen Locke, Clinical Professor of Medicine,

Harvard University

October 11th—Arthritis and old age, Dr Russell L Cecil, Visiting Physician, Bellevue Hospital

October 5th-Traumatic surgery and the problems of age, Dr John J Moorhead, Professor of Traumatic Surgery, Post Graduate Medical School and Hospital

Pathological Processes, Neoplasms, X-ray and Radiology

October 2nd—Importance of anatomical pathways in diseases of middle life and old age, Dr. Harrison S. Martland, City Hospital, Newark.

October 9th—Special aspects of neoplasms in the aged,

Dr James Ewing, Professor of Pathology, Cornell

University

October 1st-Family variations in cancer susceptibility, Dr Alfred S Warthin, Professor of Pathology, Uni-

versity of Michigan

October 9th-X-ray and radium in the problem of old age, Dr Francis Carter Wood, Director of Radiological Therapy, St Luke's Hospital

General Care, Dictetics, Pharmacology

October 2nd-Clinical aspect and management of old

age from the practitioner's point of view, Dr Charles Collins, New-York City

October 4th—Dietetics in old age, Dr Samuel A Brown, Professor of Pharmacology, New York Unit

October 4th-Alcohol in old age, Dr Samuel W Lam bert; President New York Academy of Medicine.

October 2nd-Postponement in the individual process of aging, Dr Linsly R Williams, President New York Tuberculosis and Health Association.

October 5th-Food and food habits, Dr Solomon Strouse, Associate Professor of Medicine, Rush Medical College, University of Chicago

Syphilis and Diseases of the Skin

October 2nd—Syphilis in elderly persons, Dr George M McKee, Professor of Dermatology and Syphilology, Post Graduate Medical School and Hospital

October 2nd-Disease of the skin in old age, Dr How ard Fox, Professor of Dermatology, New York Univer

The Brain and Nervous System

October 9th-Aging of the human brain, Dr Fred erick Tilney, Professor of Neurology, Columbia Un-

October 9th-Apoplexy, Dr Bernard Sachs, Consult ing Neurologist, Mt. Sinai Hospital

October 3rd—Arterial diseases of the brain and cord, Dr Foster Kennedy, Professor of Clinical Neurology, Cornell University

October 3rd—Spinal cord diseases, Dr Edwin G Zabriskie, Attending Physician, Neurological Institute

October_8th-Psychoses in old age, Dr Menas S Gregory, Director of Psychopathology, Bellevue Hos pital

The Ductless Glands, The Menopause

October 4th—The relation of disorders of ductless glands to senescence, Dr William Engelbach, Engelbach Clinic, St Louis

October 4th—Menopausal and post-menopausal conditions in women, Dr Benjamin P Watson, Professor of Obstetrics and Gynecology, Columbia University

The Biology of Old Age

October 3rd—Biology of Old Age, Dr Alexis Carrel, Rockefeller Institute

October 10th—Senescence and rejuvenescence from a biological standpoint, Professor C M Child, University of Chicago

October 10th—Present status of the problem of the socalled rejuvenation, Dr Charles R. Stockard, Professor of Anatomy, Cornell University

The Kidneys and the Genito-Urinary Tract

October 10th-Nephritis in old age, Dr Nellis B Foster, Associate Professor of Medicine, Cornell University

October 5th-Urological problems, Dr Joseph F Mc-Carthy, New York Post Graduate Medical School and Hospital

October 12th—Diseases of the eye in old age, Dr William H Wilmer, Professor of Opthalmology, Johns Hopkins University

October 12th-Carcinoma of the larnyx Dr John L. MacKenty, Senior Surgeon, Manhattan Eye, Ear and Throat Hospital.

No fee will be charged for attendance on any of the meetings or clinics A copy of the program of the clinics will be mailed on request

REFERENCES TO COUNTY DEPARTMENTS OF HEALTH IN NEW YORK STATE JOURNAL OF MEDICINE

THE NEW YORK STATE JOURNAL OF MEDIcine has not carried many references to county to start a county health department, editorial departments of health because the conception is comparatively new There has been only one county department of health in existence in New York State, and that one has not been wholly approved by the medical profession However, the example of Suffolk County, in which the medical profession has secured a county department of health will be an example which other counties will doubtless emulate Physicians will therefore be interested in the following references to county health departments contained in THE NEW YORK STATE JOURNAL OF MEDICINE

- 1 November 15, 1926, page 953, Tompkins County plan of a county department of health
- 2 December 1, 1926, page 985, editorial on a plan for a county department of health proposed by the State Department of Health
- 3 January 15, 1927, page 71, County Health Officers, editorial
- 4 March 15 1927, pages 314 and 322, Governor Smith's Conference on County Health Departments
- 5 May 15, 1927, page 563, Suffolk County plan for a county department of health

- 6 July 15, 1927, page 786, conference on how
- 7 August 1, 1927, page 848, physicians' relation to county health departments
- 8 November 15, 1927, page 1272, Monroe County Medical Society, discussion
- 9 January 1, 1928, page 27, Principles of County Health Department
- 10 January 1, 1928, page 37 Discussion in Committee on Public Health and Medical Education, sub-committee authorized to study county health departments
- 11 August 15, 1928, page 1016, training county health officers in the Southern States
- September 15, 1928, establishment of a county health department in Suffolk County

Also, reterences have been made to the county health department of Cattaraugus County, notably the special issue of July 1, 1926, describing the county health department from the point of view of the Milbank Demonstration

The counties of Cortland and Rockland also gave serious consideration to the establishment of county health departments, but no record from either county reached THE JOURNAL

MEDICAL SOCIETY COUNTY OF QUEENS OUTING MEETING

A regular meeting of the Medical Society of the County of Queens was held at the St Albans Golf Club, St Albans, Long Island, on June 4th, 1928 President F G Riley, MD, in the chair This was the annual outing meeting of the Society and was held in affiliation with the Medical Association of the Greater City of New York It was preceded by a golf tournament At 6 30 P M the Society partook of dinner served by the Club

The executive session was called to order at 8 30 P M, and was adjourned to follow This was prethe address of the evening sented by Amos Osborne Squire MD, formerly Chief Physician of Sing Sing Prison, who spoke most interestingly and instructively on "Crime and Criminals" At the close of the adrress, the Society again entered into executive session

The Chairman, E. A. Flemming, M.D., reported for the Censors and moved the election

of the following approved by the Censors for Active Membership-Edward M Gould. M D, 8336 Victor Avenue, Elmhurst, Hyman Harberg, M.D., 3758 103rd Street, Corona. Oscar Kaltner, M.D., 612 13th Street College Point John Edward Lowry, M. D., 180 Barclay Street Flushing Associate Membership (Internes)-Lawrence Breitbart, MD, Flushing Hospital, Benjamin Grossman, M.D., Flushing Hospital

On motion they were elected by ballot cast by the Secretary

Dr T C Chalmers, Chairman of the Board of Trustees, then gave an extensive presentation of the plans of the new building and announced that signed pledges have been received up to date to the amount of \$100,050 00 with promises for \$22,000 00 additional

The meeting thereupon adjourned Attendance at meeting, 48

E E SWITH, Secretary

half But unfortunately the Department of Health of Cattaraugus County was upheld as an ideal department, and its cost was over \$100 000 annually. This question of cost was a difficult one to handle. Although the doctors felt that a budget of \$25,000 was sufficient, yet a considerable amount of investigation and education would have to be done in order to convince the supervisors that Dr. Nicoll was right in his estimate of a sufficient budget.

The Suffolk County Dental Society also took an active interest in the proposed county department of health, and cooperated activity with the physicians both by individual efforts and also by society action. The movement was also endorsed by the Long Island Veterinary Association, thus putting all the medical and allied professions in

its favor

The principal public means of promoting the county department of health was the monthly News Letter of the Suffolk County Medical Society, which is also sent to over 1,000 citizens interested in public health work, and is widely quoted in the county newspapers. Nearly every issue of the publication contained articles of the proposed county unit, its activities and its cost. The physicians felt that a dignified presentation of their plans in their own publication would be the most effective way to promote the proposed department, and events justified their decision.

Sentiment in favor of the county department of health grew steadily with no opposition. The presentation of the formal request for the establishment of the department was purposely delayed until civic leaders and members of the Board of Supervisors began to say to the doctors.

Board of Supervisors began to say to the doctors 'When are you going to ask for the department?" This attitude indicated that the time was ripe to present the formal request to the Board of Supervisors, and so on February 24, 1928, the Comitia Minora of the County Medical Society and the local health officers of towns and villages met in a joint conference and voted unanimously to instruct the Public Health Committee of the County Medical Society to go before the Board of Supervisors at its meeting on Monday, March 26, and request the Board to establish a county depart-The Public Health Committee ment of health consulted members of the Board of Supervisors regarding the manner of the presentation of the request before the Board The plan adopted and carried out was that the formal request should be presented by three speakers only agreed that the speakers should carefully prepare their remarks in writing in order that the request might be made as concisely and accurately as possible, together with an outline of the reasons for the request

Dr Frank Overton, Chairman of the Public Health Committee of the Suffolk County Medi cal Society, made the formal request on behalf of the local and allied professions of view of the Suffolk County Tuberculosis and Public Health Association was presented by Dr W H Ross, President of the Association The relation of the State of New York to the county health unit was described by Dr Matthias Nicoll, Ir, State Commissioner of Healthi Dr L C Scudder, DDS, also appeared before the Board as a representative of the Dental Society The presentation of the subject consumed only twenty minutes of time, and at its close the Board voted to accept the request and to refer it to its legal committee for investigation and report

The Legal Committee of the Board of Super visors conducted a quiet investigation regarding the merits of the county unit and the sentiment regarding its establishment, and found no opposition, although abundant time was given for it to The members of be expressed if there was any thé committee showed their entire confidence in the physicians and consulted them freely and fre-The committee reported favorably at quently the meeting of the Board of Supervisors on July 30, and at the next meeting held on August 27 the Board unanimously adopted the formal resolution which had been prepared by the Legal Committee, establishing the county department of

health for Suffolk County

This is a brief outline of the events covering a period of twenty-two months, during which time the proposition of a county health unit was actively promoted by the physicians, dentists, and veterinarians, and also by the voluntary health organizations of the county, all of which fol-

lowed the leadership of the physicians

The program of the physicians was carried to the successful conclusion because the physicians, dentists, and veterinarians were all united on a definite plan of action, and were willing to assume the leadership and responsibility for its establishment. The example which their set is a model for the medical profession of other counties to follow in securing the establishment of county health units in other counties throughout New York State.

A considerable amount of work must yet be done in order to complete the organization of the county department of health and put it in motion, but the details will be readily arranged now that all the public health forces of the county have agreed to its establishment



MEDICAL WARES



CAMERAS THE ELEMENTARY PRINCIPLES OF THEIR ACTION

Doctors are interested in cameras on account of the personal pleasure and satisfaction which they bring, as well as their scientific value Physicians travel more widely than any other group of educated persons and come into intimate contact with bits of scenery, picturesque persons, and scientific objects. The camera affords the ready means of recording all these impressions in a form which gives lasting pleasure to the physician and his friends.

What kind of a camera shall a doctor buy? He does not want an elaborate 8x10 or 5x7 outfit of the professional photographer. He wants a portable camera which he can carry easily and have ready for instant use. Most of his photographs will be snap shots taken under conditions requiring prompt action with little preparation. A brief consideration of the elementary principles of a camera will therefore be of value.

Two tests are usually applied to a photograph (1) The sharpness of its lines, (2) its contrasts of light and shade

A standard test for a photograph is the fineness of its lines, or its adaptability for enlargement. The lens of the best standard camera will produce a photograph similar to a pen and ink drawing, whose lines are 1/250 inch broad, but a photograph will still be fairly sharp if its lines are 1/100 inch broad. One may test a snapshot by examining it with a magnifying glass. The lines of a first-class photograph will still appear sharp when it is examined with a hand lens magnifying three to five times. A photograph must conform to this test if it is to be used in making an enlargement.

A second test of a good photograph is its contrast of light and shade. The dark parts of a good snapshot will be black and the light parts white, while the other parts will show a gradation of range of grays between black and white. The contrast is dependent principally on the amount of light falling on various parts of the photographic plate. A good camera will have facilities for admitting the proper amount of light under all ordinary conditions.

A practical snapshot camera, suitable for bringing out the qualities of sharpness and contrast will have four characteristics

- 1 A short focus lens
- 2 A lens with a light diameter
- 3 A shutter with a wide range of speed,
- 4 Facilities for focussing

The image within a camera will move before a sensitive plate when (1) the object photographed

is moving or (2) the photographer moves the camera while he is taking the picture. The shorter the focus length of its lens, the less will be the motion of the image on the plate. It is difficult to hold a camera in the hand so firmly that no motion is produced. There will at least be a trembling caused by the contraction of the muscles. It is a rule that a camera with a focal length of 5 inches is about the limit of one which can be held firmly

A photographer cannot always choose his light, and so he needs a lens with a large diameter. The size of a lens, or the amount of light which it will admit, is indicated by the ratio of the lens to its focal length. A modern lens of high grade will have a focal length 35 times its diameter and such a lens will be marked with a symbol f 35. The best lens will be marked f 8, while those in the cheap brand of camera will be marked f 11. Since the amount of light admitted by lenses will fall as the square of the diameter a lens rated at f 35 will admit forty times more light than one rated f 11.

The most practical lens of the high class camera will be one marked f 3 5 but it will have a diaphragm for reducing the size of its opening to f 16 or f 32, for use in a strong light, or for more accurate focussing

A physician will usually want a shutter having a range of speed from one-half a second to one one-hundredth of a second, in order to adjust the exposure to the subject. If the subject is moving, the photographer will use a lens of large diameter, with a rapid exposure, but if the object is still, he will prefer to use a lens with a smaller opening and give the photograph a longer exposure

A good snapshot camera will also have facilities for focussing the lens according to the distance of the object from the camera If an object 50 feet away is in short focus, another object 10 feet away will not be in sharp focus Although the fuzziness of the lines of the nearer object may not be objectionable, yet the photograph cannot be enlarged A camera with what is called a "fixed focus lens" has a lens of a short focal length and a small opening . While it produces excellent results under ideal conditions of distance and light vet the camera has such grave limitations that a physician is not likely to be satisfied with it

These are some of the elementary principles which one must know in order to understand a camera and take photographs under a wide range of conditions of light and shade

VIRGIL PENDLETON GIBNEY MEMORIAL FELLOWSHIP OF THE HOSPITAL FOR RUPTURED AND CRIPPLED

Through the generous contributions of the Alumni and friends of the Hospital for Ruptured and Crippled, a fellowship has been established which will be known as the Virgil Pendleton Gibney Memorial Fellowship

The income from this fellowship will be approximately \$1,500 a year, and the incumbent thereof will have the privilege of boarding and residing at the hospital

The idea of the fellowship is to afford an opportunity to a man who is well-grounded in general surgery and who has had a certain amount of experience in orthopaedic surgery, to pursue further study in the latter field, especially in that of bone pathology. The incumbent will have every opportunity for clinical study in both the indoor and outdoor departments of the hospital. He will have the privilege of carrying on laboratory investigations at the Cornell University Medical College under the direction of the heads of the departments, and also will have an opportunity to study the pathology of bone tumors under the direction of Dr. James Ewing of the Cornell and Memorial Hospital laboratories.

After a period of not exceeding three months, the incumbent shall decide upon some particular line of study and investigation to which he intends to devote the major portion of his time. At the end of one year, or of the period during which he has held the fellowship, he shall present to the Committee in Charge, a thesis which will be published as coming from the Hospital for Ruptured and Crippled and the Cornell University Medical College Laboratories, with the approval of the committee

The committee in charge of this fellowship consists of the following Mr William Church Osborn, President of the Board of Managers, Dr Samuel Fosdick Jones of Denver, Colo, Dr Eugene H Pool, Dr Royal Whitman, Dr Charlton Wallace, and Dr William B Coley, Chairman

Anyone desiring to apply for this fellowship should communicate with Dr William B Coley at the Hospital for Ruptured and Crippled, 321 East 42nd St., New York, N. Y.

MEDICAL LIBRARY ASSOCIATION

The Medical Library Association, whose membership is drawn from the United States and Canada, held its annual meeting in the New York Academy of Medicine on September 5, 6, and 7, 1928. Its president is Dr Archibald Mallock librarian of the New York Academy. About seventy-five delegates were in attendance. The discussions were of unusual interest and were of special value to physicians who frequently use medical libraries.

Dr Robert L Dickinson of New York, member of the Committee on Medical Nomenclature,

discussed the standardization of nomenclature of conditions and diseases

Dr Frank Overton, executive editor of the New York State Journal of Medicine, spoke on Indexes and Abstracts, with special reference to the State journals, and their relation to the great medical movements in which physicians and their medical societies are engaged. This paper will be published in the next issue of this Journal.

The papers presented before the Association will be printed in its quarterly bulletin

THE DIRECTORY

Just as the copy for the annual *Directory* of New York, New Jersey and Connecticut is nearing completion, there comes word of the installation of new exchanges, and of new methods of listing numbers of business houses, especially in New York City—The only practical method of securing data regarding these changes is that the

physicians themselves shall inform the State Society of any changes in their own telephone numbers

Please send notice of these changes as soon as possible. Those made after October first will not only involve great trouble and expense, but may also delay the publication of the directory.

patient with nauseating medicines. On the next they will write the recipe for an appetizing concoction that is just as good for him as if it tasted like poison. It is amusing to think of doctors and nurses in hospitals chatting about something besides anatomy and operations. They will be able to exchange notes like two housewives.

"Women are certain to approve this new proj-

ect at Johns Hopkins They will hope that the idea will spread, so that not only medical schools but all colleges will include cooking classes for men And men, too, will probably like the plan With so many women devoting themselves to business, it would not be a bad scheme to teach prospective husbands how to fend for themselves in the home"

DAMAGE BY NOISE

The newspapers of New York have frequently carried articles on noise and its suppression. A large amount of investigation has been made in recent years into the nature and effects of noise, the assumption being that noise is a major evil, especially in cities. However, an editorial in the New York Tribune of September 2 sets forth a pessimistic view and says.

"Once more propensity for jumping at conclusions is evident in circles which should be free from it Dr Max Mailhouse, of Yale, is credited by news reports with the statement that noise costs the United States \$5,000,000 a week. This is not the first time that such statements have been made, but it ought to be the last. No man, professor, committee, soothsayer or professional prophet is able to say one solitary thing with any validity in it about the cost of noise, if any

"The Committee on the Elimination of Harmful Noise, an American agency created by the National Safety Council, has carried out incomparably more actual work on noises than all other agencies put together. It is on record to the effect that estimates of the cost of noise, directly

in hampered business or indirectly in damaged health, are entirely impossible at present and can be nothing but wild guesses, likely to be misleading and to do harm to really effective action toward noise prevention

"It is possible to be more definite about the purchase price of quiet. Analyses have been made of the sources of New York City noise and of how these vary from hour to hour of the day. It may be said with certainty that New York could be made as quiet as any country village. The only obstacle is cost. Very crude and tentative estimates, although more accurate ones than are possible for the supposed cost of noise, indicate that the quieting of New York might add 25 per cent to the average cost of living in the city and might reduce day-time population of Manhattan by 10 per cent. Is it worth while? Evidently the citizenry thinks not, and there is no engineering data to prove it wrong."

It is hoped that the committee may come to scientific conclusions regarding noise, and make practical suggestions for controlling and enduring it

THE END OF THE WORLD

Doctors who have a metaphysical turn of mind, or deal with patients having a similar mental tendency, will be interested in the following discussion on the end of the world given by Dr Robert A Millikan, physicist of the California Institute of Technology and discoverer of the Cosmic Rays described in this department of The Journal of April 1, 1928 Speaking before the Society of Chemical Industry, Dr Millikan said

"There is no danger of the earth disintegrating, and millions of years from now the chief constituents of the earth will be just what they are today—hydrogen, oxygen, silicon and iron. The sun will maintain its position as the source of energy used by man, or possibly another sun will come into being when the one we now have

"The recent exact measurement of the amount of lead in the Black Hills uraninite, and of the exact atomic weight of that lead, is not usually regarded as a great engineering undertaking nor as an accomplishment fraught with important useful consequences, but I venture the estimate that the knowledge that has come from that and similar experiments, to the effect that this world already has had a lifetime of at least a billion years and that man has, in all probability, another billion years ahead of him in which there is the possibility of his learning to live at least a million times more wisely than he now lives, is likely to have in the long run a much larger influence upon human conduct than the invention of either the airplane or the radio, important and preeminently useful though these be"



THE DAILY PRESS



STREET CONGESTION AND HEIGHTS OF BUILDINGS

The New York Times of July 19 discusses a strange suggestion of H D Simpson of the Economics Department of Northwestern University that the heights of buildings does not increase street congestion as rapidly as one would suppose, as follows

"In the pure type of Main Street city, with all the business located on one street and all the traffic to and from this business traversing that one street, 'no one would be guilty of supposing that the building height could have any effect on pedestrian traffic one way or the other'

"The professor comes finally to the conclusion that if a equals the amount of traffic with a given building height, b the factor of increase in building height, and v the amount

of traffic with the increased building height, then ι equals a multiplied by the square root In other words, pedestrian traffic will vary not in proportion to the two different heights, but in proportion to their square roots Much the same reasoning would apply to vehicular traffic If Mr Simpson is correct, traffic congestion resulting from a nine-story building will never be more than three times as great as traffic congestion caused by a onestory building As a practical matter there comes a point where the evil effects of congestion increase in geometrical progression Mr Simpson suggests wider streets if you have already stretched them to the limit? It is to be feared that he has brought to the controversy not peace but a sword"

THE FLOPPER

The floppers are the bane of ambulance doctors and receive small mercy when they are detected. The New York *Herald Tribune* of July 16 says editorially regarding them

The 'flop' technically speaking, is a fake fall on which may be based a claim for damages. The 'flopper' pretends to trip over an obstruction or defect in his path for which some one may be held legally responsible and then turns his 'claim' over to a firm of lawyers who do the collecting and either pay him a salary for his performances or split the proceeds with him. As in other callings, there are 'floppers' who attach themselves to individual employers, and free-lance 'floppers'. The latter may be considered the aristocrats of the profession, though sometimes they have difficulty in maintaining their status, as do free-lance professionals the world over

Proficient in their art, they lack the business acumen necessary to market their services to the best advantage

"Mr Irving Fuhr, for example, has described on the stand in the investigation of ambulance chasing how he formed a partnership with one Bernard Deutsch and sold their 'claims' to a Moses Cohen But after giving Cohen about seventy-five flops, he says, they decided he was cheating them, and rather than stand for that went back to their former employers on a salary basis. Fuhr said he did about 150 flops in four months for a salary of from \$50 to \$75 a week. Not an income to dazzle the imagination, but then to the true craftsman it is not the money reward but the pride in his product that keeps him wedded to his work."

PRESCRIPTIONS FOR DIET

If doctors had to prepare the dishes which they glibly prescribe, and then had to eat them, they would probably pay more attention to scientific dietetics. The New York Times of September fifth discusses this subject editorially as follows

"Diet is important in the treatment of disease Johns Hopkins has recognized this fact by making a course in cooking part of the fourth year work of medical students. In the classes at

Johns Hopkins the young men will learn not only why hemoglobin regeneration occurs when liver is fed to an anemic patient but also how to prepare it to get the most value. Why the price has gone up is not required to be taught. The young doctors of next year will be able to give intelligible instructions for cooking the food they prescribe. On one leaf of their pads they will scribble the hieroglyphics which provide the

various groups of streptococci is that of complete and full photographic records of plates and colonies at various ages of the culture 57 clear photographic records of plates and colonies representing the five main groups described by the authors accompany the volume together with Dr Warren Crowe's colored plates of colonies of the various types of streptococci

As a whole, this volume is a masterly piece of work and may be considered the last word on the subject

SILIK H POLAYES

BABY'S HEALTH DAY BY DAY 16 mo Chicago, The Professional Press, Inc., 1928

A book useful to mother or nurse of the baby, for recording its daily feeding and hygiene schedule, and

its weekly progress

At the end of the book are appended brief instructions on Breast and Bottle Feeding, Infant Hygiene, First Aid, Food Preparation and Recipes The book is to be commended for its advice to call the physician early, and its discouragement of lay treatment of illness

PYELOGRAPHY ITS HISTORY, TECHNIQUE, USES AND DANGERS By ALEX E ROCHE, MA, MD, Octavo of 118 pages, illustrated New York, William Wood and Company, 1927 Cloth, \$350

This little work of about 100 pages is well balanced and comprehensive, and the text is clear and concise. We are surprised to learn, that, to the author's knowledge, this is the first book on this subject published in Europe. The subject matter is replete and complete with the many details so essential in this field based upon fifty-eight personally observed cases, at the St_Peter's Hospital

The first chapter outlines an interesting survey of the history of the development of the art Each chapter is followed by a summary, and numerous excellent il-lustrations with case records attached, are given

Every student of Urology should own and frequently refer to this book, since it contains a store-house of facts which require Urologists years to learn by clinical experience. It is interesting to note that the author employs 30% sodium iodide for opaque medium in contrast to a 12 to 13% solution usually employed in this country

One can not avoid noting that the majority of the writer's references are those of American authors AUGUSTUS HARRIS

A Synopsis of Physiology By A. Rendle Short, M D and C I Ham, M B., Ch.B 12mo of 258 pages, illustrated with diagrams New York, William Wood and Company, 1927 Cloth, \$3 50

The authors present this synopsis for the use of surgeons taking the examination for the Royal College, and for the use of teachers, and such others as may want the knowledge of physiology without the literature. The aim has been admirably accomplished, and it would be difficult to find the facts of physiology more succinctly stated than in this presentation It makes a very convenient desk book in answer to the many questions asked by patients the answers of which we are not just quite sure. The authors supply the answers conveniently

J Arthur Buchanan

A\ ELEMENTARY LABORATORY GUIDE IN GENERAL BACTERIOLOGY
By HAROLD J CO\N Octavo of 165 pages illustrated
Baltimore, The Williams & Wilkins Company, 1927
Cloth, \$3 00

This book can be used as an accompanying guide following any standard text book of bacteriology. It contains brief instructions on the general bacteriologic methods and is, therefore, an ideal guide for students of elementary classes. The author commences with a short chapter containing practical information on the preparation of glassware and its proper handling. This is followed by outlined exercises which are as helpful

to the instructor in planning the course as they are to the student who is learning them. Among the subjects studied in these exercises are the microscopic examination and the preparation of pure cultures of pathogenic and non-pathogenic bacteria, making media, the com-mon molds (with impressive diagrams), the effect of external conditions on bacteria, the practical anaerobic culture methods (with illustrations), the common pre-servatives and germicides, the study of yeast, im-munological reactions, and the sanitary analysis of water

The appendix contains, in tabulated form, the composition of media used, the common stains, a glossary of terms used, and the practical methods of determining the reaction of media and the hydrogen ion concentration, with illustrative tables

This book is well indexed and contains references which should enlighten the student on the various questions which the exercises may suggest

S H POLAYES

FOOD AND HEALTH An Introduction to the Study of Diet By A BARBER CALLOW 12mo of 96 pages, illustrated London and New York, Oxford University Press, 1928 Cloth, \$100

This little book is one of a series of manuals of introductory scope for general readers and students who desire a small volume written in simple style. Chapters deal with the chemical nature of foodstuffs, digestion, vitamins, rickets, choice of food and arrangement of diet. There are tables showing the common foodstuffs that are rich in vitamins and analyses and energy value It is well written and gives a good general ts subject W E. McCollon of food idea of its subject

APPENDICITIS By THEW WRIGHT, A.B., M.D., 12mo of 129 pages, illustrated New York, Allen Ross & Company, 1928 Cloth, \$200

This work appears in a single volume of 129 pages containing two illustrations The aim of the author is to place in the hands of the laity the fundamental and important facts concerning the symptomology, the methods of prevention, the treatment and the after effects of the disease. It is in no way intended as a text book for students or the medical profession.

There are 11 chapters as follows

There are 11 chapters as 10110ws
Introduction, Chapter 1, Anatomy, Chapter 2, Function of the Appendix, Chapter 3, Diseases of the Appendix, Chapter 4, Symptoms of Acute Appendicitis, Chapter 5, Complications of Acute Appendicitis, Chapter 6, Chronic Appendicitis, Chapter 7, The Treatment of Appendicitis, Chapter 8, Experiences Following Operator Chapter 9, Appendicitis in Children Chapter 10 eration, Chapter 9, Appendicitis in Children, Chapter 10, Means of Prevention, Chapter 11

Éach one is written in a plain, non-technical manner, the text of which can be readily interpreted greatest purpose served by a book of this sort is to urge the reader to recognize the early and incipient symptoms of the disease so that they may not be regarded as those of a simple medical condition

The keynote of the book is to call a competent registered physician in any case in which the symptoms of abdominal distress suggest the possibility of appendicular MERRILL N FOOTE.

PRACTICE OF MEDICINE. A Manual for Students and Practitioners By Hughes Dayton, MD Fifth revised Edition 12mo of 340 pages Lea and Febiger, 1928 Cloth, \$2.25 Philadelphia,

This is a short symposium covering very briefly most of the medical diseases. It is a book for very hasti reference only and probably will be used frequently by students as a brief outline for review The text is most superficial and many of the statements are very sketchy in detail and accuracy The demand for a book of this type is, of course very limited

IRVING L CABOT



BOOK REVIEWS



DF LAMAR LECTURES, 1926-1927 The Johns Hopkins University School of Hygiene and Public Health By F Neufeld, and others Octavo of 223 pages, illustrated Baltimore, The Williams & Wilkins Company, 1928 Cloth, \$500

The 1926-1927 volume of the De Lamar Lectures consists of a variety of papers on immunity, heart disease, parasitology, tularaemia, measles, scarlet fever, and other subjects of interest to the public health specialists. The authors of the lectures are prominent in their respective fields and present the latest views on the subjects.

MAX LEDERER

THE NEWER KNOWLEDGE OF BACTERIOLOGY AND IMMUNology By Eighty-two Contributors, Edited by Edwin O Jordan and I S Falk. Octavo of 1196 pages, illustrated Chicago, Illinois, The University of Chicago Press, 1928 Cloth, \$1000

In the Newer Knowledge of Bacteriology and Immunology, edited by Jordan and Falk, is found a timely contribution to medical literature. It is a compilation of brief theses on bacteriological subjects, with a view of presenting in brief and concise form, the most recent knowledge in this field. The contributing authors are outstanding figures in their respective fields. 83 articles comprise this volume, and among the authors are many distinguished contributors to science. One need only mention as examples such names as Kendall, Rosenau, Jordan, Noguchi, Bronfenbrenner Rosenow, Wells, Zinssen, Landsteiner, Ottenberg, Coca and Kolmer These names represent only a small fraction of equally distinguished workers, who all together, have presented to every physician a veritable mine of the most recent information in their individual fields.

M LEDERER

CONDITIONED REFLEXES An Investigation of the Physiological Activity of the Cerebral Cortex By I P PAVLOV, for Mem R S Translated and edited by G V ANREP M D Octavo of 430 pages London and New York, Oxford University Press, 1927 Cloth, \$900

Amongst the men of science, Pavlov has established an enviable reputation for his scientific achievements His works on conditioned reflexes have been quoted extensively in every medical publication. The book is based on a series of lectures given in 1924, on the researches on the activities of the cerebral hemispheres in the dog These researches were conducted by Dr Pavlov and his pupils over a period of twenty-five years. The book has been translated by a pupil and collaborator of Dr Pavlov who has already established for himself a commanding position in the medical world. While the book is highly technical, and would therefore appeal but to a limited number of scientific physicians, it carries with it a peculiar personal touch that leads one to feel as if he were hearing Pavlov lecture in person Such a treat is indeed but the privilege of a few. Hence the book is a real contribution to medical literature, and will be a living monument to one who has contributed so much to the field of physiology and especially neuro-physiology IRVING J SANDS

Gynfcology By Howard A Kelli, AB, MD, and collaborators Octavo of 1043 pages illustrated New York D Appleton and Company 1928 Cloth \$1200 Dr Kelly's first book on gynecology is so well known

Dr Kelly's first book on gynecology is so well known and appreciated that the author needs no further introduction. Not often does one man have an opportunity

to write two books on the same subject, at an interval of a generation, especially after such notable changes as the gynecological field has witnessed, and the author draws attention to the great difference in present day treatment from that of years ago

The book covers the field of gynecology thoroughly from the medical, surgical and pathological aspects Dr Kelly has written a large part of the book himself, but many of the chapters have been delegated to clinicians and authors of wide reputation

Noteworthy among these chapters is Emil Novak's contribution on menstruation and endocrinology, Rubm's work on tubal insufflation, George Gray Ward's excelently illustrated chapters on the operative treatment of cystocele, uterine prolapse and pelvic floor pathology, and Hunner's work on ureteral stricture

The entire list of collaborators is too long to mention in detail, but their chapters have added greatly to the value of the volume

The author is to be congratulated on publishing a book on gynecology which will be of so much value, not only to the specialist, but to the general practitioner

wss

METHODS AND PROBLEMS OF MEDICAL EDUCATION (Eighth Series) Quarto of 375 pages, illustrated New York, N Y, The Rockefeller Foundation, Division of Medical Education, 1927

The eighth series of Rockefeller Foundation brochures on medical education is, as usual, lavishly illustrated, and crowded with detailed information on the teaching clinics in the United States and abroad. Its increasing size and the dates of the articles submitted for publication would indicate a large amount of material still unpublished

Annals of the Pickett-Thomson Research Laboratory (Containing a Historical Survey of Researches on the Streptococci) Volume III Quarto of 316 pages Baltimore, The Williams and Wilkins Company, 1927 Cloth, \$10.00

This volume is devoted to the study of the streptococcus group "in general and in particular," and is to be followed by another volume which will treat of the pathogenic streptococci only. The present volume contains an almost complete historical survey of the researches on the streptococci done up to the present time and presented in a very well organized fashion. It should become one of the most prized volumes of the bacteriological research worker. The conclusions of more than 1100 investigators are carefully reviewed and the complete references of each is given in an extensive bibliography.

Th authors' contributions to the study of this subject are of utmost importance. They demonstrate convincingly why the "mutation bogey need not be feared" with the employment of proper means of cultivation and use of standard media and standard technique. They present the data which leads to the conclusion that it is the great multiplicity of species and not mutation phenomena which have made it difficult to classify the streptococci in the past. The authors describe a method of anaerobic cultivation using testicular and infusion agar with 5% boiled human blood. This method, they state is an essential in isolating the various streptococci found in human material. The writers repeatedly emphasize the observation that practically all streptococci grow much more profusely anaerobically than aerobically. Another valuable addition to the methods employed by these investigators in the classification and identification of the

LOBAR PNEUMONIA. A Roentgenological Study [A Correlation of Roentgen-Ray Findings with Clinical and Pathological Manifestations] By L R SANTE, M D Octavo of 137 pages, illustrated. New York, Paul B Hoeber, Inc., 1928 Cloth, \$300

A short monograph dealing with the Roentgen aspects of lobar pneumonia in which the author describes the findings in various stages of this process by serial roentgenograms. The differential diagnosis of pulmonary and pleural conditions is also discussed

The work offers valuable information as to the use and limitation of the X-ray as a diagnostic agent in lobar pneumonia and its complications and is recommended to those interested in the clinical and roent-genological aspects of pulmonary pathology

R. A RENDICH

Tuberculous Intoxications Concealed and Masked Tuberculosis A Clinical Study By Joseph Hollos, M.D., Octavo of 132 pages Edinburgh, E. & S. Livingstone, 1928

This book is the elaboration of an earlier one by the author published in Budapest in 1909 and in France in 1910. It received at that time the endorsement of several prominent physicians and a preface by Antonin Poncet. The persisting faith of the author in the correctness of his views and confidence in his treatment of the disease impelled him to publish his book at this time in English.

His "conception is that in the majority of cases tuberculosis does not present itself in the customary manifest form but remains concealed and has the appearance of anemia, neurasthenia, thyrosis, hysteria, epilepsy, rheumatism, dysmenorrhoea, rachitis, etc" (p 5) "In the vast majority of cases, rheumatic arthritis is nothing but one of the masked forms of tuberculosis," (p 38.) " the greater part of menstrual disorders are of tuberculous origin," (p 72) " headache, chest-ache, cholecystitis, angina, pain in the kidney, are among the many symptoms or syndromes consequent to chronic tuberculous infection," (p 93)

The author presents reports of sixty patients whom he has treated or followed while he was in Europe and the results he gives are truly remarkable if not incredible.

The treatment consists in the use of immune blood prepared after the method of Spengler A few drops of the 1/10000 millionth dilution of one c.c. of the blood of an immunized rabbit given hypodermatically, or even rubbed into the skin of the forearm once a week for several times does all the work. Nothing could be simpler We are a very credulous people, but it will take a great deal more of scientific work than reported in this book before this conception and treatment will be accepted by medical workers T A. McG

MENTAL DISORDERS A Handbook for Students and Practitioners By Hubert J Norman, MB, Ch.B 12mo of 463 pages, illustrated. New York, William Wood and Company, 1928 Cloth, \$500

The book is a comparatively small volume, the subject matter of which is divided into two sections. Section One is devoted to the clinical aspects of psychiatry. In the introductory chapter is pointed out the difficulty of formulating an adequate definition of insanity. The author says "no matter how carefully we attempt to define insanity our definition will be open to criticism." In the category of disorders associated with constitutional instability are included mapy of the emotional abnormalities such as the depressions, excitements, stupors, some of the confusional and delirious-like states, schizoid reactions, borderline types and mental deficiency. These

are all described in some detail and with the help of appropriate pictures should serve to impress the student and aid him in gaining a fair knowledge of these conditions. Under the disorders associated with psychoneuroses are discussed hysteria, neurasthemia, psychasthemia and epileptic psychoses. Symptomatic or associated disorders are made to include alcoholic and drug addiction, psychoses associated with somatic disorders, those with organic disorders of the nervous sytem and the disorders encountered in the different epochs of life.

Section Two is devoted to general considerations and in the brief historical survey the author traces the irregular progress from age to age of the development of our knowledge with respect to the care and treatment of the insane. Several chapters are devoted to normal and abnormal psychology. This is presented interestingly, but it would seem of greater advantage, at least to the student, if this preceded the study of actual mental disorders, thus preparing him to better understand the psychotic reactions. One chapter is given to a fairly exhaustive discussion of pathology in different mental disorders and here the question might be raised-would it not be an advantage to consider pathology in closer relation with the study of clinical symptoms? The cerebral spinal fluid is studied at some length with special attention to the various reactions and their significance in relation to certain mental diseases, notably the luetic. Considerable space is given to general treatment and various types of reaction are referred to with the approved methods of handling them Attention is called to such complicating situations as suicidal tendencies and persistent refusal of food, with appropriate means of meeting each

Some references are made to various clinical examples in life and literature with interesting comparisons with our present day psychiatric types. In many instances the likeness is striking

A chapter on legal aspects shows that the regulations were framed to meet essentially the same needs as we encounter, particularly in New York State.

The book is quite interesting reading, the facts being presented in such a way as to make it an aid to the student as well as an easy reference manual for the practitioner

A. E. SOPER.

A MANUAL OF OTOLOGY By GORHAM BACON, A.B. M.D., and TRUMAN LAURENCE SAUNDERS, A.B., M.D. Eighth Edition, revised Octavo of 576 pages, illustrated. Philadelphia, Lea and Febiger, 1928 Cloth, \$450

This, the eighth Edition of Bacon's Manual is to all intents and purposes a new as well as an up-to-date book. It has been thoroughly revised and its appearance dignified by a handsome dull-red cloth binding. No other method than by transferring a synopsis of its chapters to this notice so completely illustrates its marked advance over all previous editions. They comprise "Anatomy and Physiology of the Ear," "Methods of Examination of the Ear," "Diseases of the Auricle," "Diseases of the External Auditory Canal," "Diseases and Injuries of the Drumhead and Middle Ear," "Otitis Media," "Adenoid Growth, Enlarged Tohsils, Diseases of the Nasal Passages," "Otitus Media, Catarrhal Otitis Media," "Adenoid Growth, Enlarged Tohsils, Diseases of the Nasal Passages," "Otitus Media," "Otitis Media," or Chronic Catarrhal Otitis Media," "Otitis Media," or Chronic Suppurative Inflammation of the Middle Ear," "Granulations and Polypi—Caries and Necrosis of the Temporal Bone," "Diseases of the Mastod Process" "Intracramial Complications," "Diseases of the Sound-Perceiving Apparatus," "Deaf-Mutism" It has an appendix and an index at the end

WILLIAM C. BRAISLIN

CHILDBIRTH An Outline of Its Essential Features and the Art of Its Management By William Gforgf Lef, AB, MD Octavo of 300 pages Chicago, Illinois, The University of Chicago Press, 1928 Cloth, \$3.00

Dr Lee's book is unique Nothing like it has ever been written. It is as readable and instructive as the Story of Philosophy,—really the Story of Childbirth A tale,—not a text book. It is written for all,—beginner, mature student, the teacher and even the layman provided he has a good education. It is not written with the shears and a pile of conventionalized text books, for it is distinctly different.

The chapters on forceps and their technique are of tremendous interest Reasons for forceps curves and shapes are well developed, and various methods of application are brilliantly discussed. All who practice obstetrics as an art should read Dr Lee's excellent contribution to our literature C A G

Anthelmintics and Their Uses in Medical and VETERINARY PRACTICE. By R N CHOPRA, MA, MD, and Asa C Chandler, MSc, PhD Octavo of 291 pages Baltimore, The Williams and Wilkins Company, 1928 Cloth, \$500

The authors are to be congratulated in collecting such a vast amount of practical facts regarding the handling of Helminthological problems occurring both in man and animal

The information about anthelmintics from both the pharmacolgical and helminthological viewpoints is of tremendous importance to the physician, nurse, veterinarian, research worker, etc

The book is divided into three sections

Section I deals with general considerations of anthelminties and helminths together with a thorough classification and life history of all the parasites

Section II notates anthelminties acting on Parasites in the gut. Here the various preparations are discussed from the chemical standpoint revealing their actions on the various parasites and the hosts

Section III discusses the anthelmintics used against parasitic infections located outside of the alimentary tract, for example, in the liver, bile ducts, blood vessels, muscles, central nervous system and other viscera

The contents of the book is very interesting and easy MATTHEW BRUNNER. to read

THE ABDOMINAL SURGERY OF CHILDREN By L. E. BAR-RINGTON-WARD, Ch M, FRCS Octavo of 283 pages, illustrated London and New York, Oxford University Press, 1928 Cloth, \$450 (Oxford Medical Publications)

This book of acceptable and convenient size, with 283 pages, 3 color plates and 82 other illustrations, represents a successful attempt on the part of the author to stress the importance of those occasional differences which are found in the surgery of children,—in this instance, in the surgery of the abdomen, exclusively

The author has, to a great extent, drawn on his own wide experience as surgeon to the Hospital for Sick Children, London, but appends to his chapters a list of references for additional study, if desired. The chapters on Congenital Hypertrophic Pyloric Stenosis and Intussusception are especially readable and instructive It would seem to the reviewer that the author has not stressed sufficiently in his chapter on Appendicitis that the pathology in the acute condition is almost always actively progressive

Books, such as this one, represent the results of some unusual opportunity for study and investigation While somewhat narrowed in their scope, they have when well arranged and well written, a definite appeal in focalizing interest in some subject,—and such an appeal thoroughly justifies their publication and their possession

THE MECHANICS OF THE DIGESTIVE TRACT An Introduction to Gastroenterology By WALTER C. ALVAREZ. MD, Second Edition Octavo of 447 pages, with 100 illustrations New York, Paul B Hoeber, Inc., 1928. Cloth, \$7 50

This is really a new book The first edition, an epoch-making contribution to our knowledge of gas trointestinal physiology, was instrumental in getting the author an appointment to the Mayo Clinic as director of the laboratory of experimental medicine, and there he has been enabled to do further work which has confirmed his previous theories. There is also a very exhaustive review of all the available literature on the mechanics of the digestive tract. The author's gradient theory is further clarified and its application to clinical gastroenterology is particularly stressed. The physiology of the gall-bladder is gone into in detail, much of the most valuable material having been obtained from Mann's famous article in "Physiological Reviews" The author's delightful style makes the book so fascinating that it is difficult to stop reading it. As the author intimates in the title, the book is a real "introduction to gastroenterology" and the application of its theories to daily practice will make for a more scientific and less empirical treatment for gastrointestinal diseases

PHYSIOAL DIAGNOSIS BY W D ROSE MD Fifth Edition Octavo of 819 pages with 310 illustrations. St. Louis, The C. V. Mosby Company, 1927 Cloth, Edition \$10 00

A very complete work on physical diagnosis which should be of especial value to students. Most of the book deals with the anatomy and examination of the Broncho-pulmonary and the circulatory system with the physical findings in the more frequent diseases of these parts. The illustrations are profuse and well taken making the text more easily digestable and of more in Especial effort is noted in this terest to the reader edition in the treatment of the circulatory system with especial reference to incipient cardiac insufficiency-a subject worthy of emphasis

The subject of electrocardiography has been very amply discussed in a chapter by Dr Drew Luten of St. Treatment of the abdominal viscera is fairly complete and there are about eighty pages devoted to the head, neck and extremities

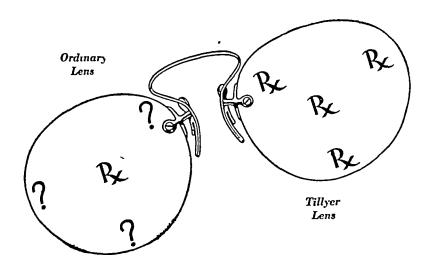
This edition is an improvement on a previous very valuable text book in diagnosis IRVING L. CABOT

THE COMMON DISEASES OF THE SKIN A Handbook for Students and Medical Practitioners By R. CRANSTON 12mo of 223 pages, with 68 illustrations Low MD New York, William Wood and Company, 1927 Cloth, \$6 00

This book presents the study of elementary derma tology in so simple and straight-forward a manner that the mere omission of confusing and complicating detail makes it a desirable addition to the library of medical student or general practitioner

The newer advances in therapy such as the intravenous use of gold in "Lupus Erythematosis," sodium thiosulphate intravenously in exfoliating diseases, and the wider use of electro-deessication in the new growths are entirely omitted, and the presentation of etiology and treatment is more or less empiric. However, the ample illustrations and strict adherence of the author to the discussion of the more usual phases of diseases of the skin serves to make this a more satisfactory handbook for the student, for what the book loses in completeness it gains, in that it supplies a concise yet sturdy foundation upon which it will be easier to build the understanding of the more difficult presentations of skin diseases when the student encounters them

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MEDICAL CIVICS IN TEXAS

The July issue of the Texas State Journal of Medicine gives its first four pages to an editorial comment on the attitude of candidates for State officers toward medical legislation and public health. The Editors had written to the candidates offering them the opportunity of explaining their attitude on several medical matters. The introduction to the editorial says

"The purpose of this discussion is to urge that members of our association, at least, assume their political obligations with serious minds, and that they register at the polls one

hundred per cent

"If the medical profession does not take an interest in the political side of medical and public health problems, no one else can be expected to do so. That is, it is not likely that it will be done to any great degree of success. We would respectfully suggest that there are good-thinking citizens enough to settle almost every problem, and who are interested in almost any problem but that of medicine and the public health, which seems to put it up to the doctor rather strongly to care for the very important matter in which he is directly concerned, and directly obligated because of his knowledge of them."

Regarding a candidate for the U S Senate the Journal says

"His contention is that chiropractic and christian science, and other methods of the practice of medicine, should be regulated, licensed and controlled He sought, in one instance, we recall, to secure the passage of a bill regulating osteopathy, aside and apart from the plans that have been laid by the medical profession to have a single standard for all, as we have in Texas In the course of his discussion, he insisted that 'every person has the inherent right to choose for himself,' and that 'we are all different in our beliefs, but whatever we believe, we want all kinds of physicians and all kinds of healers who may prey upon the public to be properly regulated, licensed and controlled 'He further states that he thinks 'the chiropractors here ought to be regulated * * * so they cannot let shysters claiming to be chiropractors practice upon the helpless people when they are not qualified' He did know that the medical profession is opposed to special laws regulating special practices, for he is quoted as saying that 'unfortunately, all the allopaths, the old line doctors, are prejudiced against the osteopaths and the

chiropractors They are greatly prejudiced We cannot blame them, because they were brought up in that faith, and as long as they can, the allopaths are going to keep any kind of recognition from being granted either to the osteopaths or chiropractors"

Regarding another candidate for the U S

Senate the Journal says

"He opposed the bills to provide special regulations for the cults, and in every way that we have been able to find out, he has been orthodox in his views on medical and public health problems. He assures us that he will continue to be so. He comes of a family of physicians, and might be expected to be straight in these particulars. He has a brother and a brother-in-law practicing medicine in Texas now."

Regarding a woman candidate for office the

Journal says

"She is an unknown quantity from a medical and a public health standpoint. We have no reply to the letter addressed to her, and she has not been in a position where her attitude might be made known, according to any record available to us."

The Journal comments on the record of one

of the present U S Senators

"So far as we are able to determine, his record in the United States Senate has been in the clear in regard to medical legislation. We know that he rendered valuable services to the medical profession in support of its contention that doctors should be allowed to charge off expenses in attending medical meetings, as other similar groups are allowed to do, in rendering income tax returns."

Another candidate for office is described as follows

"He is orthodox in all medical and public There is no record to which health matters we may refer to check his statement, but we think there are few who would doubt his word He is informed, and speaks on any subject from a knowledge of conditions rather than from a desire to please the medical profession He unhesitatingly states that it is his view that people are practicing medicine when they undertake to treat other people for whatever is the matter with them, so matter what methods they use either to diagnose or cure, which is exactly the position we take For that reason he thinks that all who would undertake such important tasks should be basically in-

(Continued on page 1141, adv xiii)

(Continued from page 1138)

formed, and that being basically informed the matter of practice can be left to take care of itself"

A candidate for Governor is described as follows

"He believes in the fundamental principles embodied in the so-called one board medical practice act, and that the attitude of the medical profession as we outlined it in our letter to him, is correct from the standpoint of public policy. Some of the older members of the profession will remember a time when he was thought to be of contrary mind."

Concerning the present Governor the Jour-

nal says

"His attitude was distinctly favorable in advance of his election to his present term, and it would seem clear that it has been equally favorable since election He stands for an educated medical profession and for the control of public health through recognized scientific Indeed, it was largely through his instrumentality that the present Board of Health law was enacted, and surely no better selection of a board of health could be made than his When he was Attorney General he delivered an address in Fort Worth in denunciation of quackery and the illegal practice of medicine, which will be long remembered by those who heard it We know of no complaint concerning his public health services since he has been Governor"

A woman candidate for Governor is rated as follows

TOHOWS

"She served a term in the House of Representatives at Austin During that time she was rated as being against us She opposed our contentions in the matter of amendments to the medical practice act and in chiropractic and christian science legislation, both in committee and in the House We have not been informed as to whether she has experienced a change of mind in these important matters"

A candidate for Lieutenant Governor is

described as follows

"He was for several years a state senator During that time he was considered a friend to the medical profession and a supporter of its contentions for medical and public health legislation. No doubt he will be equally friendly if elected Lieutenant Governor."

The Journal praises the record of another

candidate as follows

"He helped to pass the one board medical practice act. He has been friendly to the contentions of the scientific medical profession during the several subsequent years of his service in the Legisalture"

Another candidate is quoted as follows "He states, however, that he is in favor of (Continued on page 1142—adv xrv)



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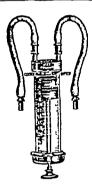
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(Continued from page 1142-adr xir)

law This class will be very active and it certainly is not right that we should stand idly by and let those who fought the battles of public health legislation bear the burden of such attacks. It is true that this should be the burden and obligation of all citizens as well as the members of the medical profession, but it is equally true that other citizens do not know of the facts in the case and are not in a position to appreciate the situation. Therefore, our obligation in this regard is doubled.

"A little show of interest and a little educational activity in advance of election, will work wonders. Most candidates for the Legislature are honest, honorable men and desire to do the right thing, but it is equally true that a large proportion of them are not informed on such intricate problems as are involved in public health legislation, and we are all inclined to develop prejudice, particularly when we think it is a matter of the underdog. The cultist is a past master in the matter of posing as a martyr."

THE ILLINOIS MEDICAL JOURNAL

The annual report of the Editor of the *Illinois Medical Journal* covers three pages of the July issue, and contains the following paragraphs which are of special interest to New

York physicians

From the financial standpoint the Journal has enjoyed a year of unusual prosperity, in fact, the best in the history of the periodical. This fine showing is the result of earnest efforts of some forty individuals and agencies that handle advertising who patronize the columns of the Illinois Medical Journal. This splendid financial statement is doubly gratifying in spite of the policy of retrenchment in medical advertising as well as in every other line of business.

"Our field advertising solicitors and the numerous agencies that handle medical advertising accounts report an increasing number of firms that have discontinued the practice of advertising in medical journals, and in place of advertising have adopted the plan of appealing by letter directly to the physicians of the country, the claim being that this is not only cheaper but more effective. In spite of this and because of intensive solicitation we have been able to increase our annual income.

"Constant endeavor is made at all times to keep down the operating expenses necessary for the publication of an up-to-date journal Our printing firm has always given us a maximum service at minimum cost Frequently attempts through competitive bids have been (Continued on page 1144—adt x-n)

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(Continued from page 1141-adv xiii)

the strictest regulation of the medical profession 'not by laymen attempting to solve these problems, but through a competent board which would guard the reputation of the profession as zealously as they would the health of the people entrusted to their care' He says further, that it would be dangerous for the Legislature to go beyond the creation of such a board because 'it could not be expected to be learned in the medical profession—the most important profession in the world to all of the people'"

The present Lieutenant Governor is praised

as follows

"He has repeatedly and openly expressed his views on medical and public health matters, and they have invariably been in accord with those of the reputable, scientific medical profession. During his incumbency he has with out fail been an advocate, to the extent that his position would permit, of high educational standards for the practice of medicine and scientific control of the public health."

Another candidate says

"I have never believed that any one could properly treat an ailment of the human body who does not have sufficient knowledge and what that ailment might be I believe that if training to first diagnose and determine just the methods advocated by some of the cults and unlicensed practitioners in the state were as good as they claim them to be, out of the thousands of reputable physicians in the state some, at least, would be honest enough to admit their value and use them in their own practices" He states further, that if elected he will stand four-square in defense of scientific medicine

Concerning the candidates for the Court of

Criminal Appeals the Journal says

"We approach this subject with considerable trepidation, not desiring to be placed in the attitude of even indirectly criticizing a court or seeking to influence the views of an incumbent or prospective incumbent. However, we believe both of the candidates for this court are of the mental attitude calculated to deal successfully with medical and public health matters."

Regarding the candidates for the Legislature, the Journal says

"We cannot, of course, undertake a discussion of the attitude of the numerous candidates for the Senate or the House of Representatives of the State Legislature These matters must be handled locally

"It is a fact that by standing for scientific medicine a legislator incurs the ill will of the quacks and the cultists who would violate the

(Continued on page 1143-adv vv)

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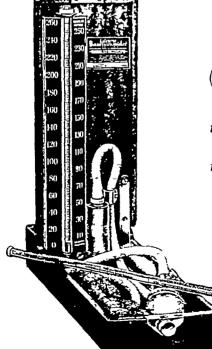
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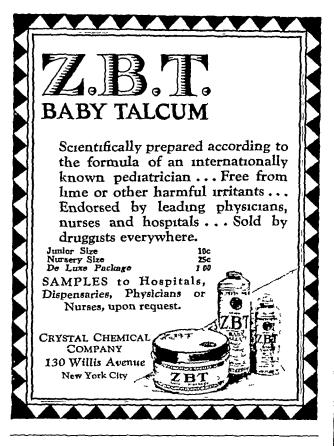
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(Continued from page 1143-adv sv)

inade by printing firms to secure the business of the Society—Such attempts invariably have resulted in failure—To date no firm has offered a bid approaching the minimum cost at which we are at present operating

"The printer of an adjoining state journal who claimed to have reduced that journal's printing cost upwards of two hundred dollars per month interested us in a scheme of publishing several adjoining state journals in a co-operative arrangement whereby we claimed he could save a considerable sum of money for the Illinois Journal His estimate was finally submitted and was found to be upwards of three thousand dollars per year more than

we are now paying

"In other respects the cost has been similarly kept at a minimum Cost of office space, salaries, etc, is as low if not lower than in most state organizations Many state societies with membership equal to ours and others with memberhip only one-half that of Illinois main tain elaborate offices and a retinue of clerks, stenographers, etc. One state medical society pays \$4,500 per year as rental for the editors' In Illinois and advertising managers' offices the office rent is donated. Another state 50= ciety with a membership less than half that of Illinois maintains elaborate offices and pays in the way of salary to four persons (out of a retinue of employees) several thousand dollars per year more than the total cost in getting out the Illinois Medical Journal, including printing bills, postage, salaries, etc Another State society with a membership approvimately one-fourth that of Illinois pays its editor and a business manager a sum nearly equal to the cost of printing the Illinois Medical Journal

"In passing it must be said that the Illinois Medical Journal is not all science, propaganda and advertisements. The man who likes to keep in touch with his neighbor finds in every issue from six to a dozen pages of personals, good fellowship, small news items and other points of contact with physicians and the profession."

The minutes of the House of Delegates, published in the July Journal, contains discussions about the income of the Illinois Journal Dr Chapman is quoted as saying

"I think that the Illinois State Medical Society is operating both the secretarial and editorial services at what practically amounts to a charity basis. Both of these gentlemen draw salaries but not salaries entirely commensurate with the work, time and energy expended. The Council has considered economy and fairness in fixing these salaries. This is a Council

(Continued on page 1146-adv rom)

NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

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NEW YORK, N Y

October 1, 1928

THE PREVALENCE OF SYPHILIS AND GONORRHEA

A Study in New York State

By ALBERT PFEIFFER, M.D., DIRECTOR—HERBERT W CUMMINGS, ASSISTANT DIRECTOR
Division of Social Hygiene, N. Y. State Dept. of Health, Albany

S TATISTICS for syphilis and gonorrhea in New York State have been collected and tabulated for the last ten years. New tabulated for the last ten years York City requires direct reporting of these diseases by the attending physicians, but in the rest of the State physicians are required to send appropriate specimens to approved laboratories for examination and if positive the laboratories are requested to send a report giving such information as is specified in the Sanitary Code, to the State Health Department. This indirect reporting in the case of syphilis has proven fairly satisfactory garding gonorrhea, there has been a strong feeling that the returns are so incomplete as to make it impossible to determine the trend of incidence As this trend is one of the most satisfactory checks on control activities, it is important to determine the number of cases at a given time for a base line, to be used as a standard for comparison in the future.

In a number of foreign countries, it has been the custom to make a one-day survey of cases of syphilis and gonorrhea under active treatment or observation at intervals of two to five years The surveys have been uniform enough to warrant deductions from the statistics About two years ago the New York State Department of Health decided to adopt this incidence study procedure and make a survey of the entire territory under its jurisdiction Upon the completion of the necessary groundwork the survey was launched as of May 2, 1927 The State exclusive of New York City presents an excellent field for a study for the prevalence of these diseases in communities of diverse size and character Its total population estimated as of July 1, 1927 was 5,495,387, the urban 1 section 3,436,467 while the rural 2 section numbered 2,100,518 Its 57 counties

range from wholly rural, eg, Hamilton, to predominatingly urban, eg, Erie with only 14 per cent rural population. Among the urban communities we have the large city of Buffalo with a population of almost 600,000 and 5 cities of over 100,000, an equal number of cities between 50,000 and 100,000, then there is a large number of urban communities varying from 5,000 to 50,000 and a group of villages from 2,500 to 5,000 numbering 86 New York State is peculiar compared with some other states in that the lines of travel from rural communities near the border of the State lead mostly to cities within the State It is not probable that many cases of syphilis or gonorrhea in New York State go to physicians in other states for treatment. There are a few cities in the southern tier of counties that draw cases from rural districts of Pennsylvania, but the number is very small. In the course of a year less than 50 cases of both syphilis and gonorrhea of persons residing outside the State have been reported as being treated by physicians within the State. In two counties, Westchester and Nassau, the statistics are not wholly representative of local conditions since many patients go for treatment to the neighboring cities of New York and Brooklyn

Овјест

The main object of the survey was to determine the number of cases of syphilis and gonorrhea under medical supervision at a particular time to obtain a base line for future incidence trend

Метнор

The survey was conducted mainly by mail A keyed questionnaire with three questions was sent to all physicians whether in private

(Continued from page 1144-adv xvi)

function and does not belong to the House of Delegates At the present time the Secretary's salary is \$2,400 and is not to be compared with the salaries of secretaries in other Michigan with half our membership has been paying \$15,000 to a general manager and secretary Texas has also been paying a high salary The Council has endeavored to be fair "

Dr Tuite said

"In connection with what Dr Chapman has said about salaries and the revenue from dues and advertising, I want to stress the advertising feature From a conversation which I had with the Editor at a recent meeting, it appears that he has great difficulty in selling his wares and he complains that our members do not patronize the advertisers, or if so, they do not make known their identity one city in the state in which when a salesman comes in to a doctor, he is asked if his firm

advertises in the Journal If not, they do not listen to him. If we had twelve such cities the Journal would be on a paying basis I call attention to this in our local society and Dr Sloan does the same"

Dr Ochsner said

"I have felt that the Illinois State Medical Society is operating more or less on a charity basis I have been a conscientious opponent of undeserved charity I have felt for a good many years that we have not paid the Editor of the Journal one-fourth the salary that he should have I would recommend to the Council of the Illinois State Medical Society if they can find the money anywhere to make good this neglect If you were to buy the services of a non-medical man to render service to the State Medical Society, you would pay him \$10,000 or \$15,000 a year and you would not get half the service you have had for a good many years from Dr C J Whalen"

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 - (a) To avoid exposure
 - (b) To seek treatment early if exposed or infected
- (5) Number of promiscuous infected persons permitted to reside in the community
- (6) Number of persons relying on selftreatment or drugstore proprietary remedies or not treating at all

RESULTS (See Table I)

In Table I, 45 per cent of the registered physicians are shown as having one or more cases. Since many physicians in rural districts do not have more than a single case in a year, many of these might not have a case under supervision on this census day, hence the total number treating is probably more than 45 per cent. It should also be noted that there are many physicians who are retired and only practice in emergency, another group devoling their entire time to public health. Each of the four hundred odd institutions and hospitals was represented by only one report, the medical personnel was not included indi-

vidually If due weight is given to these factors, the estimated proportion of physicians in practise who are treating either syphilis or gonorrhea will rise to about two-thirds

Thirty-nine per cent of the syphilis cases were under treatment at clinics, hospitals and state institutions whereas only eleven per cent of gonorrhea was being so treated Nearly all of the cases of syphilis under the head of hospitals and state institutions were in the state The fact that about one-sixth of institutions the syphilis cases under medical treatment are supported wholly at public expense in state institutions and another proportion even larger, more than one-fifth are dependent upon free clinics for treatment, indicates that the control of syphilis has an important economic aspect to the tax-payer The cost to the State for the care of its indigent syphilities in institutions is about three-quarters of a million while their loss in earnings is estimated at four and one-half millions annually 3 Gonorrhea treatment is less expensive and usually does not incapacitate the person so the cost to the community is much less About ninetenths of the cases of gonorrhea and six-tenths of syphilis are treated in private practise

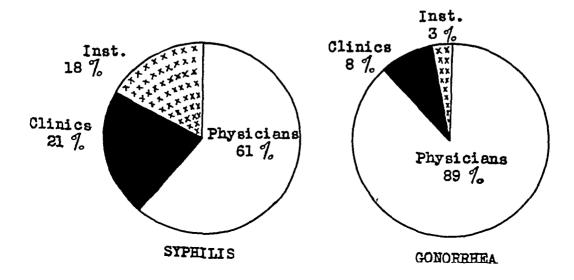
It will be noted that the total cases of syphilis exceed the total cases of gonorrhea,

TABLE II

Cases of Syphilis and Gonorrhea According to Sources of Information

		NUMBER-		PER CENT-			
Source	TOTAL	Syphilis	GONORRHEA	TOTAL	SYPHILIS	GONORRHEA	
Total	25,113	14,476	10,637	100	100	100	
Physicians	18,260	8,809	9,451	73	61	89	
V D Clmics	3,988	8,101	887	16	21	8	
State Institutions and Hospitals	2,865	2,566	299	11	18	3	

CASES ACCORDING TO SOURCE OF REPORTING



practice, clinics or institutions The following information was requested

- (1) Number of cases of syphilis under active treatment or observation as of May 2, 1927
- (2) Number of cases of gonorrhea under active treatment or observation as of May 2, 1927

The information was to be grouped according to sex and stage of the disease

The questionnaire also invited each physician to give his opinion regarding the incidence

trend of syphilis and gonorrhea and his reasons for such changes as he had observed. Those failing to reply were given a second opportunity, and in several counties a nurse interviewed those not returning the questionnaire

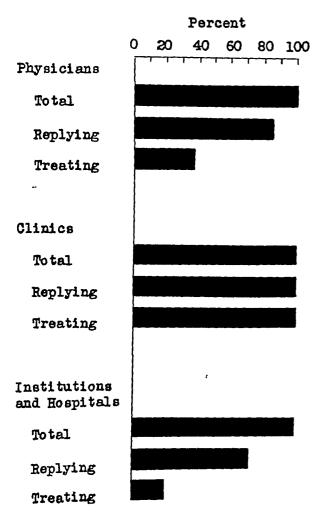
ACCURACY OF STATISTICS

In attempting to interpret any set of statistics, it is of prime importance to determine first of all, the degree of accuracy of the figures. In a body of information obtained by the questionnaire method, the main factor is the goodwill and complete co-operation of the

Sources of Information of Cases of Syphilis and Gonorrhea Under Treatment on May 2, 1927

	NUMBER OF		JES TO	Number		of 1 or
	QUESTIONNAIRES	QUESTI	ONNAIRES	REPORTING	More Cases	
Source	SENT	Number	PER CENT	No Cases	NUMBER	PER CENT
Total	6,400	5,402	84 5	2,999	2,403	44 5
Physicians	5,925	5.039	85 0	2,779	2,260	45 0
V D Clinics	53	53	100 0	•	53	100 0
State Institutions and Hospitals	422	310	73 5	220	90	29 0

SOURCES OF INFORMATION



informant It is, therefore, particularly gratifying to state that the Division of Social Hygiene was fortunate in meeting with the most cordial co-operation of the medical profession. The physicians who replied to the questionnaires represented 85 per cent of the total number registered and since a number were either retired or not treating these diseases the returned questionnaires represented even a larger percentage of physicians who treat such cases

We must next consider the accuracy of individual reports Since the questionnaires were confidential and the physicians were not asked to sign them, the information furnished by them did not contain any intentional deviation from the true facts. The chances of overstatements, if any, were likely balanced by similar understatements. Our figures, therefore probably, presented a true picture of conditions in the state on the date of the survey

FACTORS INFLUENCING THE REPORTED PREVAL-ENCE OF SYPHILIS AND GONORRHEA

The number of cases of syphilis and gonorrhea reported even in a one-day census depends upon several factors, and since one or more of these are very likely to vary even in cities and counties of the same state, they should be kept in mind

- (1) Proportion of physicians interested in
 - (a) Eliminating syphilis in all routine examinations
 - (b) Searching for hidden cases
 - (c) Discovering congenital cases
 - (d) Giving scientific treatment for syphilis and gonorrhea
- (2) Accessibility of laboratory facilities

- (3) Facilities for treatment of indigent patients, in the cities—clinics—in rural communities co-operating physicians
- (4) General education of lay people
 - (a) To avoid exposure
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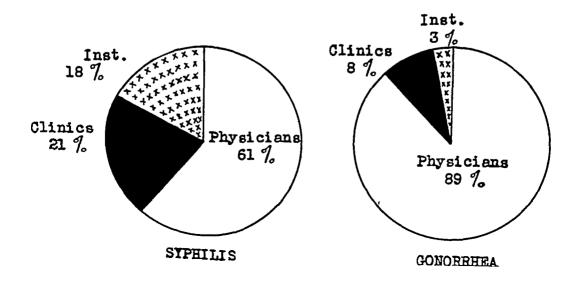
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State Institutions and Hospitals	2,865	2,566	299	11	18	3		

CASES ACCORDING TO SOURCE OF REPORTING



although it is believed generally that gonorrhea is from two to five times as prevalent as syphilis. It should be noted, however, that this is a study of prevalence as determined by the cases reported on a definite date, and not an indication of the incidence, or new infections occurring during a year

The relative incidence of syphilis and gonorrhea would present quite a different picture than the relative prevalence for a single day Obviously if the treatment for gonorrhea rerhea, although in five of the communities in the group of fourteen the cases of gonorrhea exceeded the syphilis cases. In a similar survey in 22 counties in Kansas the cases of gonorrhea exceeded the cases of syphilis by 46 per cent. In upstate New York 35 of the 56 counties had more cases of gonorrhea than of syphilis. See table

The large number of syphilitic cases, 3,101 attending the clinics compared with gonorrhea cases, 887, is of course due to the high

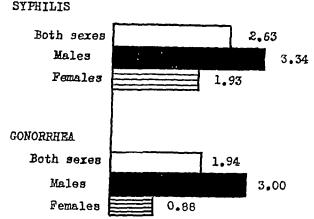
TABLE III

Cases and Rates Per 1,000 Population by Ser*

	CASES-			-RATES PER 1.000 POPULATION-			
	Both Sexes	MALES	FEMALES	BOTH SEXES	MALES	FEMALES	
Total (Syphilis and Gonorrhea) Syphilis Gonorrhea	25,113 14,476 10,637	17,309 9,122 8,187	7,804 5,954 2,450	4 57 2 63 1 94	6 84 3 84 3 00	2 82 1 93 0 88	

*Population estimated as of July 1, 1927

PREVALENCE RATES PER 1,000 POPULATION



quires only one-fourth the length of time as the treatment of syphilis does, which is a conservative estimate, the ratio of gonorrhea to syphilis in the prevalence study is only onefourth of the incidence ratio

Hence although syphilis cases exceeded the gonorrhea cases reported in the survey, gonorrhea is several times as common as syphilis

In the one-day census made in Detroit and the total for fourteen other communities,4 the cases of syphilis exceeded the cases of gonorcost of syphilis treatment while state institutions at all times have large numbers of neurosyphilities

Table III gives the rates for syphilis and gonorrhea according to sex. These are the rates for cases under treatment for a particular day and do not correspond with the incidence of new infections for a year.

Table IV shows that approximately threetenths of the cases are females and seventenths males. About one-third of the syphilis cases are females although in the clinics it rises to more than two-fifths. About 26 per cent of the females under treatment for syphilis were attending the clinics whereas less than 19 per cent of the syphilitic males were clinic cases.

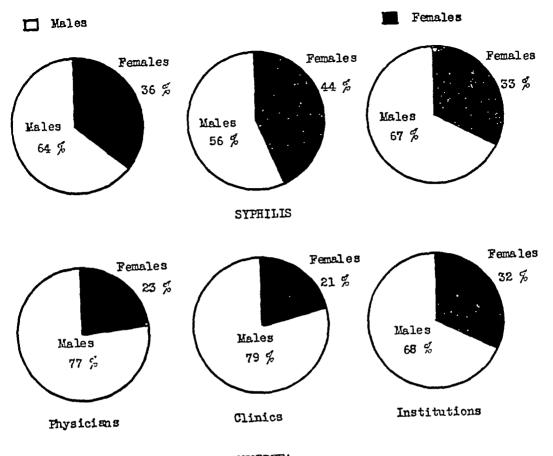
The females under treatment for gonorrhea constituted less than one-fourth of the total cases. It would seem logical for the ratio of male to female to be about the same for both diseases and such is the case in the state institutions and hospitals. If the statistics for state institutions and hospitals represents a truer cross-section of the relative prevalence of syphilis and gonorrhea according to sex than the statistics for clinics and physicians, it indicates that females are less likely to voluntarily seek treatment than males in the case of gonorrhea

The total cases according to source of reporting and counties are given in Table V

TABLE IV

Cases and Percentage Distribution According to Sex and Source of Information

	CASES					PER CENT-						
_	_	OTAL——	MALE	PHILIS	~Gov Male	ORRHEA-	-To	TAL	—Syph Male	ILIS—~ Fenale	-Gonor Male	erbea- Female
SOURCE TOTAL Physicians V D Clinics State Institutions and Hospitals	Male 17,309 12,970 2,418 1,921	Female 7,804 5,290 1,570 944	9,122 5,682 1,722 1,718	5,354 3,127 1,379 848	8,187 7,288 696 203	2,450 2,163 191 96	69 71 60 67	31 29 40 33	63 64 56 67	37 36 44 33	77 77 79 68	23 23 21 32



CONORRHEA

It has been stated frequently by observers that the character of the population, whether urban or rural, affected the rates of syphilis and gonorrhea In Table VI there appears to be a decided tendency for the syphilis rates to decrease as the rural population increases. The correlation between the proportion of the rural population in each county and cases of syphilis on the day of the survey is

r equals—65±064

The coefficient of correlation is negative and is about thirteen times the probable error. In ordinary cases this would indicate a very strong negative correlation between the two However, it should be noted that these cases are credited to the counties according to the physicians reporting the case and not necessarily according to the residence of the infected person, hence the figures showing the prevalence of syphilis do not represent accurately local conditions. It is, of course, true that in many cases syphilis is contracted in some rural area while the patient comes for treatment to a clinic, hospital, or physician in a large village or city They do this both in order to receive competent treatment and also to avoid the necessity of calling on a local physician Notwithstanding this probability of error, the possibility of correlation between the proportion of rural population of each county and the cases of syphilis seems to be indicated by other statistics. The following table gives the rates per 100,000 for syphilis, by years according to the residence of the infected person.

Syphilis Rates per 100,000

		1923	1924	1925	1926	1927
Urban	٠	271	275	323	337	347
Rural		71	65	62	52	49

The rate is not only definitely higher for the urban than for the rural population, but the rate has constantly increased for the urban and decreased for the rural. In 1923 the syphilis rate for urban population was not quite 4 times that for the rural, whereas in 1927 the rate for urban population was 7 times that for the rural population. These statistics are based on the indirect reporting of 62,524 cases.

The correlation between the proportion of the rural poulation and the prevalence of gonorrhea is

Cases of Syphilis and Gonorrhea by Counties and Sources of Information

TABLE V

•	Total Syphilis AND	—SYPHILI PHYSICIAN AND	s Cases Repoi s	RTED B1-	GONORRH PHYSICIANS AND	ea Cases Re	ported Bi-
Counties	GONORRHEA	CLINICS	PHYSICIANS	CLINICS	CLINICS	PHYSICIANS	CLINICS
	22,248	11,910	8,809	3,101	10,599	9,451	887
Totals	1404	640	478	162	764	668	96
Albany - Allegany	65	39	38	6	26	26	
Broome	985	604	471	133	381	381	
Cattaraugus	326	158	135	23	168	166	2
Cayuga	193	123	62	61	70	44	26
Chautauqua	379	197	144	5 3	182	182	
Chemung	603	391	307	84	212	185	27
Chenango	55	28	28		27	27	_
Clinton	78	43	29	14	35	84	1
Columbia	116	85	33	2	81	80	1
Cortland	73	24	24		49	49	_
Delaware	108	29	29	22	79	79 111	7
Dutchess	260	142	120		118 1751	1635	116
Ene	3803 14	2052 6	1581 6	471	8	1055	110
Essex	272	130	180	_	142	142	
Franklın Fulton	195	94	78	16	101	101	_
Genesee	118	$3\overline{7}$	37		81	81	
Greene	59	ži	ži		38	88	
Herkimer	263	$1\overline{2}\overline{1}$	115	6	142	142	
Jefferson	315	199	161	88	116	116	_
Lewis	46	15	15		81	81	_
Livingston	73	29	29		44	44	
Madison	110	68	68		42	$\begin{array}{c} 42 \\ 642 \end{array}$	162
Monroe -	2468	1664	777	887	804 81	81	105
Montgomery	161	80	80		188	188	
Nassau	290	102 302	102 253	49	261	254	7
Ningara	563 1279	302 721	518	203	558	468	90
Oneida	2438	1133	864	269	1805	1094	211
Onondaga	208	76	76		132	132	<u></u>
Ontario Orange	332	158	141	12	179	177	2
Orleans	22	9	9		13	18	
Oswego	144	60	60	-	84	84	
Otsego	71	26	26		45	45 6	_
Putnam	18	12	12	187	6 275	233	42
Rensselaer	682	857	220 28	191	46	46	
Rockland	74	28 122	122	_	158	158	
St. Lawrence	280 130	79	66	13	51	46	.5
Saratoga	356	201	166	35	155	138	17
Schenectady	28	15	15		18	18	
Schoharie Schuyler	$\tilde{2}\tilde{1}$	13	18		.8	8	$\frac{-}{2}$
Seneca	30	14	14	=	16	16 189	2
Steuben	378	187	180	57	191 71	71	
Suffolk	200	129	129 25		15	i 5	
Sullivan	40	25	26 24	_	18	18	
Tioga	42	24 112	106	6	197	196	1
Tompkins	309	151	151		188	188	
Ulster	284 828	179	187	42	144	127	17
Warren	90	35	35		55	55	
Washington	46	14	14		32	32 222	55
Wayne Westchester	1024	6 86	336	800	388	333 14	
Wyoming	26	12	12		14 14	14	
Yates	28	14	14		7.4	~=	
			_		**** * ***********************	ad DEED 1	ሰለ ሰለበ

This, too, is a very definite negative correlation, but the statement made above regarding the coefficient of correlation for syphilis applies here as well

Here again by classifying 23,267 cases of gonorrhea reported in the usual way, according to the residence of the diseased person, the rates for the urban population are several times the rates for the rural population

GONORRHEA RATES PER 100,000

	1923	1924	1925	1926	1927
Urban	115	114	125	126	135
Rural	32	31	29	29	31

Infected persons may take up residence in cities or give city addresses when being treated in cities and thus make statistics incorrect even when based on recorded residence of the patient

If the prevalence of syphilis and gonorrhea does actually vary with the rural or urban population, it might well vary according to the density of population

The correlation between the density of population in each county and the prevalence of syphilis is

r equals $+ 238 \pm 084$

The correlation between the density and the prevalence of gonorrhea is

r equals $+ 125 \pm 088$

The last two coefficients show that there is

TABLE VI

Per cent of Rural Population, Percentage of Cases Treated in Private Practise and Clinics, and Rates for Total Cases Other Than Those in State Institutions and Hospitals

						•		
	_		_	-	M	T.		FOR CASES
	PERCEN			ENTAGE OF C		TED IN		In Private AND CLINICS
COUNTIES	URBAN	ATION—— RURAL	PRIVATE Syphilis	Practise Gonorrhea		GONORRHEA		GONORRHEA
Total Upstate	62	38	74	92	26	8	217	193
Albany	81	38 19	75	87	25	13	318	380
Allegany	14	86	82	100	18	0	106	70
Broome	$\overline{71}$	29	78	100	$\tilde{22}$	ŏ	422	266
Cattaraugus	46	54	85	99	15	1	211	224
Cayuga	54	46	50	63	50	37	187	92
Chautauqua	62	38	73	100	27	0	147	137
Chemung	73	27	79	87	21	13	525	284
Chenango Clinton	24	76	100 67	100 97	0 33	8 0	78 91	75 74
Columbia	30 27	70 78	94	99	6	í	79	183
Cortland	53	47	100	100	ŏ	Ô	75	153
Delaware	8	92	100	100	ŏ	ŏ	66	179
Dutchess	55	45	85	94	15	6	138	116
Erne	86	14	77	93	23	7	287	245
Essex	20	80	100	100	<u>o</u>	0	_18	26
Franklin	88	62	100	100	.0	0 0	277	302
Fulton Genesee	71	29	83	100	17 0	0	202 80	214
Greene	46	54	100 100	100 100	Ö	Ö	73	177 130
Hamilton	19 0	81 100	100	100	~			100
Herkuner	66	34	95	100	5	0	179	209
Jefferson	44	56	81	100	19	0	228	183
Lewis	14	86	100	100	0	0	60	124
Livingston	25	75	100	100	0	0	78	110
Madison	36	64	100	100	. O	0	166	102
Monroe Montos	83	17	47	78 100	53 0	22 0	409 127	197
Montgomery Nassau	71 48	29 52	100 100	100	Ŏ	ŏ	48	129 78
Niagara	77	23	84	97	16	š	217	188
Oneida	71	29	72	84	28	16	859	278
Onondaga	77	23	76	84	24	16	411	476
Ontario	43	57	100	100	0	0	136	2 35
Orange	57	43	92	99	8	1	120	140
Orleans Oswego	37	63	100	100 100	0	0 0	109 83	138
Otsego	48 31	52 69	100 100	100	ŏ	ŏ	54	117 94
Putnam	0	100	100	100	ŏ	ŏ	92	46
Rensselaer	75	25	62	85	88	15	298	229
Rockland	39	61	100	100	Q	0	47	76
St. Lawrence	38	62	100	100	.0	.0	131	170
Saratoga Schenectady	53	47	84	90 89	16 17	10 11	102 169	75
Schoharie	84 12	16 88	83 100	100	ő	0	68	130 59
Schuyler	22	78	100	100	ŏ	Ŏ	93	57
Seneca	51	49	100	100	Ŏ	ŏ	54	61
Steuben	48	57	70	99	80	1	224	229
Suffolk	28	72	100	100	0	Ō	82	45
Sullivan Tioga	17 40	83	100	100	0 0	Õ	58	35
Tompkins	48	60 52	100 95	100 99	5	0 1	89 272	67
Ulster	43	62 57	100	100	ŏ	Ď	176	490 154
Warren	52	48	77	88	23	12	514	413
Washington	43	57	100	100	Ō	0	73	115
Wayne Westchester	33 85	67	100	100	0	_0	26	61
Wyoming	26	15 74	53 100	86	47 0	14	139	85
Yates	31	69	100 100	100 100	Ö	0	89 78	45
			100	100	•	U	10	78

a slight positive correlation between the density of population and the prevalence of syphilis (the coefficient of correlation being about three times the probable error), while there is no analytical evidence of any relation between density and gonorrhea

A more exhaustive study should be made before any definite conclusions are drawn as to the relative prevalence of syphilis and gonorrhea in urban and rural districts or ac-

cording to density of population

SUMMARY

The New York State Department of Health has made this survey to determine the real prevalence of syphilis and gonorrhea on a given date as a basis to estimate the future incidence trend of these diseases. The physicians' willingness to cooperate with the Division of Social Hygiene was the essential factor in the success of the scheme

The total population of territory covered in this survey was almost 6,000,000. Observations based on populations of this size are but little subject to chance error and the conclusions based on them picture local conditions

accurately

The territory covered was large enough, and population sufficiently varied in density, occupation and racial stock, to represent reasonably accurately the conditions in the north-eastern part of the United States

The report covers 57 counties in a single state thereby reducing the effect from possible intercounty travel to the minimum

In five counties, Cattaraugus, Hamilton, Putnam, Tompkins and Warren, reports were secured from every physician. In 17 counties with a total of 1,291 registered physicians more than 97 per cent of the questionnaires were completed.

A number of counties representing widely varying conditions which have been thought to influence prevalence rates of syphilis and gonorrhea were studied thoroughly Nurses supplemented the questionnaires mailed

Data was obtained from 5,402 sources, divided as follows 93 per cent from physicians, 1 per cent from clinics and 6 per cent from

state hospitals and institutions

Nearly half (45 per cent) of the physicians reporting had one or more cases under treatment or observation on the day of the survey Of those treating, 80 per cent had cases of syphilis and 75 per cent had cases of gonorrhea

Among other results of this survey it has shown that most of the cases are treated by physicians. Although there are more than fifty clinics for indigents at strategic centers, 73 per cent of all cases of syphilis and gonorrhea were treated in private practice, 61 per

cent of syphilis cases and 89 per cent of the gonorrhea cases Monroe County had the highest proportion, 53 per cent, of syphilis cases treated at clinics and Cayuga county the highest proportion, 37 per cent, of gonorrhea cases, attending the clinics A very much higher proportion of the syphilis cases (21 per cent) than of gonorrhea cases (8 per cent) were treated in the clinics. On the day of the survey, the cases of syphilis and gonorrhea treated or under observation in private practise, clinics, hospitals and state institutions numbered 25,113, of these 14,476 were cases of syphilis and 10,637 were cases of gonorrhea This gave a prevalence rate of 457 per 1,000 population, 263 for syphilis and 194 for gonorrhea

The prevalence rates for males were about the same for syphilis (334) and gonorrhea (300) whereas for females the syphilis rate (193) was more than twice the gonorrhea rate (088)

Of the women who were under treatment for syphilis on the day of the survey, 44 per cent were attending clinics, more than double the corresponding proportion (21 per cent) under treatment for gonorrhea

The data available does not warrant definite conclusions regarding the prevalence of syphilis and gonorrhea according to the urban or rural character of the population or accord-

ing to the density of population

It has given a basis, imperfect perhaps, but of real value, for estimating the relative prevalence of syphilis and gonorrhea. The survey has given for the first time information upon which even a rough estimate of the incidence of gonorrhea could be based.

It has made possible the comparison of statistics of New York State with those of cities, counties and states which may make in the

future similar studies

It has proven strikingly that the general practitioner in New York State is treating syphilis and gonorrhea

It shows that the ten years of organized effort by the Federal Government and the State Division of Social Hygiene has probably resulted in getting thousands of infected persons under scientific treatment.

It has demonstrated that these diseases are sufficiently prevalent to constitute a major problem in preventive medicine

LITERATURE

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CAUSES OF DEATH AMONG JEWS IN NEW YORK STATE (EXCLUSIVE OF NEW YORK CITY), 1925

By J V DePORTE, Ph D

Director, Division of Vital Statistics New York State Department of Health

THE most remarkable element in the unique development of America is the voluntary acceptance by the various European racial stocks settled in this country of the attributes of a single nationality a common system of political institutions, devotion to the same historical traditions, ideals and aspirations. Here, the self-determination of groups has never been the subject of serious discussion and the concrete expression and the pursuit of separate racial interests has been envisaged in late years as an intriguing theoretical possibility by only one or two students of social relationships

The amalgamation of the diverse peoples has been, and to a large extent still is, a political and social, but not a biological process. The melting pot, while not wholly a theatrical phrase, has not yet begun to boil. The various racial strains of the population still run in fairly definite threads through our national web and we may follow their course and venture to foretell the effect of their presence

upon the completed design

The interest in the group elements of which our people is compounded has never been lacking, but unfortunately it has been wedded only too often to the transitory passions and prejudices of the day Here the biometrician should find fruitful application for his statistical in-

restigations

The upheaval of the World War has stopped for a time, possibly forever, free immigration into this country. Our foreign-born population will continue to increase from year to year by small increments of the racial groups of which it is now composed, but no influx of peoples, not appreciably represented here, is at all probable, at least not through the peaceful channels of immigration. We have, therefore, all the ingredients out of which the American type will be moulded in the course of the coming years. The extent to which each group will participate in the making of this type will be determined in a measure by the relative rate of its mortality.

The purpose of this paper is to present certain facts regarding the causes of death among one element of our population—the Jews Although unimportant numerically, they have made and are making an important contribution to our material, intellectual, and spiritual development. We shall not endeavor to decide the oft-discussed question whether the Jews are a people, nation, face, or merely a religious community. The weight of authoritative opinion at present is that they are, raci-

ally, comparatively pure Whether we use one or another of these terms the fact that the Jews are a distinct group is self-evident. In the words of Raymond Pearl, they "constitute a highly homogeneous group of people in the American commonwealth. It is for this reason and this alone, I take it, that every competent vital statistician agrees as to the great desirability of having statistical information about them"²

A RESUME OF SOME PREVIOUS STUDIES

At the outset, we shall summarize briefly the generally accepted characteristics of the Jews as a social and biological group. It has been noted almost everywhere that the rates of marriages, births, and deaths are lower among Jews than the corresponding rates of the non-Jewish population Jacobs ascribed these differences to social causes and in his opinion the advantages which the Jews enjoy "will persist as long as the virtues remain and will disappear when the bonds of religion and tradition are relaxed "2 This writer also shows that the ratio of male to female births is relatively high among Jews, that they have fewer stillbirths and illegitimate births than the general population

The prevalent opinion that the proportion of insane is larger among Jews than among people of other racial stock is, in the opinion of Brill, true only in respect to functional forms of insanity. The following quotation epitomizes this writer's judgment—"Although the Jew is not disproportionately predisposed to insanity in the strict sense, he is more nervous than the non-Jew Jewish sensitiveness is largely, if not wholly, the result of his past environment". It is undoubtedly true that even at present environmental factors exert a deleterious influence upon

the nervous system of the Jews

Biometrical studies of Jews in this country have been astonishingly few. In some instances statistics of natives of Russia were analyzed on the general assumption that most of them were Jews. This, of course, is not wholly satisfactory because in the absence of definite knowledge regarding the actual-proportion of non-Jews in that class of the foreign-born population, there is the theoretical possibility that this proportion might be sufficiently large to influence at least some of the deduction.

Several years ago deaths among the Jewish population in the city of Denver for a twenty-year period were tabulated according to cause. These figures, however, were presented without any interpretation of certain outstanding

facts as, for example, the tremendous proportion of deaths ascribed to tuberculosis. The high death rate from tuberculosis in Denver was, of course, due to the fact that that city has been for many years a mecca for sufferers from that disease and the excessive mortality from tuberculosis brought out in the tabulation could, therefore, in no sense be considered as typical of the Jews

The most satisfactory presentation of the vital statistics of the Jews in the United States is the report under that name by Dr John S Billings, which was published in 1890 as Census Bulletin No 19 It was the first and, so far as I know, the only time that a comprehensive study was made of births, deaths and marriages in a general group of the Jewish population in this country Since this report has been out of print for a number of years I shall permit myself to quote from it at some length

The preface explains that "This bulletin presents partial results of a special inquiry made under the direction of Dr John S. Billings, United States army, expert special agent, of some ten thousand Jewish families in this country, which for the first time in the history of the census permits a comparison of certain characteristics in the vital statistics of this people in the United States with those observed in Europe and with other people

The data used in compiling the tables given were obtained through the agency of Mr A S Solomons, who was appointed a special agent for the purpose, by means of separate schedules furnished the head of each family in any part of the United States whose address could be ascertained, without distinction of any kind except as to length of residence in this coun-The schedules furnished were, as a rule, from families who had been in this country five or more years on December 31, 1889 and represent the voluntary contribution of heads of the families No attempt was made to obtain a complete return of all Jews, but only to gather data from families embracing a sufficient number of persons to permit making the deductions valuable"

Returns were received from 10,618 Jewish families, including 60,630 persons—the data regarding births, deaths, and marriages being for the five year period 1885-1889

"The proportion of males to females was larger among the Jews than in the general population of the country at the Tenth Census, being 109 53 males to each 100 females, as against 103 57 males to 100 females in the general population"

"The proportion among them of children under five years of age is less than it is in the average white population in the proportion of 9 to 13, while from five to fifteen years of age it is greater in the proportion of 29 to 23

The proportion of those living between the ages of thirty-five and fifty-five is also somewhat above the average. This is due to effect

of previous immigration"

"The marriage rate is very low, only 74 per 1,000 annually, the average rate among the general population in the northeastern states being from 18 to 22 per 1,000. The average age at marriage is greater among the Jews than among the general population. The low marriage rate and increased average age at marriage are the main causes of the low birth rate."

"The figures for the births by successive years, if accurate, indicate that the birth rate is tending to diminish, especially when it is remembered that there was a somewhat smaller population to give rise to births in 1885, at the commencement of the period, than in 1889,

at the close"

"The total average birth rate for the whole population was 20 81 per 1,000, which is at least 10 per 1,000 lower than the average birth rate among the general population. A fairer means of comparison, however, is the ratio of births with reference to the number of women of childbearing ages present, viz, those between 15 and 49 years of age, inclusive. This rate was 72 87 per 1,000. The corresponding rates in 1880 in Massachusetts were 82 9, and in Rhode Island 86. The birth rate among Jews is, therefore, decidedly lower than it is among the average population."

"(The) average annual death rate (was) only 711 per 1,000, which would be little more than half of the annual death rate among other persons of the same social class and condition

of living in this country"

"Even if the number of deaths reported for the last year, 1889, are taken and increased by 10 per cent to provide for possible omissions, the gross annual death rate for that year would only be about 10 per 1,000, which is a low death rate"

Dr Billings constructed life tables based on the returns for the five year period. The expectation of life at birth proved to be 635 years for males and 596 for females as compared with 419 and 452 respectively in Humphrey's approximate English life tables, and 417 and 435 in the life tables for Massachusetts (1878-1882). Here the striking fact is not only the greater expectation of life among the Jews, but also that it was greater among males while in the other tables the females had a greater expectation of life.

An analysis of mortality according to cause showed "that the Jews have suffered a relatively greater loss than their neighbors by deaths from diphtheria, diarrhoeal diseases, diseases of the nervous system (and especially from diseases of the spinal cord), from dis-

eases of the circulatory system, urinary system, bones and joints, and of the skin, while their mortality has been relatively less from the tubercular diseases, including consumption, scrofula, tabes, and hydrocephalus, than the other peoples with whom they are compared"

"If the data as to births and deaths reported for the Jews in the United States were correct, they would indicate that the birth rate among them is decreasing and the death rate increasing with prolonged residence in this country"

"It is evident that the Jews in the United States preserve many of the peculiarities which have been noted among them in Europe, and that more extended and reliable data with regard to their birth and death rates in this country are highly desirable"

In another paper, Dr Billings stated that "in the old world the Jews have certainly shown remarkable staying powers in their struggle for existence, and to the physician, the physiologist and the sanitarian this is not specially surprising when their comparative temperance, their system of female hygiene and their occupations are considered. In this country some of these influences are different, especially among the males between 15-45 years, many of whom are probably more addicted to alcoholic and sexual excesses than their ancestors were They (the Jews) have shown that they can resist adversity, but whether they can also withstand the influences of wealth and freedom, and retain the modes of life which have heretofore given them length of day, remains to be seen "7

METHOD OF PRESENT STUDY

Our aim, expressed in an earlier paragraph, of securing information regarding the causes of death among Jews in the State of New York could not be carried out directly by the conventional method of analyzing death certificates because they do not specify the racial stock or religion of the decedent. We employed, therefore, the following procedure The health officers of all cities and villages in New York State, exclusive of New York City, having a population of 10,000 and over were requested to send us the names of cemeteries in which none but Jews were buried. The death certificates for 1925 were then edited according to the place of burial and those upon which a Jewish cemetery was shown were set aside the tabulations summarized in this paper were based on these definitely Jewish records the absence of any information regarding the populations represented by the mortality figures it was impossible to compute death rates In short, all that the present analysis enabled us to do was to determine the place of death, age sex, country of birth and cause of death in 1925 in the State, outside of New York City, of 557 persons, all of whom were Jews

MORTALITY ACCORDING TO PLACE OF DEATH

lhe tabulation of the 557 deaths according to place of occurrence shows that 442 were recorded in the urban part of the State, exclusive of New York City, 76 in rural New York and 79 in institutional districts, most of them, 69, in the state hospitals for insane. Before the reader draws the apparent and startling conclusion that 12 per cent of the Jews were insane at the time of death, we hasten to add that 65 of the institutional deaths (59 in the state hospitals) were of residents of New York City. For this reason we shall omit these 79 deaths from our discussion and confine ourselves to the 478 deaths which occurred outside of the institutional districts.

Almost one-half of the deaths in the rural territory, 35, occurred in Sullivan County, which harbors a number of sanatoria for tuberculous patients. The cities in which ten or more deaths were recorded follow

Buffalo	141
Albany	55
Syracuse	41
Mount Vernon	21
New Rochelle	13
Yonkers	13
Schenectady	10

COUNTRY OF BIRTH

The number and percentage distribution of decedents by country of birth are shown in the following table

S		DEA	THS
COUNTRY OF BIRTH		NUMBER	PER CENT
Total		478	100 0
Natave-born		173	36 2
Foreign-born		304	63 6
Russia	•	191	40 0
Poland		42	8 8
Germany		24	50
Austria		23	48
Hungary		8	17
England, Scotland, Wales		4	8
Canada		1	2
Other foreign countries		11	23
Country not stated		1	2

Thus, natives of Russia represented twofifths of the total followed by natives of this country, 36.2 per cent, and natives of Poland, 88 per cent

CAUSE AND AGE

the tollowing table summarizes the mortality according to important causes, by age

Of the deaths under one year 27, or 60 per cent occurred during the first month, most of them, 63 per cent, because of prematurity. The corresponding proportion for the entire population upstate equalled 56 and 43 per cent respectively.

Deaths Among Jews in New York State Exclusive of New York City, by Cause and Age 1925

CAUSE OF DEATH All causes Diseases of the heart Diseases of the respiratory system Cancer (all forms) Apoplexy, cerebral hemorrhage Tuberculosis (all forms) Acute and chronic nephritis Diseases of the digestive system Diabetes All other causes	ALL AGES 478 110 52 39 36 35 33 29 20 124	UNDER 1 YEAR 45 6	Under 5 Years 56 ————————————————————————————————————	5-14 YEARS 30 6 2 2 2 1 3	15-24 YEARS 32 9 1 1 - 8 1 1 1	25-44 YEARS 85 11 10 5 1 16 2 8 1	45-64 YEARS 161 47 11 19 19 9 14 3 15 24	*65 Years AND OVER 114 87 17 12 14 2 14 8 8 4 11
All other causes	124	30	33	14	11	31	24	11

In order to extract from the preceding table any information of value, we shall express the figures in percentages of the several totals and compare them with similar percentages for the population of the State, exclusive of New York City

corresponding figure for the general population. The excess of mortality persisted, to a smaller degree, in the older ages

Discusses of the respiratory system Proportion of deaths was higher among Jews The excess was particularly marked after the 65th

Percentage Distribution of Deaths Among Jews and the Entire Population of New York State, Exclusive of New York City, by Ciuse and Age 1925

				01 14	CW IC	nk Cit	v, by	Ciuse	anu A	ge 15	23					
	ALL		Under		Under		5-14		15-24		25-44		45-64		65 Years	
	Ages		1 YEAR		5 Years		Years		Years		YEARS		YEARS		AND OVER	
	Entire		Entare		Entare		Enture		Entire		Entire		Entire		Latire	
CAUSE OF DEATH	Jews	Pop	Jews	Pop	Jews	Pop	Jews	Pop	Jews	Pop	Jews	Pop	Jews	Pop.	Jews	Pop
All causes	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0
Diseases of the heart	23 0	20 5	_	8		12	20 0	11 6	28 1	8 2	12 9	10 7	29 2	21 9	32 5	30 6
Discases of the re-																
spiratory system		87	13 3	14 5	19 6	16 4	67	99	31	74	11 8	90	68	73	14 9	7 1
Cancer (all forms)	8 2	9 1	-	-	_	1	67	8	31	11	59	в 3	11 8	15 I	10 5	10 4
Apoplexy, cerebral															0	
hemorrhage	75	90		3	_	3	67	6	-	5	12	20	11 8	95	12 3	14 9
Tuberculosis (all				_												1 2
forms)	73	66	_	8		23		67	25 O	31 6	18 8	22 <i>3</i>	56	56	18	13
Acute and chronic										• •			۰. ۳	10.0	10.9	12 3
nephritis	69	89	22	2	18	4	33	20	3 1	29	24	59	8 7	10 9	12 3	14 0
Diseases of the di-		0.0	177.0	10.5	10.0	10.1	10.0	** ^				H 0	1.0	c 1	26	33
gestave system	61	68	17 8	17 5	19 6	18 I	10 0	$\begin{array}{c} 11 \ 0 \\ 1 \ 2 \end{array}$	3 1	6 1 1 0	94	73	19 93	6 1 2 9	25	18
Diabetes All other causes.	4 2	17 287	00 7	65 9	FO 0	01 1	46 6	56 2	34 5	41 2	36 4	35 4	14 9	20 7	96	18 3
All Older Causes.	25 9	48 1	66 7	00 9	59 O	61 1	40 0	υυ 26 2	94 D	71 2	JU 4	00 4	14 9	20 1		

The distribution of mortality from all causes shows that the proportion of young children and of old persons was smaller among Jews than in the general population. This is in a measure, if not altogether, due to the fact that more than three-fifths of the Jewish decedents represented in our table were foreign-born, while the corresponding proportion for the entire population was only 23 4 per cent, the Jewish population containing, therefore, a relatively smaller number of persons at the two extremes of the life span

We shall point out briefly the outstanding differences in the proportions of deaths ascribed to various causes in the two groups of the population, always remembering that the percentages for the Jews are based on a small number of deaths

Discases of the Heart Proportion of deaths was higher among Jews In the age group 15-24 years the proportion ascribed to heart disease was three and one-half times greater than the

year, where the proportion was double that of the general population

Cancer, all forms Proportion of deaths was somewhat lower among Jews, mainly because of the relatively lower mortality in the age group 45-64 years

Apoplesy, cerebral hemorrhage Proportion of deaths was lower among Jews In the age group 45-64 years the proportion was somewhat higher than for the general population, but in the next group, 65 years and over, it was lower

Tuberculosis, all forms Proportion of deaths at all ages was higher among Jews In the younger age groups, however, particularly 15-24 and 25-44 years, it was considerably lower, while in the older ages the proportion of deaths ascribed to tuberculosis equalled that for the general population

Acute and chronic nepliritis Proportion of deaths was lower among Jews The disparity was particularly marked at 25-44 years, followed by 45-64 years

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Diseases of the digestive system Proportion of deaths was lower among Tews This relation held generally in all age groups except under 5 years and 25-44 years, where the proportion was higher than for the general popula-

Diabetes Proportion of deaths among Jews was more than double that for the general population—among the Jews 42 per cent of all deaths were ascribed to diabetes as compared with 17 per cent for the general population interesting to note that in the age group 45-64 years deaths from diabetes among Jews represented almost one-tenth of the total (93 per cent) while in the general population the proportion equalled only 29 per cent, on the other hand, diseases of the digestive system were responsible for only 19 per cent of all deaths, less than one-third of the corresponding proportion in the same age group of the general population

Conclusion

It is very regrettable that this study had to be limited to the Upstate territory, where the Jewish population is only a fraction of that of the entire State If the records for the whole State had been available, we would have had the

facts regarding almost sixteen thousand deaths* instead of a bare five hundred. The main reason for presenting these very limited observations is to direct attention to the importance of quantitative study of the vital statistics, not only of Jews, but of other stocks in the population of The time to do it is this State and this country now while we have the necessary data or can secure them by a method such as was devised for this experiment

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EARLY DIAGNOSIS AND EARLY RADICAL OPERATION IN TUBERCULOUS LYMPH GLANDS OF THE NECK*

By JOHN M HANFORD, MD, NEW YORK, N Y

TN 1902, in Edinburgh, the Roentgen ray treatment of tuberculous glands was first used In about the year 1903, Rollier at Leysin, Switzerland, started his work with the sunlight treatment of surgical tuberculosis At this time, tuberculous glands of the neck were treated largely by surgery In the surgical wards of the large city hospitals large numbers of these patients were seen It was not uncommon for the attending surgeon to assign them to the house surgeon for operation The operation was thought tedious yet not dangerous, so that many patients with advanced disease received indifferent operative treatment results obtained by surgery were often poor, with ugly scars and with reappearance of the disease in the neck

We can understand therefore the wane of surgery and the trend toward conservative forms of treatment during the past 20 years

The several factors in modern conservative treatment may be listed as follows

1 The removal of foci of pyogenic infections, as tonsils, adenoids and teeth

*Read at the Annual Meeting of the Medical Society of the State of New York at Albany N Y May 22 1928

- 2 Heliotherapy to the body surface
- 3 Cod Liver Oil
- 4 A high calory diet
- 5 Rest
- 6 Fresh air
- Tuberculin therapy
- 8 Local treatment

Roentgen-ray Local applications

counter irritants (iodine, etc.) Active and passive hyperemia Simple aspiration of "cold" abscess Local heliotherapy

Recognizing the value of almost every one of these factors, I am convinced that the deliberate avoidance of surgical removal in selected cases is a flagrant omission of which we physicians as a class are now-a-days guilty

There is only one, known, positive, certain means of stopping permanently the activity of tubercle bacilli in the human body and that is their actual removal Early radical removal is the most important part of the treatment of tuberculous cervical lymph glands

^{*}Dr William H Guilfoy Registrar of Records New York City Department of Health informs me that in 1925 burials in the twenty four Jewish cemeteries in Greater New York totalled 15 314

1 A great majority of patients with tuberculosis in the neck have their first manifestations in childhood This is a matter of common knowledge.

Analyzing the histories of 187 consecutive cases seen at the Presbyterian Hospital, New York, from 1917 to 1919, it was found that the majority first noticed disease in the neck before the age of 15

2 The disease in the neck at first is limited

usually to a single group of nodes

3 Despite all forms of conservative treatment, it is impossible to prevent spread of the disease into other groups or into adjacent tissues, (especially into the skin) in an uncertain number of patients These cannot be foretold

The majority of our patients in The Presbyterian Hospital special clinic during the past eleven years has been in the more advanced stages of the disease More than 400 patients have been admitted and studied. For example in an unselected consecutive group of 100 patients admitted to the clinic during the past 7 years 74% were beyond the early favorable stage and even many of those classed in the early stage showed skin involvement

In a recent study of 69 children aged 15 years and under, 62 4% were found in stages beyond the early favorable one Indeed only 5 patients were in an ideal stage for a clean suc-

cessful operation

Conservative treatment depends mainly upon increasing general resistance which is a slow process during the early part of which, especially, the disease in the neck often advances This partly explains the preponderance of advanced cases in our clinics and in surgical practice

4 Some of the popular present-day methods of treatment actually induce spread of the disease I refer particularly to local applications

Counter irritants, such as preparations of iodine and ichthyol, which I find used extensively, induce liquefaction of the disease and damage to the skin Thus the disease advances and the chance of a good cosmetic result is threatened

Heliotherapy directly to the neck is not of importance 'It may speed the healing of superficial sinuses, but any effect upon the deeper tissues is doubtful Furthermore it may act like a counter-irritant to induce liquefaction and skin changes It is decidedly contraindicated during Roentgen-ray treatment to the neck

Simple aspiration of "cold" abscesses, so popular on the continent of Europe, does not remove the bulk of the disease from which as a center other parts may become invaded abscess often refills and often forms a sinus at the site of puncture

I consider tuberculin therapy too hazardous

and too time-consuming for worthy considera-

5 A radical removal of the disease in its carly stage can effect a quick and permanent cure with a good cosmetic result in a very high percentage of cases, especially in children-in over 90%

Generally speaking, the more advanced the disease the more difficult it is to cure by any

In the absence of satisfactory published results of conservative forms of treatment, it may be stated that known surgical results in early cases are the best results. They are certainly extremely good

The most convincing of all known published results from any method of treating tuberculosis in the lymphatics of the neck have come from Doctor Charles N Dowd of New York In 19051 and again in 19162 he presented the

results of operative treatment

In his 1916 report, he divided the patients into three groups according to the extent of their disease in the neck Group I he called the early favorable type In Group I, the swelling is limited usually to the upper deep cervical nodes below the angle of the jaw beneath, or protruding from beneath the sternomastoid Group I might also be interpreted to include swelling limited to such a part as the submaxilliary or submental nodes

Dowd's 1916 report is based upon a study of 687 patients operated upon during the 20 years

preceding 1916

452 fell into Group I, in which the average age Thus they were a group was 803 years All of these except 98 mostly of children were followed and observed for periods ranging from a few months to 6 years Hence 354 were traced after operation 91% of these patients traced were apparently cured when last

Dowd remarks,—"It is hard to think of another form of surgical operation which gives

better results"

In Group II—there were 125 patients operated upon and followed and the corresponding results were only 682% apparently cured

In Group III—43 were operated upon and followed, with only 34% apparently cured

Dowd's most poignant conclusion is thisthat "a patient should not be allowed to drag from Stage I to Stage II while indefinite forms of treatment are being tried, nor should he be kept under treatment for months or even years

when a forty-minute operation and ten days after-treatment would result in cure"

Surgeons familiar with children's work generally accept these conclusions Frasers of Edinburgh and Semken' of New York in recent works emphasize the value of early radical operation

Semken, arguing for radical removal, writes, "The period of hospitalization is brief, the mortality is less than 1%, the post-operative discomfort is of brief duration and not severe, and the resultant scar is not conspicuous if the operation is done before extensive involvement has occurred, and the incision can be placed in natural crease lines"

Dowd, further states that "the fear of disfiguring scars leads many to postpone operation until the most favorable time has passed or even until tuberculosis has invaded other

organs"

There is less disfigurement from carefully planned incisions, especially early in the disease, than from ulceration without operation or from small incisions in several nodes, or from badly placed incisions, but nerves must be avoided

I would like to emphasize another asset of early radical removal It terminates the toxemia from the active tuberculosis in the neck All forms of non-operative treatment are slow, so that the patient is subjected by them to an indefinite period of toxemia, with some degree of damage possible to important viscera and with delayed attainment of vigorous health

From a recent study of the 69 children, under the age of 15 years, treated during the past six years in our special clinic for this disease at the Presbyterian Hospital, New York, certain observations have been made Some of the find-

ings are herewith submitted

I have subdivided Dowd's Group I into I(a) and I(b) because of the great difference in the ease of operation and of the results obtained in the more favorable early Group Ia In this there is but little central softening, no skin involvement, and limitation of the disease to a part, only, of one group of nodes The typical Group I(a), as usually seen, is limited to the nodes anterolateral to the upper part of the internal jugular vein, and excludes those posterfor to the vein

The treatment has by no means been confined to surgery Surgery has been usually the main stroke, as it were, to be followed by all available indicated means of general and local treatment, consisting of careful dressings, Roentgen-ray treatment, diet, rest, fresh air, cod liver oil, heliotherapy of some sort to the general body surface and the elimination of foci of secondary infection. The terms "apparent cure" and "marked improvement" are used in the following way By "apparent cure" is meant entire absence of any sign of disease in the neck and by "marked improvement" a neck almost cured, all healed, and with nothing but nodes of one quarter to one half centimeter in size which may be healed but possibly only quiescent. From the standpoint of prognosis there is a real difference between these two states, yet from that of the immediate condition, "marked improvement" means a satisfactory result.

The accompanying figures will indicate some of our observations from the 69 children

Of the 69 patients there were

5 in Group I (a) 21 in Group I (b) 17 in Group II 26 in Group III

Their ages ranged from 9 months to 15 years 56 were proven tuberculous

13 were definitely tuberculous clinically

Follow-up Period

Of the 69 patients

50 were followed for one year or more

11 were followed for more than 6 but less than 12 months 8 were followed for less than 6 months

The average follow-up period was about 21/2 years Many were followed 3, and some 6 years

Results

Group I (a) 5 patients, 100% apparently cured All received radical excision.

Group I (b) 21 patients

12 received radical excision and of these

11 became apparently cured—about 92% } 12 satisfactory 1 markedly improved

Of Group I (b) as a whole, receiving various kinds of treatment, 16 out of 21 became apparently cured—

Group II 17 patients, 9 received radical excision and

3 became apparently cured—about 33% } 7 satisfactory

4 became markedly improved 2 were failures as long as they were

followed

Of Group II as a whole, 8 out of 17 became apparently cured—about 50%
Group III 26 patients Only 3 received radical ex-

cision and of these

2 became apparently cured—about 66% } 3 satisfactory became markedly improved

Of Group III as a whole, 12 out of 26 became apparently cured-about 50%

Note the better results in Group I than in Groups II

For the Group of 69 patients as a whole 29 received radical operation, and of these

21 became apparently cured-about 72%

6 became markedly improved 2 were failures

Hence 27 of these were satisfactory Of the whole Group of 69 patients together 41 became apparently cured—about 60%

21 became markedly improved

62 were thus satisfactory-about 81% 7 were failures

There were no serious complications nor deaths These figures definitely point to the value of treatment in the limited stage of the disease and to the value of radical operation.

Even in the early stage of the disease (Group I) there are these contraindications to radical excision

Usually under one year of age

Active tuberculosis within the chest

Fever of 101° or more.

Respiratory or other acute infections

5 A poor constitution indicating lowered resistance of extreme grade. A recent radical operation upon tuberculous tissue

elsewhere within 2 months 7 A state of hypersensitiveness due to tuberculin

Fortunately these do not apply to most of our patients in this early stage

There is, therefore, evidence to show that more than 90% of children presenting the early stage of tuberculosis in the neck may be apparently cured of the disease by immediate radical excision combined and followed by judicious use of the other measures designed to increase local and general resistance

The technique of the operation in the early case is a definite one with successive steps, as in appendicectomy. Since most of the early cases involve the upper deep cervical nodes or the submaxillary nodes, the surgeon is especially concerned with the avoidance of damage to the accessory nerve and to the facial nerve to the lower lip, and with the avoidance of loss of blood from large veins

6 The success of surgical removal (aside from the technique) is dependent upon early diagnosis

The differential diagnosis of some of the common diseases with which tuberculosis in its early form in the cervical nodes may be confused is listed as follows:

Simple hyperplasia and simple chronic adenitis Sometimes low grade acute adenitis Hodgkin's disease Branchial cyst Lymphosarcoma Leukemia and pseudoleukemia Sebaceous cyst Lipoma

It is needless here to discuss each one separately Close attention to the essential factors of early diagnosis in tuberculosis as shown below is strongly urged

The Essential Factors in Early Diagnosis

- 1 Nodes enlarged to 1½ to 2 cm in diameter or more, or a mass of 2 cm or more persisting for more than 6 to 8 weeks, without evidence of acute inflammation or without much evidence of acute inflammation
- 2 Slight fluctuation
- 3 Slight but definite constitutional reaction, usually Anemia, lack of energy, failure to gain weight
- 4 Roentgen-ray evidence of calcification in the neck 5
- 5 Tuberculosis of tonsil if removed and studied in stained sections
- 6 A sterile culture of aspirated "pus" from
- a fluctuating part
 A biopsy—but it usually should consist in a radical complete excision, combining therapy

Syphilis rarely, if ever, causes local enlargement of nodes likely to be mistaken for tuberculous nodes. A positive Wassermann does not rule out tuberculosis

The blood count does not help except in the leukemias

The tuberculin skin tests, whether positive or negative are not to be relied upon in the presence of nodes suspected of tuberculosis

Variations in the local findings in the way of size, isolation of nodes, periadenitis, and consistency are of doubtful value in diagnosis. But the enlargement of a single group with mutual adhesions of the several nodes, in conjunction with the other factors in diagnosis is suggestive of tuberculosis.

Conclusions

- 1 There is reliable statistical evidence to show that radical excision of localized tuberculosis in the cervical lymphatics results in over 90% of apparently permanent cures, especially in children
- 2 A recent study of the records of 69 children confirms this evidence and indicates that in the most favorable types, early in the disease, an even higher percentage may become cured Especially is this true if foci of infection be eradicated and general resistance increased
- 3 The success of radical operation, aside from the technic, is dependent upon early diagnosis
- 4 An early diagnosis is usually possible by following a few simple rules which may include a therapeutic biopsy
- 5 Delay occurs during the stage of hopeful optimism and during the early part of conservative treatment. Iodine and other untants induce and hasten spread of the disease
- 6 As a rule, with the diagnosis made or with therapeutic biopsy determined upon, the operation should be made forthwith, because extensive liquefaction may appear within two or three days. Then the opportunity for a quick cure and for a good cosmetic result may be lost

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FRACTURE TREATMENT TODAY*

By CHARLES L SCUDDER, MD, BOSTON, MASS

I SHOULD like to state certain truths with regard to fracture treatment which are generally recognized as characteristic of treatment

as practised today

Progress in the improvement of fracture treatment has been slow necessarily. Surgeons have been uninterested in this subject. The fact that pathological surgery has advanced so rapidly is because pathological surgical diseases killed. Fractures, on the other hand, have only crippled individuals. When it was recognized that fractures did kill, then Lister, taking Pasteur's work, reduced the mortality of compound fractures to an almost negligible figure.

That deformity and crippling result from fractures has attracted attention comparatively recently. Because crippling has interfered with the activity of men in industry, a greater interest has been shown in fracture problems than ever before, yet improvement in fracture treatment.

has been very slow

With the great increase in motorcycle and automobile accidents, the whole aspect of traumatic surgery has changed. There are more bizarre and unusual types of fractures than ever before. Fracture lines are more likely to enter joint surfaces. Multiple fractures are not uncommon. Frequently important organs are involved. Consequently, the treatment of fractures has become more difficult and it is becoming increasingly so.

Because of the increased difficulty of caring for fractures, we are all coming to recognize the fact that men specially trained for the purpose should take care of fractures of bone. It seems to me that men of a particular temperament and with qualifications which do not often exist in the present-day general surgeon should be trained for this special work. The industrial and traumatic surgeon is of a very different type from

that of the older more general surgeon

The general practitioner will always care for many fractures and certainly may and can care properly for many of the simple fractures. This will always be true. The important fact is that he should recognize the cases which are difficult for him to take care of. If the man in general practice, whether it be in surgery or medicine, who has a general knowledge only of traumatic lesions, would call in consultation at an early date someone understanding better than he the proper care of fractures, many of the terrible results which are now seen would be eliminated. An early consultation, within the first twenty-four hours of the injury, is imperative if fracture treatment is to improve. To delay a consultation for a week or ten days is harmful and may

be a cause of many complications arising so that the case which was simple at first becomes very complicated

It is possible for the general practitioner in all cases of injury to the extremities to give the initial treatment which the fracture requires in an appropriate and simple manner. No fracture of the upper extremity or of the lower extremity need be badly treated if every general practitioner understands the application of and properly applies the Thomas splint for the upper and lower extremities

All fractures should be regarded as emergency cases A case of appendicitis is treated at once Cases of extrauterine pregnancy, cases of perforated duodenal ulcer, cases of mesenteric thrombosis, are all regarded as emergencies and treated as such. I believe that every fracture should be treated instantly, both in private practice and in hospital practice. With the immediate proper treatment of a fracture, local swelling is almost always eliminated, shock is diminished, the fracture will be easier of reduction, time will be saved to the patient, as well as suffering Moreover, the early treatment will determine, if it is ineffective, the necessity for an operation

A fracture is damage to a very complex mechanism. The will of the individual patient is affected in every fracture. It is important to secure the co-operation of the individual who is injured in the care of the fracture and during

the prolonged convalescence

There is prevalent a new conception of bone, for which I think we are indebted mostly to Dr Neuhoff Bone is no longer an mert, dry, stable form of matter Bone is a living tissue, it has to do with the vital processes of the body Bone not only maintains the form of the body and serves as a means of locomotion, but it is a reservoir of calcium and is intimately related with the metabolic processes When bone is damaged the reaction to that damage is seen in the reparative processes which bring about union ing how delicate a tissue bone is, we understand why it is important to handle a fracture with gentleness, in other words, in the examination of a patient with fracture, it is important to avoid undue traumatization of the site of the fracture by rough manipulation During the progress of the healing of a fracture, it is unwise to make repeated examinations to determine whether union is present. The rough handling and the frequent manipulations tend to hinder the reparative process and may even be a factor in a delayed union

It is important that we know something of the results of our fracture treatment. Very few of us are able because of a careful study of end results of even small groups of our individual

^{*}Read at the Annual Meeting of the Medical Society of the State of New York at Albany N Y, May 23, 1928

Fortunately these do not apply to most of our patients in this early stage

There is, therefore, evidence to show that more than 90% of children presenting the early stage of tuberculosis in the neck may be apparently cured of the disease by immediate radical excision combined and followed by judicious use of the other measures designed to increase local and general resistance

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ability must apply to the fractures of the patella as to any other contemplated operable case. There are certain stout individuals with a fracture of the patella with very little separation, in whom it is wise to secure by non-operative means only a fibrous union without operation. Ordinarily, if the operative risk is good, most fractures with separation should be operated upon. The degree of separation of the fragments is evidence of the extent of the tear in the lateral fascia on each side of the knee, consequently, if the separation of the fragments is considerable, one finger, two fingers, three fingers in width, it means that the lateral fascia is torn. I believe, under these circumstances, operation is imperative.

Dr Welles, Saranac Lake, N Y How soon do you allow active movement after operation upon a fracture of the patella?

Dr Scudder Within the first week

Dr Neuhoff, New York, N Y May I ask why one waits a week to start mobilization after operation for fracture of the patella? Why should one not be willing to start motion on the next day?

Dr Scudder I think that under careful supervision, particularly if the suture of the patella is

remforced by fascial graft, slight movement, supported and guided, may be begun the day after the operation, but in general, I believe that no harm can come from a few days' delay before initiating the primary movement. One may remember that the active contraction of the quadriceps muscle may be allowed without actually lifting the heel from the bed, and that this contraction of the quadriceps is helpful in maintaining its function

Dr Roemer, Utica, N Y How about the treatment of fracture of the os calcis?

Dr Scudder This fracture is followed by very great disability I believe heartily in the position taken by many of the men at the Massachusetts General Hospital Fracture Clinic, that whenever the fracture line thru the os calcis passes into the subastragalar joint, an immediate arthrodesis of that joint is indicated in fracture of the os calcis The reason for this arthrodesis lies in the fact that if it is not done, the disability following os calcis fracture is dependent upon an arthritis of this joint. The results in which this operative procedure has been followed have been eminently satisfactory The patients so treated returned to work at an early date after operation

INDEXING AND ABSTRACTING NEWS ITEMS OF MEDICAL SOCIETIES*

By FRANK OVERTON, M.D., PATCHOGUE, N. Y. Executive Editor, New York State Journal of Medicine

Physicians in Public Health —The practice of medicine has recently undergone extensive developments along the lines called public health, preventive medicine, and civic medicine These lines of practice have been developed largely by endowed organizations employing hired agents and executives, and using high powered salesmanship and propaganda Their practice has frequently been like that of church revivalists who preach moral health for a month or two and then leave the reformed sinners on the hands of the local churches, a burden to the pastors and deacons The responsibility of medical care of the slightly sick, as well as those seriously ill, falls ultimately on the family doctor Physicians are beginning to assert themselves in preventive medicine, and to cultivate the field that is now largely preoccupied by non-medical groups

There is an extensive literature on the practice of public health by departments of health and civic organizations, probably because the practice is spectacular and publicity regarding it is actively sought. In fact many phases of its practice are designed for their publicity effect

*Read before the Medical Library Association in the New York Academy of Medicine September 5 1928

Little publicity is given to the practice of public health by physicians, probably because such practice is expected, and because physicians avoid publicity. However, family physicians and their organizations are assuming the leadership in all forms of public health practice, and the literature on their public health activities is constantly increasing in amount and importance. The object of this paper is to point out the way by which medical journals and libraries may promote the record of the public health work done by the medical profession.

Public Health Practice by Organizations of Physicians—Physicians are now becoming aware of the civic duties which devolve upon them, and are making sincere efforts to meet their public obligations. The practice of public health consists largely in guarding against dangers which will strike only a few people,—no one knows whom, or which doctors will be called to attend the victims. Its practice is therefore carried on largely by organizations. The patients are the general public, and the physicians are the medical associations. Individual doctors are engaged in the broad field of public health practice by a eans of their county medical societies, and by

cases, to state what these results are. We do not know whether the kind of treatment that we are using is really the best treatment because we have never studied the final results

In the treatment of fractures we have a nonoperative method, based upon certain principles and employing a variety of methods, that is, traction, counter-traction and manipulation. We have also the operative method, based upon certain principles which underlie all operative procedures. By the operative method, we attempt, by direct re-position, to influence the fracture

There is no doubt that we are beginning to understand and recognize when skin traction is inadequate. I believe that this marks a distinct step ahead in the traction treatment of fractures of the shafts of the long bones. We see in a given type of fracture that it is impossible to reduce it by traction applied to the skin surfaces because the force necessary to pull the bones apart causes a slipping of the adhesive plaster and results in inadequate application of the force used. Therefore, recognizing, thru our study of the type of fracture, this fact of the inadequacy of skin traction, leads us at the outset to employ the alternative and more efficient skeletal traction.

I believe that we are able today, as a result of experience, to state that the operative treatment in a limited group of cases is the best initial treatment. This, too, marks a distinct step in the progress of fracture treatment. It is needless to say before this audience that the operative method must be used only by those who are skilled in its use and under proper indications.

There is no general fund of surgical knowledge regarding fractures which permeates the profession, such as exists in connection with pathological surgery A person has an attack of appendicitis Instantly the professional man in charge of that case reacts to what should be In connection with fractures, the situation is hazy and there are doubt and uncertainty as to the immediate steps to be taken I believe that with the improvement in fracture treatment, with an increased knowledge of the results of fracture treatment, there will come a time when there will be general information thruout the profession as to the wise thing to be done at the outset in every fracture case. When this time arrives, the ideal treatment will be the initial treatment and the initial treatment will become the ideal treatment which may be contained thruout the whole course of the case

The deeper one goes into any particular problem the more important that problem seems to be to the individual. I believe that today there is no problem in the whole of surgery more important than this subject of the treatment of fractures. There is a demand for a higher standard of result following a fracture than ever before The economic importance of a fracture is coming to be understood and recognized. We are judging of the results of fracture treatment by the restoration of the function of the part injured. These three facts are so new that the whole subject of traumatic surgery assumes an importance which a few years ago would have been unbelievable.

And finally, I believe that the recognition of the importance of securing good function is illustrated by the fact that in injuries near to joints, the prolonged immobilization has been done away with and we see an early active guided movement employed, securing for the patient greater joint movement, rather than the stiffness and disability which formerly resulted

I have thus stated briefly those truths regarding fracture treatment today which appear to characterize this treatment as an improvement over that employed a few years ago

Thank, you gentlemen, for this opportunity of addressing the Surgical Section of the New York State Medical Society

Discussion

Dr Larkin, Kingston, N Y I should like to ask Dr Scudder how he would treat a fracture of the surgical neck of the humerus

Dr Scudder There is no standard method of treating a fracture of the surgical neck of the humerus in an adult I believe that it may be possible, if the case is seen early and a fluoroscope is available, to bring the fragments into position and lock them. This is a desirable method of treatment. In cases that cannot be locked, bed treatment in external rotation and traction may be satisfactory. Occasionally, there are instances when an incision and manipulation under digital palpation will be needed to bring the bones into position. It must be remembered that we do not need complete anatomical apposition of the broken surfaces to secure a perfect function.

Dr Foster, Fulton, N Y I should like to ask Dr Scudder how he would treat a fracture of the olecranon entering the elbow joint

Dr Scudder If this is in an adult and there is separation of the fragments, I believe that in most instances an operative re-position with the employment of a non-absorbable suture is desirable. In elderly people, it may be possible to secure a fibrous union and moderately good function without an operation. At the Massachusetts General Hospital, Drs. Allen, Leland and Wilson are using a fascial suture and a fascial flap applied over the sutured fracture in these cases of olecarnon fracture with admirable results and an early return of motion.

Dr O'Mara, Kingston, N Y How does one determine when to operate on a fractured patella, and when not to operate?

Dr Scudder Of course the standards of oper-

worthy of inclusion among the scientific articles, but many other similar descriptions have been printed in the news department

Subjects to be Recorded —Medical movements of nation-wide importance have been evolved by the physicians of New York State during the past An example was the controversy year or two in Cattaraugus County between the medical profession and the promoters of the Milbank Demonstration, involving the broad question of leadership in public health,-whether it should be assumed by the medical profession, or be conducted by voluntary lay health organizations which practically ignored the physicians question was argued at several conferences of the representatives of the Medical Society of the State of New York and of the lay organizations The representatives finally agreed on eight general principles which were approved by the House of Delegates of the State Medical Society and later by the House of Delegates of Medical Society of New Jersey These principles were copied in a few state medical journals, but their value was not recognized as widely as their importance demanded

The state journals have discussed other topics of similar importance, among them are the following

- 1 County health departments 2 Anti-diphtheria campaigns
- 3 Lecture courses to popular audiences, as in

Illinois, Nebraska, and Michigan

- 4 Graduate courses for physicians
- 5 Medical legislation
- 6 County medical surveys

7 Public speaking courses, as in Queens County 8 The annual meetings of state societies, especially the reports of the officers describing the public health activities of the societies

THE NEW YORK STATE JOURNAL OF MEDICINE conducts a department called "Our Neighbors," abstracting and quoting what the journals of other states say regarding the public health activities of physicians in those states. Two or three years ago it was difficult to find a sufficient number of articles to supply the department, but now nearly every issue of every state journal contains something worthy of being quoted for the benefit of the societies of the counties and states

A Practical Suggestion—The state journals are the natural mediums for recording the activities of medical societies in public health and civic medicine. If they are to perform their proper functions, they must be improved along two lines.

- 1 More items
- 2 Fuller indexes

The Medical Library Association can promote the good work by adopting a memorial asking that the state medical societies take steps to improve these conditions

The following memorial was adopted by the Medical Library Association

WHEREAS the practice of public health and civic medicine by physicians and their medical societies has developed rapidly in recent years, and now constitutes a major activity of the medical societies of the counties and states, and the nation therefore be it

RESOLVED that the Medical Library Association suggest to the leaders of the several state medical societies that the state medical journals should (1), publish descriptions of the activities of the societies in greater number and fullness, and (2), should index the descriptions and news articles, so that the information may be readily available to the officers and members of the societies and other public health workers



the union of these societies in district, state, and national associations. The practice of public health and civic medicine has become one of the major functions of all of these societies, and is deserving of more attention by medical libraries and journals.

Doctors recognize the fact that the medical profession is only one of a group of a trinity of essential organizations of public health workers, the other two groups being (1), official departments of health, and (2), voluntary lay organizations Physicians realize their inability to practice public health without the authority, finances, and police power of a department of health They are keenly aware of the disasters which befall health officers who do not receive the support of their boards of health, both officially and financially Doctors have always been ready to supply the medical part of the public health work, but they were unable to work effectively until they devised the method of practicing public health by means of their medical societies. That method is now established and standardized so effectively that public health matters are discussed at practically every meeting of the medical societies of the counties, districts, states and the nation Nearly all the societies have active committees on public health and public relations which represent the individual physicians in the practice of public health and civic medicine

Field of State Medical Journals -Only a small amount of publicity has been given to the practice of public health and civic medicine by physicians Medical journals twenty years ago contained an occasional suggestion that doctors should take an interest in public health, but the record of its actual practice has rapidly increased during the last five years, until now every issue of every state journal of medicine contains items of the practice of public health by physicians varying in amount from a few paragraphs The special field of state medito whole pages cal journals is to record the activities of county and state societies in civic matters The problem is how to make the information available to physicians and other public health workers

The records of the public health work of physicians and their medical societies are not found in public health journals, or the reports of the departments of health, or the periodicals of lay health organizations. Any one reading these publications would get the impression that departments of health and voluntary organizations do the major part of the practice of public health to the exclusion of physicians from the field

The fact is that medical societies are entering the field of public health to an increasing extent, and their members are now assuming the leadership in all lines of the practice of civic medicine. The accomplishments of medical societies that have developed standards and models of public health practice will be unknown and unavailable to other societies unless physicians make their own records of their activities and print them in an available form. The journals of state medical societies are the natural sources in which one would look for descriptions of the activities of medical societies, and their news department has a value equal to that of the department of surgery and internal medicine,—as doctors and medical librarians are gradually discovering

The current record of the public health activities of physicians is history in the making. The importance of any single plan or activity may seem small at present, but if it is worthy, it may be adopted as the standard and model for similar Those who have read the work in the future reports of the officers of the Medical Society of the State of New York during the past twenty years have been struck with a five-year cycle of the recurrence of the same suggestions and plans Five years is a sufficient time to change the active personnel of the leaders of the society, and the new officers have had a habit of re-discovering forgotten ideals which died a-borning in the minds An available record of of their predecessors the activities and demonstrations of the officers and the committeemen of the State Medical Society would enable the new officers to start where their predecessors left off, instead of repeating their work and stopping with their meagre accomplishments

Abstracts of Articles on Public Health Activitics of Physicians -There has not been a great call for literature on the practice of public health by physicians and medical societies,—possibly be-It has been cause it has not been available scanty, and poorly indexed An indication of the lack of interest by readers of medical journals in the activities of medical societies is afforded by the absence of abstracts on public health topics and health movements in the larger medical journals, such as the Journal of the American Medical Association In fact journals and medical libraries abstract and index only those items which appear in the scientific department of the THE NEW YORK STATE JOURNAL OF MEDICINE has frequently printed descriptive news items in its scientific department in the expectation that it will be noticed by readers and will possibly be abstracted and indexed by other An example is that editors and by librarians a description of the activities of the four county medical societies on Long Island given at the meeting of the Second District Branch on November 9, 1927, was printed in the New York State JOURNAL OF MEDICINE of December first under the title "Organized Medicine on Long Island" The papers were descriptions of the performances of civic duties by the four county socie-ties on Long Island The descriptions were ties on Long Island

PUBLIC HEALTH PRACTICE A HALF CENTURY AGO

The practice of public health and civic medicine by family doctors is no new thing, but it has been advocated by the State Medical Society for half a century, as is shown by the "Transactions of the Medical Society of the State of New York from 1870 to 1890" (see page 1180 of this journal) Physicians have always been ready to support public health movements provided some organization other than medical conducts them Physicians supported the proposition of state examinations for the licensing of doctors and turned almost the entire machinery of executing the law over to the Regents Also, they turned the care of the insane over to the State Hospital Commission after the local doctors and officials had failed to give the insane proper care after long attempts

The question of the practice of public health and civic medicine could not be turned over to a central group of officials, but it required the daily efforts of both the practising physicians and the people The leaders of the State Medical Society a half a century ago attempted the sanitary education of physicians and the hygienic education of the people on a scale far larger than has been attempted since that time There was no sanitary science during the decade of the seventies, but an immense amount of investigation was carried on, and extensive sanitary surveys were made in many sections of the State The State leaders emphasized the duty of the local physicians to engage in the surveys and to take an active part in the suppression of the conditions which were found A committee on hygiene for every county medical society was repeatedly urged a half a century ago, and as a result many were formed and much excellent work was Nearly every volume of the Transactions of the Medical Society of the State of New York during the decades of the seventies and eighties contained reports of the activities of these committees But during all that time there was lacking the machinery for correcting or preventing the conditions State Board of Health was only a small organization, and both it and the local health boards dealt principally with fully developed diseases and epidemics, and the prevention of diseases was scarcely attempted, for there was no existing organization to which the work could be assigned as was the work of licensing physicians and the care of the insane

The slowness of the advance in sanitary practice was due largely to the attitude of the people. Physicians and the insane formed distinct groups of few individuals, while sanitary matters affected every person and their control required the expenditure of time and money by every citizen, and frequently the invasion

of his premises by the health officer and the curtailment of his liberty. Sanitary rules are popular—when they apply to the other fellow—but they are exceedingly unpopular to the individuals whom they subject to inconvenience. An immense amount of educational work extending over long years was necessary before the physicians of a half century ago could create public sentiment and intelligence sufficient to secure the adoption of the principles which they formulated

Great credit is due to the physicians who, of their own accord made extensive sanitary surveys and proposed methods for correcting the numerous defects which were found. It must be remembered that the physicians of the seventies were pioneers in public health work, and that they had no active departments of health or voluntary health organizations to It is remarkable that under support them those conditions they could accomplish what they did, and establish the art of the practice of public health and civic medicine on a firm The medical profession a half foundation century ago was the only group that was engaged in public health work, and the extent of the activities is apparent only to those who have investigated their record

The assertion of leadership in public health and civic medicine that is now advocated by the leaders in medical societies is only the resumption of the activities which were conducted exclusively by physicians a half century ago It was not suspected that any other group of citizens should take the lead in the practice of public health Physicians of the seventies and eighties diagnosed public health ills and prescribed the cures, but they could not force the remedies down the throats of an unwilling public The application of the civic remedies required the development of a group of citizens who should play the part of nurses This group was supplied by to the public voluntary health organizations who for twenty years have preoccupied the field of public health with the consent of physicians who had forgotten the leadership of their predecessors But at present there is a return to the former leadership in public health work by physicians in private practice

The arguments and pleas of the present Committee on Public Relations have their precedents in the reports of the Committee on Hygiene a half century ago. However, there is a difference Whereas fifty years ago there was no organized machinery for practicing public health, there are now Departments of Health and Voluntary Health Associations ready to supplement the work of the medical profession provided that physicians will resume the leadership which was unquestionable there a helf-area public health and the state of th

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EDITORIAL



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For list of officers of County Medical Societies, see October 1 issue, advertising page xxv

DISTRICT BRANCH MEETINGS

The series of District Branch meetings, which began in Ogdensburg on September twenty-first, affords the opportunity for the officers of the Medical Society of the State of New York to observe the machinery of the local societies in action, and to form acquaintances which are the basis of an active morale Physicians attend the meetings for three pur-In the first place they desire to get inspiration and information from the scientific

leaders in the profession. In the second place they wish to hear about the administration of organized medicine, how county medical societies are conducted, and how they deal with the practice of public health and civic medi-They also earnestly desire the social relaxation and the recreation which comes from meeting their fellows All these aspirations are gratified in the District Branch meetings



MEDICAL PROGRESS



Post-Operative Massive Collapse - Statistical evidence adduced by Charles R Boland and Jessie E Sheret (Lancet, July 21, 1928, ccxv, 5473) shows that 137 per cent of all abdominal operations are followed by pulmonary complications, in males more often than in females, and after upper abdominal operations more than after lower ones Pneumonia occurring after abdominal operations is extremely rare and all of these complications consist of massive collapse of the lungs, which may or may not be accompanied by cardiac displacement Experimentally it is quite certain that the complete occlusion of a bronchus is always followed by collapse of the lung supplied by that bronchus, because the entrapped air is absorbed by the blood There is no lack of clinical evidence in support of this theory struction most often affects the larger tubes, but when the incision has been in the upper abdomen the deflation of the lower lobes is so great that the bronchioles may become primarily obstructed The predisposing causes are the catarrh which follows an anesthetic, the position in which the patients are nursed, and the inhibition of the cough reflex by pain or the excessive use of morphine. The treatment of massive collapse should be primarily prophylactic and should consist essentially of postural drainage of the bron-The authors have treated 47 unselected male patients by this method All pillows were removed and the foot of the bed was raised 20 inches above the head for 24 hours after operation None of these patients had massive collapse while this position was maintained Although this position is considered extremely unorthodox, nothing but good has followed its When postural treatment cannot employment be attempted morphine should be avoided as far as possible, as its excessive use certainly increases the liability of massive collapse. Attempts should be made to increase the aeration of the lungs by forced breathing or the administration of car-The authors bon dioxide to produce hyperpnea are, however, somewhat skeptical as to the value of the latter measure They also think that turning the patient rapidly on the unaffected side, as advocated by Sante, is somewhat violent, and does not always seem justifiable in the earliest stages, when it is most efficacious

Pyelitis.—Prof E Pflaumer of Erlangen is of the opinion that this diagnosis is becoming too frequent in practice, especially as a substitute for the "cystitis" of former days. The presence of pus in the urine, and even of turbidity, has sufficed for these diagnoses without fur-

The diagnosis of pyelitis is ther investigation apt to be suggested by fever and local pain but such symptoms may have a manifold origin The specialist with his ureteral catheterization cannot always be invoked The urinary finds may be due to a non-inflammatory condition of the ureters and kidney pelves, and while this condition may develop into a true pyelitis the latter word should not be used without due warrant author holds that the diagnosis "pyelitis" may be an error outright or incomplete. The large material of the Erlangen Urological Clinic shows that true pyelitis is very rare-30 cases in 2,500 patients, and later 9 cases in 1,200 patients! The author naturally refers to cases diagnosticated by all available modern resources. It is of interest to note that in cases thus certified the outcome is usually favorable Missed diagnosis is evidently due to centrifugalization showing the presence of a certain number of leucocytes per area which gives the illusion of pus in the urine. In collecting the urine the rule to examine only catheter specimens in females and two or three glass specimens in males is not observed. In males no pains are taken to exclude the possibility of prostatitis and spermatocystitis The temperature test is not trustworthy for the author sometimes finds it positive in cystitis, and patients with the latter may complain of pain in the kidney region, nor does the appearance of fever and backache in a known cystitis mean necessarily that the infection has reached the pelvis The author in his concluding remarks expresses his conviction that the snap diagnosis of pyelitis is absolutely worth-The finds on which the diagnosis is based may be due simply to malformations, kinking, or compression of the ureter, to lithiasis, etc-Munchener medizinische Wochenschrift, July 20, 1928

Urinary Retention Due to Hypertrophy of the Bladder Sphincter -Dr F Suter of Basle discusses only a single aspect of the much larger problem of contracture of the bladder neck which has been the subject of much effort by American As a rule Europeans have been slow to recognize this condition and even dispute its existence in some cases, or at least assert that they find no such unit disease in the clinic, but only certain scattered lesions such as hypertrophy of the prostate with deformity of the bladder neck, paralytic conditions from spinal disease, and so on Marion with his vast urological experience professes ignorance of contracture of the bladder neck, and one is forced to conclude that the latter is rare in Europe or else is masked under

PROBLEMS OF COUNTY MEDICAL SOCIETIES

The after-dinner meeting of the Fourth District Branch was a demonstration of what subjects are uppermost in the minds of the leaders of the State Medical Society. Five leaders had been invited to speak on the work of the State Medical Society, and each chose the relation of physicians to the practice of public health and civic medicine. There was little of theory expressed, but much of concrete suggestion regarding the duty of every doctor to support the public health work of his county medical society.

There was a note of warning that the field of preventive medicine was already occupied by organizations of laymen who are amateurs in the practice of medicine. These groups had been formed for the expressed purpose of developing efficient methods of practicing public health and civic medicine. Physicians generally feel that the methods of the lay organizations need to be improved, and that the medical leaders have demonstrated ways and methods of making the improvements, while retaining all the essential features of the work of the lay organizations. The method is extremely simple,—that every county medical so-

ciety shall survey the needs of its own county and proceed to form the machinery for meeting these needs

There is a gratifying amount of response to the suggestions of the leaders of the State So ciety. The present need is that each society shall decide to enter the field of the practice of public health, and then to discover the lead ers who will carry on the work with the approval and support of all the rest

The speakers at the District Branch meeting did not make public mention of what would probably happen if the doctors neglect to assume the leadership in the practice of public health. They might have said that the results of their neglect to satisfy the popular demand for health protection would be the adoption of free clinics to supply medical advice along curative as well as preventive lines of practice. But physicians will not wait for the threat,—they have already diagnosed the need and will surely apply the remedy

Turn to page 1178 and read what the State Society leaders told the members of the Fourth District Branch

LOOKING BACKWARD

This Journal Twenty-Five Years Ago

New Activities of the Health Department Departments of Health everywhere have assumed the work of the detection of contagious diseases in school children, the establishment of baby clinics, and other similar activities to such an extent that physicians find it difficult to visualize conditions in times when none of this work was done. This Journal for October, 1903, quotes the following article from the New York Times of September 11, describing the advanced work instituted by Dr Lederle, Commissioner of Health—Editor's note

"A deep impression has been made upon people of the East Side by the activities of the Health Department Dr Lederle has been diligent in excluding from the school, children afflicted with contagious diseases, but he has established a corps of trained nurses, who,

when a child is excluded, go at once to the home and tell the parents how to treat the disease. These nurses go back to these homes every few days, and as a result, the children return to school usually in a very short time. In the summer these nurses give free treatment to the sick infants of the tenements.

"Dr Lederle has established a branch of the Health Department on the lower East Side, where poor people can get immediate treatment. He organized a summer corps of physicians to give special service to children suffering from peculiar summer complaints. He established a trachoma hospital, and last year 50,000 children received free treatment there for this disease, and without which many of them were sure to go blind"

Ignorance of technique is responsible for a certain percentage of failures The testing may be mefficient or the materials may be defective. Delayed reactions constitute another source of error, reactions may occur after four to six hours or after twenty-four hours In one of Vaughan's series the diagnosis was made on the delayed reaction alone in 179 percent of the For the detection of a delayed reaction the scratch should be three-eighths of an inch long, it is usually made on the back. Borderline reactions are worthy of consideration percent of a series of cases showing borderline reactions satisfactory relief was obtained from protein avoidance Adrenalin or ephedrine administration shortly before the performance of sensitization tests will give false negative skin The most important potential cause for therapeutic failure is ignorance of the patient. A large variety of non-specific factors may exert an influence on the allergic equilibrium. For example, of the author's allergics who were not benefited, 37 percent were constipated and 82 percent had focal infection. The condition of the nervous system, or mechanical irritation, such as a skin eruption, may influence the patient's aller- . gic susceptibility Among the insurmountable obstacles which may be responsible for failure are pulmonary emphysema, advanced bronchiectasis and some cases of sinusitis, but good judgment and increasing knowledge will eventually reduce the number of insurmountable obstacles The allergist should remember that he is treating not a disease, but a patient with a disease.—Laboratory and Clinical Medicine, July, 1928, xiu, 10

Hallux Rigidus - Prof. C Mau of the University Surgical Clinic at Kiel calls attention to frequent references in recent literature to a peculiar rigidity of the great toe of a greater or less degree which is associated with a contracture of the digit in question in flexion, while at the same time there is a slight subluxation of the basal phalanx plantarwards It has been included among the manifestations of arthritis deformans, but the latter is rather a sequel of it and if it can be recognized in its earliest stage there is a prospect of curing it. It develops in early life at about the time of pes valgus contractus and is attended by great pain. It is partly occupational and seen in porters, waiters, messengers, etc., as well as in certain athletes such as jump-The pain is present alike in ers and runners walking and standing and is marked in ascending and descending mountains The pain throws the toot out of position in the effort to escape it so that the patient walks on the outside edge of the foot or at times on the inner edge to the rear The gait is injured and the subject tires readily The entire foot may become painful and even when the patient lies down, the pain extending up the leg If at this early period a physician is consulted he will probably find the great too apparently normal although flexion on the metatarsal may be somewhat impeded. In time the joint becomes immobilized with the contracture and subluxation mentioned above. The condition of the great toe is mostly unassociated with other orthopedic disturbances The roentgen throws no additional light on the subject. Thus far we know nothing definite of the pathogenesis We can only surmise that too great a strain has been thrown on a foot which is naturally weak and that one adolescent may develop this condition while another will develop pes valgus principle of treatment involved in the early period is forcible reduction under narcosis and retention in a plaster of Paris support. Later stages require special operative procedures -Münchener medizinische Wochenschrift, July 13,

The Little Finger Phenomenon.—H Hoft and P Schilder of Vienna, in their studies of locomotor ataxia and lesions of the cerebellum. noted repeatedly that when the hands were stretched forth with closed eyes the little fingers were spread out even when the patients were told to close the digits together Further study showed that the test was dependable for static It may lead to the correct diagnosis of cerebellar lessons and incidentally of multiple sclerosis in its early stages Goldstein has shown that the cerebellum exerts a restraining influence on attitude tendencies and with injury of the same the influence is withdrawn. It is however not certain that there is a natural tendency to abduct the small fingers which is checked by the normal cerebellum Experiments on normal subjects seem to show that our knowledge of such matters is very incomplete. As already mentioned, the phenomenon is seen in locomotor ataxia. The subject shades into that of pseudo-athetosis of the fingers In ataxia the lesions are of course, in the posterior spinal nerve roots, and a reflex mechanism is involved. We should pay more attention to the normal position of the fingers under various circumstances and the factors which preside over position and motion For the present a spontaneous abduction of the little fingers when the hands are outstretched must be interpreted as indicating probable organic nerve disease. The mechanism may involve disturbed sensibility, as in locomotor ataxia, or lesions of the cerebellum, or possibly other portions of the central nervous system, or it may mean purely functional affections -Deutsche medismische Wochenschrift, July 20, 1928

Surgical Problems in the Aged —William P Glennon expresses the conviction that many elderly persons suffering from hernia, gall-bladder disease, hemorrhoids, procidentia, varicose veins with ulcer, even infections and gangrene of

ordinary prostatic hypertrophy The present author claims that the condition originally described by Fuller in America was an hypertrophy of the sphincter and the only authorities cited by him are those who report cases under this title, as Cholzoff in Russia, Rubritius in Vienna, and Marion and Chevassu in France. This status is the more puzzling for the reason that the condition originally described as "prostatism without enlarged prostate" and "median bar hypertrophy" had its inception among the old French urologists The author describes his case at great length, but does not seem sure of his ground for he speaks in one connection of an hypertrophy or hypertoma of the sphincter. as if he were not entirely convinced that the condition was not one of simple spasm. The final diagnosis was based on a biopsy in the course of an operation for stone in the bladder which complicated the urinary retention, and it appeared that there was no evidence of adenoma or other neoplasm but only a redundancy of smooth muscle fibers It is regrettable that such cases cannot be reported under the general rubric of contracture of the bladder neck with simulation of prostatic hypertrophy The vast American material on record should give this condition its autonomy and the details in the individual case may be taken up secondarily -Schweizerische medizinische Wochenschrift, July 21, 1928

The Use of Glucose in the Treatment of Epidemic Encephalitis -Although Fagley of the Veterans' Bureau and others have used glucose injections in encephalitis and it was also used during the war in influenza cases, Leland B Alford (Southern Medical Journal, August, 1928, xx1, 8) states that so far as he has been able to ascertain, nothing has been published specifically about the use of glucose in encephalitis. He has employed these injections in 40 cases of encephalitis, of which 22 were relieved of practically all symptoms, 12 were relieved to a greater or less extent, and 6 were unimproved Where possible glucose was administered by vein in the ordinary manner, but when this was not possible it was given by mouth, and also, in most cases, while injections were being given, administration by mouth was pursued at the same time The usual method of administration by vein consisted in the use of 10 percent glucose solution in amounts ranging from 150 to 500 c c It was given daily and, if feasible, 15 injections were administered In oral administration 1 or 2 ounces were given three times a day, and continued indefinitely large proportion of the cases in this series were of the more acute and milder types and in these the results were best, they were least favorable in parkinsonian and other syndromes where actual destruction of tissue can be assumed to have taken place In discussing the rationale of the treatment, Alford points out that 10 percent solutions of glucose are not very hypertonic and 5 percent solutions not at all so, and administration by mouth should not have a hypertonic action. In the course of experimental work he found that carbohydrates possess a protective action on the liver and kidneys, in a similar way glucose may have a protective effect on the nervous system.

Precocious Puberty Without Teratoma. Prof L Borchardt of Konigsberg quotes recent mass figures which show that nearly 400 cases are on record of precocious puberty from all causes, of which only 71 occurred in males The ordinary causal factors are tumors in the gonads, adrenals, or pineal glands, the last named predominating in the male sex. The author reports a case in a girl in which the pineal gland was held responsible although no tumor was in evidence, but rather a condition of hypopinealism Associated symptoms of unknown nature pointed to the pineal region, while the absence of tumor was obvious from the negative finds The precise nature of the lesion, if one existed, is purely conjectural, but the case is of special interest because of the fact that in girls the pineal gland has seldom been known to be associated with precocious puberty Tumors of the pineal are associated with the same condition in boys in only a minority of cases But two of the 327 cases recorded in female children seem to have been associated with the pineal region, so that the author's case makes the third two cases mentioned the condition seems to have been a hypoplasia of the pineal body, due possibly, if one case at least, to syphilis It has never been proved conclusively that precocious puberty in boys is the necessary result of a primary lesion of the pineal gland, for not only 15 the association a minority one but in many cases the gland is involved, if at all, only secondarily, and it is much safer to speak of the pineal region than the pineal gland The author, however, inclines to the opinion that the weight of evidence now makes plausible the view that hypopinealism may be responsible for precocious puberty in both sexes and that various indifferent lesions of . the midbrain may evoke the condition through the intermediary of the pineal gland-Deutsche medizinische Wochenschrift, July 27, 1928

Some Causes of Failure in the Specific Treatment of Allergy—Warren T Vaughan discusses the reasons for failure in the specific treatment of allergy under four headings, namely, superficiality, ignorance, poor judgment, and insurmountable obstacles. The allergist must not be a superficial thinker, he must look upon all things in the immediate and remote environment of the patient as potential allergens. It may be taken as an axiom that there is a specific allergic cause for nearly every case of true allergy. Failure to find the allergen does not demonstrate its



LEGAL



By LLOYD PAUL STRYKER, ESQ Counsel, Medical Society of the State of New York

THE PRACTICING PHYSICIAN IN COURT

The above was the title of an exceedingly interesting and valuable paper written by Dr L Howard Moss of Richmond Hill, New York, and read at the Society of Medical Jurisprudence at the New York Academy of Medicine on January ninth of this year. This paper together with the discussion of the paper by those who heard it, was reprinted in the New York State Journal of Medicine on August 15th of this year.

In a very readable way. Dr Moss presented the details of an actual experience as an expert witness in a damage case. His discussion of the difficulties and delay which led up to the trial of the action and of his experiences in the trial is well worth reading. His description of the efforts of the lawyer for the plaintiff in that case to have the small boy plaintiff testify in accordance with that which he, the lawyer, stated should be the tacts, is a gloomy but illuminating commentary upon the methods pursued by some members of The lawyer there told the small boy what to say, but the honesty of youth rebelled Then the boy's father took a hand saying "Now, Jimmy, you know that Mr Jones is a great lawyer, who is trying to help you" "Yes, sir," "And he came the reply, somewhat hesitantly knows a great deal more than either you or I," continued the father "Yes," said Jimmy "And," continued the father, "if he said you walked across the street, why in all probability that is right. Now, you're only a little boy and don't fully understand how important it is to say it just the way Mr Jones tells you to Now think carefully, and see if you can't say it exactly as Mr Jones wants you to "I'll try," said the boy, and at the trial he did

The occurrence thus narrated presents a plain picture of subornation of perjury What happened at that trial occurred before the recent "ambulance chasing" investigation. The salutary effect which that investigation has had upon lawyers whose conscience would not deter them from such efforts to obstruct justice, may reasonably be expected to prevent or at least to diminish similar occurrences in the future The revelations made before Mr Justice Wasservogel were shocking indeed, although the facts there rerealed were not new to those who have come in But for the fact close contact with the courts that the legal profession is entitled to the credit of having brought about this investigation and having seen it through, the recent revelations

would tend to throw discredit upon the whole bar

Dr Moss' paper is a fair, but scathing commentary upon the administration of justice Many but not all of the criticisms are well taken He suggests for instance, that the students of medicine "should have included in their education, some simple fundamental instruction on the rules of evidence, and the obligations and rights of an individual as a witness'. To my mind this is both a sound and feasible suggestion. We see no reason why some simple, intelligible course on this subject could not be given in every medical school.

Dr Moss further discusses the confidential relation subsisting between patient and physician and the lack of clear knowledge upon the part of many physicians of the rights and duties now arising. We have now in the course of preparation an editorial which will be exclusively confined to this subject and which will appear in a later issue, in which it is hoped we may be able to throw some light upon this rather complicated but very interesting and important subject.

Towards the close of his paper Dr Moss discussed "the treatment of citizens at the hands of the Court, and the attendants" and indulged in these observations both wise and fair agreed that the court is entitled to and should receive the fullest respect of all in attendance no matter in what capacity, and, as well, of the community in which it has jurisdiction, and that this respect should be observed in every relation of individuals to the Court To this end the Court is empowered with authority, that, within its own jurisdiction is nearly if not quite This very fact, however, carries with it a reciprocal obligation, namely, that the Court shall so conduct itself as to be entitled to the respect which it demands Subjecting those who unwittingly offend in some relatively minor and perhaps even questionable particular, to unnecessary public indignities, does not, in the speaker's opinion, constitute conduct that inspires respect even though it may constitute an exhibition of power that intimidates The delegation of power does not lessen but rather increases the obligation to maintain dignity of behavior as well as of If there be truth in the saying 'once a gentleman always a gentleman,' then it may well be expected that the Court shall not cease to

the extremities, may be saved or at least made comfortable by conservative operative procedures, if one uses judgment in the selection of patients, the anesthetic best suited for the individual, and appropriate preoperative and postoperative care In the preoperative care simplicity should be the rule. The patient should be allowed to carry on as nearly as possible his accustomed daily routine up to the hour of oper-There are more deaths in old people directly and indirectly due to the indiscriminate use of narcotics and the improper choice of anesthetics than from any other one cause at all possible the use of morphine should be The anesthetic of choice in elderly patients is undoubtedly novocaine infiltration, but this should not be employed in the presence or neighborhood of acute inflammation groups of major surgical procedures, which cannot be carried out painlessly under novocaine infiltration alone, may be attempted by the use of a combination of morphine-hyoscine-novo-In patients sixty years of age or older, Glennon has found spinal or subarachnoid anes-This method of thesia the most satisfactory anesthesia has a very definite field of usefulness. in operations below the umbilicus Its advantages are that no morphine is required, excessive vomiting is rarely encountered, and the patient may take fluids by mouth immediately on his return to bed No one should attempt the use of spinal anesthesia without due deliberation and a thorough knowledge of the drug employed, so as to be able to localize the anesthesia with acute infection, high fever, low blood pressure, and those who are very nervous are unsuitable for this form of anesthesia operating is highly important in elderly persons, an operation which consumes an hour or more is usually fatal. The postoperative care should be individualized, side-tracking all the irritating routine hospital regulations Opiates should be limited or excluded The patient should be allowed out of bed at the earliest opportunity Suggestion therapy is particularly helpful during convalescence—Journal of the Missouri Medical Association, August, 1928, xxv, 8

Diagnosis of Pregnancy by the Presence in the Urine of Anterior Hypophysis Hormone—S Ascheim and B Zondek begin an article on this subject, the first installment consisting of the technical part of the research as carried out by Zondek Studies were first carried out on the mouse and, incidentally, the urine of the pregnant animal or human serves as a physiological test. The technique is very complicated and cannot be reproduced in a brief abstract. The method worked out positively in man in all but one of 45 tests, the total number of urine investigations amounting to 511. The authors prefer, however, to make use of the term "pregnancy"

reaction" rather than "pregnancy diagnosis" Conclusions may be reduced to three. In pregnancy there is an excess produced of the secretion of the anterior lobe of the hypophysis which is parallel with that of the ovarian hormone and which finds its way into the urine throughout pregnancy Traces of ovarian hormone also ap spear in the urine but are not suitable for the diagnosis of pregnancy since they also appear at the climacteric and in certain amenorrheas method elaborated by the authors should prove of great value in the early diagnosis of gestation and this holds good for the dead as well as living In the second installment Ascheim draws various theoretical and practical conclusions from these studies of the urine, revolving about the probability and actual occurrence of this reaction in the absence of pregnancy positive in one case of male urine, in two cases of inflammatory affections of the genitals, in one case of ovarian tumor, etc, but such finds were rare exceptions and paradoxical in character, although they naturally militate against the trustworthiness of the test —Klimsche Wochenschrift, July 22 and 29, 1928

Aplastic Anemias —Dr A Sonnenfeld speaks of the great difficulty in classifying the No longer do we speak of primary and secondary forms, for now it is believed that all anemias are secondary We may speak of embryonal and post-embryonal on a histological basis, the former corresponding to the pernicious form, but we may find both forms in association Another division is into primary myelogenic and secondary myelogenic, of which the first comprises pernicious anemia, chlorosis, leucemia, etc On a basis of pathogeny there is a division into excessive hemolysis of blood and diminished regeneration Here as everywhere (aplasia) of the same else the main difficulty in classification is the great variety of atypical forms. It is impossible to correlate symptoms with pathological alterations If we study the aplastic forms in connection with symptom complexes we may find something like uniformity, but the causal factors will show the widest variation blood picture is of a stereotyped character, the same as we find in cancer, tumors of the bone marrow, after rontgen radiation, etc In true pernicious anemia we may or may not find this picture The author saw a case of aplastic anemia in a woman at the climacteric in which puncture of the tibia showed complete fatty transformation of the bone mar-To sum up, the author regards aplastic anemia in the narrow sense as identical with the aleucia hemorrhagica of certain authors, he would look upon it as a functional anomaly only which may be seen in cancer, the climacteric, osteosclerosis, and so on -Klimsche Wochenschrift, Aug 19, 1928

CLAIMED NEGLIGENCE IN ADMINISTERING INJECTIONS

A married woman about thirty-five years of age came to the doctor's office giving a history of mental disturbances, loss of appetite and inability to sleep. The doctor made a thorough examination of the plaintiff and also called in consultation a neurologist. A diagnosis was made of her mental condition as acute melancholia, and physically she was found to be suffering from malnutrition.

The doctor prescribed for her physical condition, among other things, injections of sodium cacodylate. On the 3rd day of November, 1923 the first injection was given to the patient. This injection was made in the deltoid region of her arm. The defendant first rubbed the spot of injection with a solution of ether and alcohol. He then took a new needle, sterilized it, inserted it into his syringe, drew in the liquid from the vial, and injected the substance into the deltoid region of the plaintiff's right arm. He then rubbed over the spot where the injection was made with a solution of ether and alcohol. The injection was made subcutaneously

Before the first injection the defendant cautioned the plaintiff that the area about the place where the injections were to be made might itch, and told her that she should not scratch it Further injections were given to the plaintiff on November 8th, 13th, 18th and 24th. The patient did not react in any abnormal manner to any of these injections, except the last one. On November 26th the defendant was requested to call at the plaintiff's home. He did so and found her in bed with a slight temperature, and the area where the last injection was made on the plaintiff's arm was red. It bore the appearance of having been scratched. The doctor ordered Burrough's solution to be applied to the area on the plaintiff's

arm and gave her a powder containing calomel and aspirin to be taken internally

The doctor saw the patient at her home on the 27th, 28th and 29th days of November temperature was normal but the doctor found an indurated area forming on the plaintiff's arm in the region of the last injection The patient refused to follow the defendant doctor's directions and told him that she did not care for his treatment and that he should not come again. On the 1st day of December however, the patient called at the doctor's office and asked him to look at her arm He did so and told her that the indurated area on her arm should be opened plaintiff refused to have this done. She again called at the doctor's office on the 2nd and 3rd days of December, and on each of these occasions the doctor repeated his warning that the internal area should be opened, but the patient refused to follow his advice and left his office. The doctor never saw her again.

The patient subsequently began an action charging that the doctor had injected medication into her arm with unsteriled instruments and that he continued to inject her with some medication after a swelling had formed on her arm. She claimed that by reason of the defendant's negligence she sustained an abscess on her left arm.

Repeated efforts were made by the plaintiff to obtain a settlement but her attorney was informed that the case was wholly without merit and that no settlement would be made. The case came on to be tried but the plaintiff did not offer any competent proof of the charges that she made against the defendant doctor, and at the close of the plaintiff's case the trial court dismissed the action thus terminating it in the doctor's favor

FRACTURE OF SHOULDER—FAILURE OF COOPERATION BY PATIENT

This case illustrates the dangers of a lawsuit which are always present when a physician is called upon to deal with a patient who is either too ignorant or too stubborn to follow his direction, but who nevertheless, has no hesitancy in bringing an action against the physician charging him with negligence

The doctor was called to see an old lady whom he had known for twenty years Upon arriving at her home he was given a history that the plaintiff had fallen down a flight of stairs. She complained of pain in the right shoulder and gave evidence of severe shock. The doctor prescribed stimulants but the patient refused to permit him to make any examination of her injury. The doctor told the patient that she should go to a hospital and have an x-ray taken, but this she refused to do, claiming that she was too old, and

further that it was not necessary anyway. The doctor thereupon left her home and on several occasions thereafter when he saw the woman advised her to have an x-ray taken and to go to the hospital, but she persisted in her refusal either to have an x-ray taken, or to have any treatment rendered to her shoulder

The patient and her husband thereafter sued the doctor claiming that he was unskillful and negligent in failing to set the arm and shoulder of the plaintiff, and that he carelessly and negligently failed to give instructions to the plaintiff with respect to the use of her arm. After the commencement of the action an investigation of the facts by the plaintiff's attorneys convinced them that the case was without merit, and they voluntarily discontinued

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be a gentleman in, the expectation that thereby it shall create respect "

We have no masters in this country except the The judges as well as the court attendants, are the servants and not the masters of the people whose taxes provide their salaries witness owes respect and courtesy to the court, but this obligation is not onesided Equal courtesy and respect are due the witness from the lawyers, the judges and the court attendants. provided the witness properly conducts himself and manifests that respect which all of us should entertain for the ministers of justice tious, brusk, discourteous or insulting judge should have no right to sit upon the bench He retards and obstructs rather than assists in the high calling to which he has been chosen,—the administration of justice A judge who wilfully, continuously and persistently is guilty of such conduct should be impeached and removed from office A judge should be learned, experienced but above almost everything else he should be a gentleman Fortunately, however, the writer can testify of his own experience, running over a period of nearly twenty years at the bar, that he has encountered few indeed of the judiciary who might justly be criticized upon this score, yet he has seen it He will never forget his experience as a very young lawyer and as a junior counsel for the defense at the first trial of Peo v Lieutenant Becker when the conduct of the presiding judge was so arbitrary, unfair and unjust that the Court of Appeals was forced to hold that the defendant had been demed his fundamental constitutional rights in that he had not been given a fair trial The readers of English history will remember the notorious Fortunately, in this country we do not elevate the Jeffries to the bench Our experience likewise is that as a general rule the court attendants are reasonably fair and courteous towards the citizen, the litigant and the witness, although instances of tyrannical conduct occasionally oc-The court attendant has no right to bully or insult anyone He is paid to perform his duties courteously

To England we are indebted for our system of jurisprudence, for our institutions and for many of our political theories. There is, however, one additional particular in which courts might well imitate the example of the mother country, and that is courtesy. No one can travel in Great Britain without being impressed by the courtesy uniformly extended by everyone in every walk of life, especially is this true in the English courts. Courtesy is the solvent of life. It costs nothing and yet there are few things more valuable.

Dr Moss discusses the difficulties in which a

witness finds himself who is compelled to answer yes nor no will tell the truth, he is not obligated of a categorical answer. But the witness has a clear remedy for such an embarrassment he is not obliged to answer yes or no if the question is not susceptible of such an answer. His primary obligation is to tell the truth. If neither yes or no will tell the truth, he is not obligated to give an answer which necessarily will be false. His right, therefore, is to state, "I cannot answer that question truthfully by either yes or no." The writer has thus far failed to observe any case in which such an answer if fairly, justly, reasonably and honestly made did not enlist the support and protection of the court

Dr Moss discusses at some length the injustice to the individual resulting from the waste of his time in court. This is a fair complaint, but we have never heard a satisfactory remedy advanced. Courtesy upon the part of the lawyer summoning the witness, as well as consideration extended by the court will assist in the lessening of this evil, but that a witness may be compelled to waste some time, so far as the writer can observe, is an unfortunate but necessary concomitant in the administration of justice. The duty to obey a subpoena and to appear is one of the duties imposed upon every citizen in the same category as a duty to serve as a jurior or to accept

the call of a draft in war time.

The suggestion advanced that an expert's testimony might be taken by deposition, has been frequently put forward, but such a plan is contrary to the theories upon which our system of jurisprudence is based. Every party has a right to be confronted by the witnesses against him (unless such witnesses are out of the state, or they are dead, and their depositions have been Under the Roman law witpreviously taken) nesses largely testified by deposition, but that is not our system Through centuries of Anglo-Saxon experience it has been deemed necessary to the true administration of justice that the witness should be both seen and heard while he is In this way only can his veracity or his accuracy be thoroughly weighed

There is something fascinating about a court of justice. From time immemorial it has furnished material to the novelist, to the dramatist and to the historian. Laymen as well as lawyers are deeply interested. The stage of recent years has seldom failed to present during each season at least one play in which there is a trial scene. Discussion of this whole subject is salutary. Fair and intelligent criticisms, such as those urged by Dr. Moss, are always helpful. We believe that his paper is a real contribution.

to the subject

President of the Medical Society of the State of New York He first read the minutes of the afternoon session written in a humorous vein by an anonymous member He then spoke of the work of organizations of physicians in influencing legislators to establish official departments of health and to provide for the care of the insane, the physical examination of school children, and other public health activities in which the cooperation of the people was essential The responsibility at present is on medical organizations to a still greater degree to educate and lead the people and lay organizations in modern public health movements, such as diphtheria elimination, antituberculosis work and the establishment of county departments

The practice of medicine along business lines is an economic anomaly If doctors could carry out their ideals, they would annihilate themselves by eliminating the need for their services But disease and health dangers will probably always be present. Physicians treat disease because of a knowledge of facts, others treat diseases from the basis of beliefs and theories But new facts are constantly being discovered, and new possibilities of cooperation by the public are opening up as the people become educated in their appreciation of the work of the doctor Meetings such as these of the District Branches inspire physicians with an enthusiasm and inspiration to broaden their knowledge of the human body and its ability to combat its ills

Dr D S Dougherty, Secretary of the Medical Society of the State of New York, spoke The doctor of on the motives of physicians the altruistic days has not passed, and the family physician still remains and relieves human ills for the sake of humanity Physicians do not believe in those who say there is They get nothing in life except materialism delight from doing service Doctor Dougherty said that the greatest and most satisfactory fee he ever received was the kiss of a thirteenyear-old girl whose tonsils he had removed He urged physicians to live up to our code of ethics like gentlemen, and to stand upright before God and man, ready to serve those in

Mr Lloyd P Stryker, Counsel of the Medical Society of the State of New York, told of the point of view of critics of the medical profession, many of whom he meets constantly in his work of defending malpractice suits. He spoke of the generous acts of physicians who testify on behalf of their medical brethren who are defending themselves against malpractice charges. But every suit is dependent on the testimony of some medical man who is put upon the witness stand as an expert to give his judgment regarding the correctness of the

treatment of his brother doctor, and sometimes the witness is not the expert that he claimed to be Mr Stryker urged that physicians should devise some method of certification of those who are really expert, in order that the people and courts may be able to recognize the actual expert (See the report of the committee of the New York Academy of Medicine, on page 1183)

Mr Stryker also discussed the education of the people regarding the nature and value of the services of physicians This is the day of publicity, and every person that has a message Physicians do not use novel discoveries in practice until the value of the new method has been demonstrated on guinea pigs, but the people do not understand these things The people on subway trains are reading the fundamentals of philosophy, science, and history because writers have described the essentials of those sciences in simple form same opportunity rests upon physicians to educate the people in medical matters opportunities for doing this are many There are local campaigns for protection against diphtheria, tuberculosis and cancer Physicians have something important to tell the people on all these subjects Don't wait for the people to beg for advice and information. Anticipate their requests and inform them through county medical societies Assert your influence as the leaders of popular medical thought the precedents that have been set by a few county medical societies, and make an organized effort to impart educational matter to your people medically

The relation of physicians to the practice of civic medicine was discussed by Dr James E Sadher, who successfully passed the tests of the school of the presidency of the Medical Society of the State of New York last year, and is now practicing the public health specialty of civic medicine as chairman of the Committee on Public Relations The special field of this committee is the relation of family doctors to the volunteer lay organizations which now occupy the field of the practice of preventive medicine This field was entered by physicians as long ago as 1873, when a committee on hygiene of the Medical Society of the State of New York began to be active in the prevention of disease (see the history of the movement on page 1180) But the work was later assumed by volunteer organizations endowed with abundant funds to hire their own workers and publicity agents lation of these volunteer workers to physicians was the subject of long discussion by representatives of the two groups of workers, and principles of agreement were reached story of the opposing views of the laymen and physicians needs yet to be told for the instruc-



NEWS NOTES



FOURTH DISTRICT BRANCH MEETING

The series of annual meetings of the District Branches of the Medical Society of the State of New York was begun on Friday, September 21, when the members of the Fourth District met in Ogdensburg for a two-days' session under the leadership of Dr Lyman G Barton, of Plattsburg, President of the Branch Dr Barton was assisted by Dr T A Lewis, of Hammond, President of the St Lawrence County Medical Society, and by a local committee from Ogdensburg, consisting of Dr F C Clark, Dr J E Meeker, and Dr R L Stacy The attendance was over 100 out of a possible District membership of about 500, or a percentage of twenty of the entire member-This large attendance was the more notable because the District comprises all the Montgomery, Schenectady, counties from Saratoga, Washington and Warren, and those lying north of them The average distance that the members had to travel was well nigh one hundred miles

The meeting was held in three sessions 1, an afternoon meeting in Curtis Hall of the St Lawrence State Hospital, 2, a dinner meeting in the evening in the Ogdensburg Country Club, and 3, a morning session on September

22 in the Country Club

The first speaker on Friday afternoon was Dr Harry R Trick, President of the Medical Society of the State of New York Dr Trick emphasized the opportunity which the District Branches afforded the officers of the State Society to become acquainted with the members throughout the State, and to explain the plans and activities of the State organization, and thus stimulate the activities of the County Societies He spoke especially of three lines in which the State Society is of benefit to the individual members

1 Protection against malpractice suits

2 Helping them in gaining advanced knowledge

3 Promoting the reputation and standing of the physicians in the community

Dr Trick explained some of the methods by which these objects are promoted by the State Society. He also suggested that papers on the history of the Medical Society of the State of New York would be desirable on the programs of the County Societies, for it would reveal that physicians have always been leaders in the promotion of health, even to the most intense efforts to exterminate the very condition

of sickness on which the demand for their services was based

Dr Grant C Madill, of Ogdensburg, reviewed 500 consecutive cases of appendicitis which he had treated in the Ogdensburg Hospital He discussed the difficulties of diagnoses in some cases, the complications that were encountered, and the class of cases of fatal sepsis in which the patient feels comfortable and cheerful as if he had taken a large dose of morphine Dr Madill's discussion was intensely practical and of universal interest, especially in view of the recognized fact that the death rate from appendicitis is increasing Dr Madill's address was an argument for early diagnosis and prompt surgical treatment

The malarial treatment of general paresis was discussed by Dr H J Worthing, Clinical Director of the St Lawrence State Hospital The doctor also described the method of treatment with tryparsenide,—an arsenical whose action is milder than that of salvarsan. He said that 70 cases had been treated with malaria in St Lawrence Hospital, and that 35 had improved,—21 to such an extent that they had left the hospital and were earning their own living Doctor Worthing showed six cases that had received the treatment with both malaria and tryparsenide. The cases showed all degrees of reaction from none at all to apparent cures.

Dr Elton Goldbloom, of Montreal, was present by invitation, and read a paper on "The Role of the Physician in the Bringing up of Children" He emphasized the fact that the specialty of modern pediatrics was the application of general medicine to an age group, and that its practice was mainly along the lines of preventive rather than curative medicine The pediatricians exemplified the principles of the periodic examination

Doctor Goldbloom gave practical advice along lines which will be of great interest and value to every family doctor. His complete paper will be published in an early issue of this Journal, probably on November first

The evening meeting was begun with a dinner at which the St Lawrence County Medical Society was the host to about one hundred and fifty members and their wives and ladies. The after-dinner speaking was devoted to a discussion of medical society problems. Dr C A. Lewis presided

The first speaker was Dr Harry R Trick,

after discussing them in their own societies to forward them to this body. General interest in the study will grow up in such localities, causes of disease will be recognized which heretofore the physician has been indifferent to, while their aggregation in the hands of this society will go to establish sanitary laws which observation in limited localities fails to establish."

"Resolved, that the secretary send a circular to each county society to collect and discuss facts in accordance with the recommendations of the President"

Dr Bell continued to be a member of the State Committee on Hygiene for many years, but on June 21, 1877 he relinquished its chairmanship to Dr Enoch Vine Stoddard, who had been commissioner of Health of Rochester from 1873 to 1875, and was professor of materia medica and therapeutics in the University of Buffalo, and later was President of the State Board of Charities He died in 1905 aged 69 years He seems to have been intensely practical and to have striven to put the abstract principles of public health into concrete operation The idea of a county health department was no day dream, conceived in a closstered office, but it was an evolution and development based on actual experience

The activities of the State Committee on Hygiene for ten or twelve years seem to have been confined to securing and publishing sanitary reports from those counties which made the investigations and reports spontaneously, but the idea put forth by Dr Agnew in 1873, that a Committee on Hygiene be formed in every County Society, was urged in a concrete way in 1885. The transactions of the State Society for that year, page 293, say

"No special pressure having been made upon the members of our County Societies, but little work contributory to this report has been secured from them By a direct effort by this Committee, through our county societies and by the latter, in the local boards of health throughout the State, much may be accomplished before the coming summer begins to secure improved sanitary conditions. Cooperative efforts with local boards of health, especially if participated in by the profession generally, will strengthen greatly and render more widely effective the efforts of our State Board of Health in this direction."

"We would emphasize the importance of maintaining an active Committee on Hygiene in each county Society, through whom a direct communication can be maintained with its members, and effective work secured by this Committee."

The Committee's report of 1886 became more tangible and concrete in that it suggested the investigation of the sanitation of public

institutions as the special activity and county Committees on Hygiene The report says

"Your committee decided to urge a careful investigation of the sanitary conditions of the public institutions of the State The Committee urges upon each county society the necessity of having, as a part of its organization, an active Committee on Hygiene under whose direction work of character can be efficiently performed Each county society can thus secure a full report upon the institutions within its limits and forward them early to this Com-It is suggested that in all sections of the State, extensive excavations about such institutions, during the summer months be discouraged, especially when connected with lines of drainage or sewage or with neglected vaults or cesspools"

The next annual report of the committee, recorded in the Transactions of 1887, page 528, introduces the idea of educating both doctors and the people in public health. It says

says
"The failure to maintain a committee on hygiene in many of the county societies is a source of apathy on sanitary questions among the profession and the public in such counties. There has been an improvement in the sanitary condition of the public institutions of the State, yet such improvement is necessarily slow, and dependent upon a better educated public opinion to be achieved by effort of the medical profession mainly, and sustained by legislation"

The Committee became still more concrete in its suggestion in its report of 1888, page 530 of the Transactions which discusses the health departments of cities, and says

"The field of observation during the year 1887 has been chiefly with regard to organization of local boards of health. One of the efforts has been to secure the formation in each county society of a standing committee on hygiene, in the belief that this would serve as a direct source of communication between this committee and the profession at large."

The report of 1889, page 530 of the Transactions, records the extension of the investigation of the boards of health of cities, so as to include the boards of health of villages and towns. It says

"Your Committee on Hygiene reports that the line of observation followed has been the working of the present system of organizations of local boards of health and their efficiency of administration. Over 1200 local boards of health have been established during the past eight years, and a consequent vast improvement in sanitary conditions has been the result."

The report also refers to failures of the system and devotes half a page to an argument that

tion and guidance of the country societies which are already assuming the leadership in medical civics. The physicians of Suffolk County have demonstrated that physicians can secure a county health unit if they desire it, and those of Dutchess County have demonstrated how physicians can conduct and manage all kinds of public health work among babies and young children. Other counties are taking up the work, and the time is ripe for the assumption of public health work by every county medical society.

Every county society needs a committee on public relations that shall advise the people and lay organizations in public health and civic medicine, just as family doctors advise individuals. Choose as the chairman the strongest and most influential doctor in the line of work, in order to place all physicians in the proper light as leaders in public health

Dr John A Card, Speaker of the House of Delegates, explained the increased premiums charged by the Etna Life Insurance Company for policies of indemnity protection, saying that they were based on actual experience in defending malpractice suits. Since the number of these suits is increasing, the premium charge must likewise increase.

A committee is studying the problem, and will make a report in the near future. In the meantime, Dr. Card advised physicians to continue to patronize the Company which the officers of the State Medical Society had chosen after mature investigation and deliberation.

The evening meeting was remarkable for the close attention that was given to every speaker, and for the informal conversations carried on after the meeting among groups of members

The Saturday morning session carried out a program as follows

"Business Meeting

"Election of Officers

"Hypertension, James Francis Rooney, M

D, Albany, (by invitation)

"Management of Pathologic Labors with special reference to Maternal and Infant Mortality, Lyman G Barton, Jr, MD, Plattsburg, Discussion by William M Mallia, MD, Schenectady

"Public Health Creed, William M Munson,

M D, Granville

"The Relation Between Injury and Tuberculosis, Edward N Packard, M D, Saranac Lake"

A COUNTY HEALTH UNIT PLANNED IN 1889

In the late eighties and early nineties three great movements were being discussed by the medical profession in New York State. Two of these movements were a State examination for a license to practice medicine, and the transfer of the care of the insane from the Counties to the State. Both of these objects were attained by the year 1892.

A third great movement was the promotion of county departments of health, yet thirty-five years elapsed before the first county department was organized, and forty before the second was authorized The story of the movement is recorded in the Transactions of the Medical Society of the State of New York which shows the idea growing and developing in a most striking way from its birth in a series of scientific papers on sanitation, through a babyhood largely ignored by physicians and the public, to precocious maturity, and an untimely death from malnutrition The plan of modern public health administration was set forth forty years ago, but the people were not ready to accept it, and the medical profession did not have the organization to secure its adoption

The story of a movement for a county department of health centers around the Com-

mittee on Hygiene of the Medical Society of New York, in which two leaders stand out prominently, Dr A N Bell of Brooklyn and Dr Enoch Vine Stoddard of Rochester

Dr Bell was a Virginian, who was born in 1821 He graduated from Jefferson Medical School in 1842, served in the U.S. Navy and the Mexican War, practiced medicine in Waterbury, Connecticut, and came to Brooklyn in 1855 where he remained until his death in 1911 aged ninety-one years He founded "The Sanitarian," a monthly journal of public health, in April, 1873, and published it for 31 years He was chairman of the Committee on Hygiene of the Medical Society of the State of New York in 1873, when Dr C R Agnew became President of the State Society The first article in the first number of The Sanitarian is Dr Agnew's inaugural address in which he urged the doctors to take part in public health movements especially the care of the eyes of school children. At the end of the address the Reference Committee on the address reported

"In compliance with the suggestions of the President, we recommend that every County Society should have a standing committee to gather facts in their respective localities and

THE CERTIFICATION OF SURGEONS

Surgery is the most common specialty to which physicians aspire. Every doctor can use the kinfe, the scissors, and the needle to some extent, but their use does not indicate that a man is a surgeon, any more than the use of a saw and hammer indicates that an amateur corpenter is an architect. The qualifications of a surgeon are of the same high degree as those of an architect. How to educate a doctor to be a surgeon and to certify his qualifications, was the subject of a report of the subcommittee on Surgical Courses of the Committee on Medical Education of the New York Academy of Medicine. This report was made in May, 1928, and an abstract was printed in the August Bulletin of the New York Academy of Medicine. This abstract is entitled "Suggestions for Improving Post-Graduate Teaching in the Operative Specialties," and is here reproduced—Editor's note

A review of the post graduate courses offered in the surgical specialties in New York City give the distinct impression that they are inadequate and that there is need for improvement. New York City with its enormous clinical facilities should be the teaching center of the western hemisphere. It should be a place where specialists are trained and where doctors may come to improve themselves in their respective specialties.

There is at the present time no adequate control over physicians who propose to practice a surgical specialty or who are doing surgery, nor is there any prescribed method of procedure by which one may qualify as a sur-It is true the American College of geon Surgeons requires the submission of a certain number of case-records before a candidate is admitted to membership in that body, but there is no supervision or requirement regarding the obtaining of these records It seems that the entire system of developing specialists may well be changed Graduation from a recognized medical school or even graduation from a general hospital is hardly sufficient to qualify the average doctor as a specialist in any of the surgical branches It would seem wiser to require a special period of training for every physician who intends to become a specialist in one of the operating specialties Of the many house surgeons who are being graduated from general hospitals only a small percentage can ever hope to become members of the attending staff The majority enter general practice after a hospital course which has been largely specialistic, and much of the training has been wasted on them We would therefore suggest that an attempt be made here in New York City to get the various hospitals to agree upon some definite plan for improvement.

New York University and Bellevue Medical School has taken the initial step in this regard by establishing a course of post graduate instruction lasting 2½ years. It is composed of laboratory work, demonstrations, lectures and practical hospital work. During the latter period the student assumes the position of an adjunct surgeon and actually performs operations. Such a course may well serve as a guide, on the other hand the following plan may be more satisfactory for a larger group

The majority of the New York hospitals offer a general course of interneship of about 2 years, emphasizing either medicine or surgery, as the case may be We would suggest that an attempt be made to get all hospitals to agree to offer a general course of one to two years to include medicine, surgery, obstetrics, gynecology and all the specialties as far as they are able to, in order to fit a candidate for general practice. None of these graduates however should be permitted to pose as specialists or to perform major operations.

Those men who during their interneship show special desire or inclination to perfect themselves in a given specialty should at the end of their period be eligible for appointment as fellow or resident to serve a given period of one to two years, during which time they should be given opportunity to perform major operations and to study every phase of their specialty in the wards, the laboratory the clinic and the x-ray department. We feel that there is a trend along this line at the present time, and that we in New York City should anticipate it and take steps in this direction

Those men who desire to take up the various specialties such as ophthalmology, otology, laryngology, urology or any other subdivision should try to get appointments in special hospitals devoted to those subjects or in the specialistic departments of the larger general hospitals

The Committee recommends the establishment of some organization which will work out a detailed plan along the lines indicated. The Academy of Medicine would be the logical institution to do so perhaps in collaboration with the well-endowed medical schools and all the larger hospitals of our city that are willing to co-operate. The entire plan would be voluntary on the part of the interested institutions.

The Committee in charge might be authorized to confer a special surgical degree or diploma on the candidates taking the course. In case the plan proves successful an attempt might be made to make it national in scope. It would seem that the American College of Surgeons should have a sub-department to study the entire problem of post graduate teaching of surgery in America.

a physician does not make the best sanitarian or health officer. The report also deals with the composition and appointment of boards of health.

The most interesting part of the report deals with the territorial unit of a board of health, and makes the suggestion that the County be

made the unit The report reads

"By establishing the county as the unit, the number of health boards in the State would be greatly reduced, the relation of the State Board to the local boards would be greatly simplified, and more direct and hence greater efficiency and uniformity of sanitary administration could be secured. The economy of such a system is also apparent. The health officer could be assured a sufficient salary to devote his entire time to the work, and also which is very important, he could be a trained sanitarian not a practising physician, and be continued in office. The county seat would thus become the sanitary center of the district."

"The committee suggests that it be instructed to make this a special line of observation during the coming year, and at the next annual meeting to report in a definite form upon existing embarrassments in the administration of the local health boards of the State with suggestions for their remedy, looking to

future legislative action"

"The committee would invite special consideration of the question as to the change from the village to the county as the unit of territorial organization. This is not a new thought but has been for a time under consideration, though not generally entertained and urged among the profession, but we believe when fully comprehended, must recommend itself to those acquainted with a sanitary organization and interested in securing its efficiency."

The Transactions of 1890, page 323, contain a lengthy outline of the proposed county departments which are embodied with scarcely a change in the present plans for county Health Departments The following extracts will indicate the general scope of the plan

"Your committee has continued the consideration of more efficient sanitary administration in the local boards of health in this State. The adoption of the town or village as the basis of organization has inordinately multiplied the number of boards of health and detracted from their responsibility. Hence inactivity and indifference are common conditions in all sections of the State. The adoption of a larger unit of territory would insure a closer and more active organization and greater efficiency."

"The unit of territory should be changed to the county The position of health officer should be so modified as to place a trained

sanitarian in the position"

As to the suggestion that trained sanitarians be appointed health officers, the report

says

"We would specially emphasize the statement that the *practising* physician does not make the best sanitary officer. While physicians ordinarily make good sanitary teachers, special training other than the practice of medicine is necessary for the successful sanitary officer. Yet the medical profession must be relied on to furnish the personnel for trained sanitarians."

The report devotes two pages to an outline of the organization of the county department of health and its administration. While it would abolish the local health boards, it makes provision for local representatives of the county health officers as follows.

"The Health Officer should appoint a special inspector for each sub-district in his county. These sub-districts should be based on population. The special inspectors should be medical men, and be paid a fixed salary."

Discussions of the County Health department closed abruptly with the 1890 report The Committee on Hygiene made only a brief report in 1891. It simply referred to its report of 1890 and reiterated the conclusions of that year. The Transactions for 1891 also record the election of another chairman of the Committee on Hygiene to succeed Dr. Stoddard, but the Committee made no report in 1892.

JEFFERSON COUNTY

A regular monthly meeting of the Jefferson County Medical Society was held in the Carlowden Country Club, Watertown, on September 13 The afternoon was spent in a golf tournament

After a social dinner in the early evening, Dr C R Comstock, of Saratoga Springs, gave a paper on "The Rôle of the Health Resort in the

Treatment of Cardiac Cases," founded on experi-

ences in Saratoga Springs

Dr Page E Thornhill, of Watertown, showed moving pictures illustrating the method of making prenatal examinations in the doctor's office. These photographs are on 16-millimeter film and are well adapted for showing before county societies.



MEDICAL WARES



CAMERA TYPES

The physician buying a photograph camera for general use will have three types from which to choose

1 The universal camera,

2 The hand camera,

3 The short focus camera

The ideal camera is one which can be used for all the common purposes to which the camera is likely to be put. A physician will be likely to use a camera for at least four purposes

1 Taking outdoor views of landscapes, build-

ings, and persons,

2 Photographing scientific specimens up to life size,

3 Copying cuts, pictures, etc.,

4 Making lantern slides

A camera which will do these four things is in ordinary box camera taking pictures measuring 4 x 5 inches. Its back will open upon a ground-glass on which the image may be composed and focused. It will also have a finder for showing the field which is being taken. Its lens will have a focal length of five or six inches. Its bellows may be drawn out to twelve inches or more in order to take photographs of small objects. Its shutter will be of high grade in order to be accurate, reliable, and durable Cheap shutters are like cheap watches.

The limitations of a 4 x 5 inch box camera are principally those resulting from its size and the complexity of its action. It is too large for easy handling and transportation, and the operator must keep a number of adjustments in mind while taking a picture, and the cost of its plates and films is considerable. The principal use to which an ordinary camera will be put is that of taking outdoor snap shots, and the photographer can take these with a hand camera that is greatly simplified and yet retains the essential parts that make it adapted to this one class of work. The word "kodak" is a trade name, but the dictionaries now list it as a term commonly applied to any camera that may be conveniently carried in the coat pocket

The market is supplied with hand cameras that are simplified to the last degree. One dollar will but a reliable camera, but it will have a shutter of only one speed. Its lens will be listed F-11, and it will have a fixed focus, usually set for

an object at a distance of ten feet Such a camera will take a satisfactory picture of an object ten feet distant from the camera and in a good light, but it has its grave limitations

A box camera satisfactory to a physician will have a focusing device for objects up to five feet, a lens listed F-45 or F-35, and a high-grade shutter that gives a large range of exposure speeds. The size of the picture will vary with that of the camera, but 2½ by 4¾ inches is the most popular size. A negative of this size will permit a lantern slide to be made by direct contact,—a point of importance to a physician

The evolution of moving pictures to a high degree of perfection has resulted in the designing of small hand cameras that use a strip of moving picture film and take a negative 3% by 1% inch in size,—the dimensions of an individual photograph of a moving picture Cameras are now available small enough to fit into a coat pocket, and yet they will take fifty pictures with one loading of film A camera of this type has a lens between one and two inches in focal length, graded at F-35, and with a focusing adjustment up to three feet, or to three inches when an accessory lens is used. The shutter provides for a wide range of exposure, and an accurate finder makes the centering of an object easy. If care is taken to focus a camera accurately, to adjust its shutter to light conditions, and to hold it still while taking the picture, the photograph will have the sharpness of a high-class moving The short focal length of such a camera makes it possible to take satisfactory pictures through the window of a moving automobile or railroad train,-something uncertain with a camera of any other type A physician using the camera on a trip and snapping objects of interest as he rides, will have a photographic record of his tour which he can project on a screen for the benefit of his friends. He can also have satisfactory enlargements made up to the size of pictures taken with an ordinary hand camera The cost of a camera using movie film is about that of an ordinary hand camera, but the fifty pictures which it takes at one loading will cost about the same as the six pictures taken with one loading of a larger camera

GRADUATE COURSES

Dr Thomas P Farmer, Chairman of the Committee on Public Health and Medical Education, announces the following courses for County Medical Societies

Delaware County -- Course in Tuberculosis, arranged by Dr Edward R Baldwin, to be given at the Delaware County Tuberculosis Sanatorium, Delhi, N Y

Program

September 20th-Pathology and Bacteriology, Dr L U Gardiner, Saranac Lake, N Y September 27th—Diagnosis, Dr H S Bray,

Ray Brook, N Y

October 4th-Differential Diagnosis and Complications-Dr E N Packard, Saranac Lake, N Y

October 11th-Tuberculosis in Children, Dr H St John Williams, Brown Memorial Hospital, Poughkeepsie, N Y

October 19th-Treatment and Clinics-Dr James Walsh, 1240 Costeen Street, Watertown, N Y

October 25th—Occupational Guidance and Aftercare, Dr H A Pattison, Livingston, NΥ

Monroe and Genesee Counties -A course of lectures every day, except Saturday, for two The lectures will be given in Rochester in the afternoon, and in Batavia in the The subjects for the first week will be medical, and for the second week, surgical

Livingston County will join with Monroe in the Rochester course, and Wyoming and Orleans will join with Genesee in the Batavia course

Ontano County-Including Wayne, Yates and Seneca Countries Course in Internal Medicine, arranged by Dr Walter W Palmer, Professor of Medicine, College of Physicians and Surgeons, New York City, to be given at the Clifton Springs Sanatorium, Clifton Springs, N Y, as follows

Program

October 11th-Diabetes Mellitus, Dr William S Ladd, of New York City

October 18th—Pernicious Anemia, Dr Ken-

neth R. McAlpin, of New York City

October 25th—Asthma, Dr Robert A Cooke, of New York City

November 1st-Nephritis, Dr Dana W

Atchley, of New York City

November 8th-Scarlet Fever, Dr Francis G Blake, of New Haven, Conn

November 15th—Pneumonia, Dr Russell L

Cecil, of New York City

Clinton and Franklin Counties -A course in neurology is planned to be given at Plattsburg, Clinton County, and at Malone, Franklin County, later in the day

A course in heart disease is being organized for Sullivan County Courses have been requested for the Steuben and Cayuga County Societies

FIRST DISTRICT BRANCH ANNUAL MEETING BRIARCLIFF LODGE

October 18, 1928

Program

"Diagnosis of Ocsaphageal Lesions," with lantern slides

Pol N Coryllos, M D, New York City

"Oxygen Tent Therapy in Pneumoma," with lantern slides

Alvin L. Barach, M.D., New York City

"Serum Treatment of Pneumoma," with lantern

Henry T Chickering, M.D., New York City "Diagnosis and Treatment of Infectious of the Hand," Motion Picture

> Henry W Cave, MD, New York City Address-James E. Sadlier, M.D., Chairman, Committee on Public Relations

RENSSELAER COUNTY

The managers of Pawling Sanitarium, the Rensselaer County Tuberculosis Hospital, entertained the County Medical Society with a clam bake on September 18th, and more than one hundred physicians accepted the invitation

The Sanitarium has 134 patients, 36 of whom are children For the education of these children a school district has been formed in the Samtarium, as has been done in the Suffolk County Sanatorium

The board of managers recently invited the Medical Society to name members qualified in orthopedics, general medicine, general surgery, psychiatry, urology, and eye, ear, nose and throat, to serve on the consulting staff. The board has also made the suggestion that next year the persomel of the staffs be changed, so that in time every physician in the county qualified to do so, may have an opportunity to serve on one of the staffs

PRIVILEGED COMMUNICATIONS

The following editorial from The New York Sun of May 8 will be of interest to physicians.

"Facts learned by a physician making an autopsy are not within the statutory privileges of communications between doctor and patient, according to a decision of the Federal Circuit Court of Appeals for the Iowa district

"A resident of Iowa who carried an accident policy in the sum of \$7,500 was in the habit of making his own gin He died in April, 1927, after drinking about six ounces of the synthetic mixture Analysis of the gin revealed the presence of wood alcohol physician who attended him testified that independent of other causes the quantity of wood alcohol was sufficient to cause death An autopsy was made by another physician who had never seen the victim alive found a progressive tumor in the brain which he said must necessarily have resulted sooner or later in the rupture of a blood vessel fact, a hemorrhage therefrom had occurred in the brain, and death was not due to accidental poisoning

"The physician was not permitted to testify for the insurance company when suit was brought by the beneficiary of the policy, on the ground that his knowledge was privileged new trial has been ordered by the Federal court so that the insurance company can have the benefit of the evidence of the autopsy The court said that a deceased body was not a patient. If the physician performing the autopsy had been the physician of the deceased during his illness, it would be required that he should not disclose facts which came to him when the professional relation existed, but he might testify to the discoveries of the autopsy The relation of physician and patient ended, the court said, when death of the patient ensued"

FACIAL EXPRESSION OF CHARACTER

Does the expression of one's face reveal one's thoughts? It often does in the presence of strong emotions, and actors study the expressions which indicate joy, sorrow, wonder, fear, and amusement But the expression reveals nothing of the cause of the emotion, and yet a belief in facial expression as a revealer of thoughts and character is almost universal

The New York Sun of September 11 describes an experiment conducted with the psychology class of a New England college, as follows

"There are a number of people in the world who will be cheered to learn from two Connecticut psychologists that it is next to impossible to tell from a boy's exterior whether he will turn out well or not. The two experimenters selected the five most successful lawyers, doctors, teachers and engineers from a university class graduated twenty-five years ago and the five members of the class who had attained the least worldly success in each of these fields They had photographs of the forty men, taken at graduation and again twenty-five years later, and submitted them to twenty psychology students The students were expected to judge the success or failure of each one and at the same time to guess the profession of each

"The guesses were so far wide of the facts that the two experimenters believed that they had come upon a truth, regardless of the scope of the experiment Half of the psychology students, for instance, thought a successful engineer was really a minister Six of the twenty called an unsuccessful teacher a successful banker Nor were the students any shrewder in forming judgments from an examination of the photographs taken twentyfive years ago"

VACCINATION AND ENCEPHALITIS

The following news item in The New York Times of August 23 is quoted in order to show the flimsy basis for the propaganda against vaccination

"The development of a dread sleeping sickness disease, known to medicine as encephalitis lethargica, as the result of vaccination to prevent other diseases, was brought to the attention of the League of Nations Health Committee's Commission on Smallpox and Vaccination today

"Several countries, particularly England and the Netherlands, have notified the League of occasional cases where vaccination has engendered the sleeping sickness In the Netherlands the condition was so bad that compulsory vaccination in the public schools has been suspended for a

"The commission plans to undertake extensive field inquiries in selected areas and countries where post-vaccinal sleeping sickness showed signs of developing'



THE DAILY PRESS



LEPROSY HOSPITAL ENDOWMENT

The campaign for raising a two-million-dollars endowment for a leprosy hospital in the Philippine Islands as a memorial to General Wood, was mentioned in the Daily Press department of this Journal of May 15, 1927 The New York Times of September 12, 1928. has an editorial comment on the progress of

the campaign, and says

"Mr Rockefeller's gift of \$100,000 to the Leonard Wood Memorial Fund for the Eradication of Leprosy brings the total so far raised to more than \$1,000,000 This is enough to assure the necessary buildings and supplies in the Philippines, but another million is still needed in order to carry out the project of increasing the personnel sufficiently to make possible the final eradication of leprosy throughout the islands The drive for the second million is being carried on largely through the efforts of Mrs H Windsor Wade, wife of the American doctor in charge of the leper colony at the island of Culion has given generously The rest of the country is now to be canvassed

"Thanks to the gift of Mr Eversley Childs a new hospital plant is being built at Cebu to handle the mild cases This building is to have facilities for the treatment of 1,000 pa-Culion at present has facilities for tients 6,000 patients The plant is being improved and new equipment being installed Governor General Stimson has arranged to have the work of renovation proceed at once

"At the same time Governor Stimson has sought assurances that the remaining \$1,000,-000 will be raised so that there will be funds on hand to assure furnishing the proper per-He has pointed out that the Philippine Government, which already spends more than \$2,000,000 on health work—a large item for a country of only 12,000,000 inhabitantsis unable to assume an extra charge of \$150-000 a year or more for leprosy treatment It is therefore particularly important that the remainder of the desired fund be raised as soon as possible The cause is one of such wide appeal that it is sure to evoke a generous response"

DEATH RATES IN LIFE INSURANCE

The New York Sun of August 18 says editorially

"It is good business for insurance companies to spend money in campaigns to reduce the But if it is good business for death rate policyholders to undergo periodic health examinations, to be educated in personal hygiene, it is equally good business for all others to do the same things

"Most educated persons are fairly well informed as to ordinary hygienic precautions required to safeguard health The idea of obtaining competent physical inventories now and then by persons seemingly in good health is not so widespread Nevertheless, if it is good business for insurance companies to spend large sums persuading their clients of the advisability of this course, it is again good business for others to do the same thing Those figures showing a saving of 18 per cent of mortality for 6,000 persons undergoing such examinations are indeed eloquent"

Unfortunately some officials of life insurance companies say that their business does not require them to consider death rates ex-

cept to charge enough to cover any reasonable losses, because if more is charged than is needed to pay death claims, the excess must be returned to the policyholders in the form of so-called dividends However, the editorial in The Sun quotes Dr Lee K. Frankel, of the Metropolitan Life Insurance Company, who shows that deferring death for years does pay He says

"More than forty-five life insurance companies have undertaken campaigns to bring their policyholders to periodic health inven-Of 6,000 Metropolitan policy-holders thus examined it was found that there was a saving of 18 per cent in the expected mortal-This work is supplemented by educational programs for instruction of policy-hold-

ers in personal hygiene

"The expectancy of life among industrial policy-holders is now eight years longer than It means that the company's it was in 1911 mortality for the period 1911-1926 shows a saving over and above that in the registration area of 278,395 lives and a saving in death claims of more than \$64,000,000"

DIAGNOSIS AND TREATMENT IN DISEASES OF THE LUNGS
By Frank E. Tylecote, M.D., and George Fletcher,
M.A., M.D. 12mo of 270 pages London and New
York, Oxford University Press, 1927 Cloth, \$2.25
(Oxford Medical Publications.)

This is a rather useful compendium from the pens of two distinguished English Internists, both of whom have had considerable experience in the field. Both are excellent teachers. A careful perusal of the pages fails to reveal any strikingly original line of thought, either in the presentation of the subjects themselves, or in the method of arrangement of texts

Everything written therein has been done many times before, possibly no better or no worse. The book has the virtue of brevity, however, and as such would appeal to many of our over-rushed practitioners who prefer their education nourishment handed to them in capsules

FOSTER MURRAY

AALE. For Practition-

GONOCOCCAL URETHRITIS IN THE MALE. For Practitioners. By P S PELOUZE, M D Octavo of 357 pages, illustrated. Philadelphia and London, W B Saunders Company, 1928. Cloth, \$500

The subject of Gonorrhea has been one of vexation for many generations to the practitioner Dr Pelouze, in his book, approaches this subject in a manner distinctly different, and in a short review it is difficult to express our entire appreciation of his work.

The chapter on the culture and peculiarities of the gonococcus is especially interesting, including as it does a description of Dr Pelouze's new method of culture. He expounds an interesting theory on the influence of cell types in the posterior urethra on the frequency of complications, also as to the cause of epididymitis (the carrying of an infected mass of material directly to the epididymis instead of the old idea of extension of infection in the vas)

of extension of infection up the vas)

The method of treatment followed by Dr Pelouze is novel and contains many ideas which we are sure are of great value in lessening the incidence of complications. This volume is a real addition to the library of anyone interested in Gonorrhea and has given the reviewer real enjoyment in its review.

FEDOR L SENGER.

THE CHARACTERS OF THE HUMAN SKIN IN THEIR RE-LATIONS TO QUESTIONS OF RACE AND HEALTH By H. J FLEURE, The Chadwick Trust First Lecture in Memory of Sir Malcolm Morris, M D Octavo of 32 pages New York and London, Oxford University Press, 1927 Paper, \$.85

The author of this monograph dedicated to the memory of Sir Malcolm Morris, M D, has spent a great deal of time in studying the characteristics of the various racial groups, and delving into their antiquity. In this paper he points out the variations in texture, circulation, and pigment formation of the skin, as well as the variations in quality, quantity, and other characteristics of the hair of different peoples. He finds that there is a relationship between the skin and hair, and other racial characteristics whereby suggestions are made as to the migration of these people from prehistoric times.

There is no doubt that his researches have led him into a great deal of speculation regarding evolution from the lower animals to the human race, as well as the evolution from prehistoric man to the scattered racial groups of today. The effect of climate on the original groups is shown, also how, since those early days, man has caused himself, frequently, to live under conditions for which his individuality was not specifically constructed.

The paper is not a story and requires an interest in the subject on the part of the reader or he will not tarry long with it. However, we may say that it has been well written, and is not as boresome as might seem at first glance.

E. A. G

FOLKLORE OF THE TEETH By LEO KANNER, M.D. Octavo of 316 pages, illustrated. New York, Macmillan Company, 1928 Cloth, \$400

Putting in one's hand an interesting and readable reference book of dental folklore of many peoples from many lands, recounting the faiths, the hopes, the superstitions, and the religious significances akin to the dental mechanism is commendable enough. But Dr Kanner has gone still farther, he has presented a book so complete that the reviewer recommends it as a permanent addition to any library, be it professional or lay

It shows years of study and collection of data from the literature of many lands, a most prodigious effort to present the subject in a readable manner covering it as completely as anyone might expect.

The illustrations do not enhance the looks of the book so they might easily be dispensed with

The work contains a complete and extensive bibliography The one great omission which depreciates the value and use of the contents of the book as a work of reference is the lack of an index.

Buy the book and keep it. It is worthwhile.

LEONARD KOHN, DDS

A Text Book of Infectious Diseases Being the Third Edition of Goodall and Washbourn's Manual of Infectious Diseases Revised and in large part rewritten by E. W. Goodall, O.B.E., M.D. Octavo of 718 pages, illustrated New York, William Wood and Company, 1928. Cloth, \$1000

The mineteen years that have intervened since the last edition of this book was written, have added so many new things to our knowledge of infectious diseases that the author has therefore largely rewritten the present volume.

The book includes a description of all the acute infectious diseases which occur in our temperate climate After an introduction, the succeeding five chapters are devoted to a consideration of the general topics respectively of fever, contagion and infection, disinfection, rashes simulating those of the specific fevers and sore throat. Then follows a chapter devoted to each of the acute infectious diseases, including in addition to the more common exanthemata, diphtheria, pertussis and mumps, such infections as epidemic encephalitis epidemic poliomyelitis, cerebro-spinal fever, typhus fever, relapsing fever, anthrax and glanders. The book is completed by six short appendices treating of such general topics as anaphylaxis, cerebro-spinal fluid, lumbar, cisterne and ventricular puncture, dietary scale, and table of infectious diseases.

The descriptions of the respective diseases vary considerably in length and completeness according to the importance of the disease treated. The book is primarily clinical but does not fail to include the necessary facts on bacteriology and morbid anatomy. The subject matter is up to date and is clearly and well presented in an interesting style. The literature is referred to in places, but the book is not overburdened with references. The printing, illustrations and binding reflect credit on the publisher. It is altogether a good and useful book to have.

JOSEPH C. REGAN

THE EXAMINATION OF PATIENTS BY NELLIS B FOSTER, M D Second Edition, revised Octavo of 392 pages, illustrated. Philadelphia and London, W B Saunders Company, 1928 Cloth, \$4.50

This second edition of Foster's work on the examination of patients is more than a revision. The first edition was most favorably received because it made one pause to consider many of the apparently minor details of physical diagnosis often overlooked and made one realize that errors are made because of lack of thoroughness and attention to details. This edition has emphasized the importance of differential diagnosis in arriving at a definite diagnosis of disease present in a patient with emphasis on the importance of the clinical findings. This is a valuable work.

HENRY M MOSES



BOOK REVIEWS



MODERN METHODS IN THE DIAGNOSIS AND TREATMENT of Renal Disease. By Hugh McLean, MD Third Edition, revised Octavo of 135 pages, illustrated Philadelphia and New York, Lea and Febiger, 1927 Cloth, \$2.75 (Modern Medical Monographs) Cloth, \$2.75

This brief little book contains much valuable information in condensed form While it is intended for the busy practitioner, there is essential information for the internist and urologist.

The author stresses the importance of the clinical side, but, at the same time, describes the various labora-

tory methods and gives them due credit.

The urea concentration test was introduced by Mc-Lean, and he regards it as exceedingly useful, also simple and practical He has used it in over ten thousand cases

The urologist Sir Thomson Walker employs this test as his chief guide for operative risk as regards renal

It is interesting to note that the author employs high protein diet in the hydremic parenchymatous nephritis cases and he refers to Epstein's work in this field. In the discussion on "acidosis," there are several practical points which help the reader to a better understanding AUGUSTUS HARRIS of this condition

STRABISMUS Its Etiology and Treatment By OSCAR WILKINSON, A.M., M.D. Octavo of 240 pages, illustrated St. Louis, The C. V. Mosby Company, 1927 Cloth, \$1000

It has been said that the most ungrateful patients that a surgeon cares for are those who apply for cosmetic surgery No matter how much the original condition is improved the subject is not pleased. This seems to be so as regards squint particularly, so that this work should be a valuable addition to the ophthalmologist's

library for that reason if for no other

This book outlines the history of the subject in an interesting manner. The second chapter on anatomy is well presented as are the fourth and fifteenth chap-

ters on the physiological aspects

In the sixth chapter an analysis of the types of squint is undertaken and methods of measuring the deformity are discussed

Dr Wilkinson's device for measuring squints seems to offer many advantages over the numerous other

methods

A separate chapter is devoted to paralytic strabismus, the ninth chapter deals with the methods of examination The last two chapters take up respectively of the cases the nonoperative and operative treatment

An appended chart gives illustrated cases

The reviewer feels that the visual fields should have had more consideration, particularly as the aspect bears so directly upon the etiological theories Perhaps the author did not feel that a sufficiently concrete material is at hand from which to draw

The book is well and clearly written, the illustrations are satisfactory, the glossy paper alone being mappropriate in a book from the pen of an ophthalmologist.

CARDIAC ARRHYTHMIAS Clinical Features and Mechanism of the Irregular Heart. By IRVING R ROTH, M D Large Octavo of 210 pages, with 80 illustrations New York, Paul B Hoeber, Inc., 1928 Cloth, \$7.50

The time has come when every physician should know, as a matter of medical culture, what kinds of cardiac irregularity there are, when every practitioner whose sphere of interest is influenced by the integrity of the circulation should be able to distinguish between them

usually, and to know something of their significance. It is not difficult Dr Roth's book presents a collection of diagrams which makes the matter very plain. They are a somewhat modified variety of those used by Mackenzie many years ago They are correlated to electrocardiographic, venous, arterial and sound wave curves in such a manner as to make those somewhat formidable appearing graphs quite easily read. For those who are interested this offers an excellent opportunity to become familiar with the graphic methods of studying the heart. More important, however, is the lesson on how to recognize the arrhythmias with the finger and the car

The text is short and unusually clear, except in that part of the description of the circus movement, which undertakes to explain why the auricles fibrillate in auricular fibrillation. The book is a beautiful example of book making

FIGHTERS OF FATE. A Story of Men and Women Who Have Achieved Greatly Despite the Handicaps of the Great White Plague. By J ARTHUR MYERS 12mo of 318 pages Baltimore, The Williams and Wilkins Company, 1927 Cloth, \$3 00

In this book Dr Myers has given us a most interesting biographical account of many of the world's most famous sufferers from Clinical Pulmonary Tuberculosis. He has combed history from the time of St. Francis of Assisi down to the late Christopher Mathewson and to the present Eugene O'Neill

These biographical sketches are not presented from the modern subjective or psycho-analytic method of approach, but rather as ordinary developmental, chronological, expositions

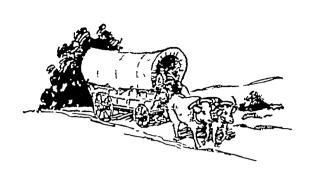
A few of the interesting personalities described are,—Elizabeth B Browning, Frederic Chopin, Johann Frederic Schiller, John Keats, Eugene O'Neill, Cecil John Rhodes, Fedor Dostoievsky

FOSTER MURRAY

CRAWFORD W LONG AND THE DISCOVERY OF ETHER ANESTHESIA By FRANCES LONG TAYLOR. Octavo of 237 pages New York, Paul B Hoeber, Inc., 1928 Cloth, \$400

Dr Long's daughter has performed a loving task. Her endeavor evidently has been to make sure that her father's memory is kept green, and that his claim to have been the first successful user of ether for surgical anesthesia is properly recognized by his colleagues. If this latter were the only valid reason for the book it would be proper to give it a place in libraries, for although the claims of all concerned in the introduction of ether had already been pretty well allocated, Long now with the others has his place on the shelves. The interwoven narrative of the times of the '40s as lived in the southern fringes of the United States gives a liveliness to our appreciation of the circumstances which obscured for a number of years the introduction of that outstanding event which has been so potent a factor in the evolution of operative procedures

Fortunately there is not much space devoted to disputation and criticism of others. The acrimony which marked the earlier strife for place and prestige is hap-pily buried with the dead, and Mrs Taylor's story is a happy continuation of the charming and genial expression of a simple and unpretentious life. We do well to notice Long's unselfishness in these egoistic days, and may ponder with profit this unpretentious biography of a sincere and successful doctor of some A. F ERDMANN decades ago



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OUR NEIGHBORS



THE COUNTRY DOCTOR IN MISSOURI

The problem of rural medical service is universal throughout the United States It was the subject of an address at the 71st annual meeting of the Missouri State Medical Association by Dr F I Ridge, President-elect The following extracts from his address are taken from the September issue of the Journal of the Missouri State Medical Association

"The need is not so much one of educating and graduating more doctors as it is the need for intensively educating the public in the rural communities to appreciate the doctors they have in their own locality. The young man does not locate in the smaller towns because the people will not support the young phy-

"At the present time there is no such animal as the young country doctor The apprentice system of medical education is a system of the dim past Today medical education is almost universally standardized and regulated There are required so many years of preliminary education, four years of medical education. so many hours of this and that specialty and a year of practical experience and rigid super-The 'Urban Henry' is no better equipped than the 'Rural Henry' Some of them on completion of their education and training, having a little more sense and a better perspective than others, attempt to locate in the rural districts They are interested only in their profession and are prideful of their call-It is from these that we recruit our

great doctors-our Oslers, McKenzies and

They grow in medicine and do not

shrink into specialization, but are specialists in medicine I am frequently asked by people, 'Doctor, what is your specialty' and I invariably answer 'The skin and its contents'

"I think the chief reason why younger doctors do not locate in rural communities is simply because the rural people will not and do not support good doctors—except veterinarians. They think and reason that any young man who comes back to the country either can't make good in the city or else is just a fool. Such is not the truth. There are many good men in the cities today who moved from the country, were born in the country, raised in the country, love the country want to live in the country, but the country will not support their own

"The number of doctors in the rural communities has decreased five per cent in the last seven years, and the population has decreased in these same communities fifteen per cent. So it is not that there are too few doctors to supply the rural communities, it is the failure of the ruralites to appreciate and supply the doctor. Any community can have any kind of a doctor it wants. It can make its doctor as high class as it wants and it can demand the best, if it wants hard enough to support the best.

"No well trained, intelligent country boy is going to start in his home town when he can build a larger practice by having his home town people come to the city to consult him 'A prophet in his own country'"

ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY

The minutes of the Annual Meetings of the Medical Societies of sister states are of interest to physicians of New York State, for they show how the other states manage the problems which confront New York. The minutes of the meeting of the House of Delegates, which was held on June 6 to 8, 1928, are published as a supplement to the August issue of the Journal of the Medical Society of New Jersey. The following extracts will be of special value to New York physicians.

Dr M W Reddan, Chairman of the Committee on Arrangements, said "Practically all of our exhibits space is sold Our gross income this year will be about \$1,800 from the exhibitors and from the ads in the program This money goes

somewhat like this The ladies' night will cost us \$150, the dance and entertainment on Friday night will cost \$250, the wheel chairs will probably cost \$250, card party, \$100, signs and painting about \$25, setting up the exhibition tables, cards and so on, \$125, entertainment of such guests as may be coming to the society, about \$75. That will leave about \$350 net for the society. I notice that is a little improvement over last year.

"We have excellent feeling between the exhibitors and this society. We feel that they are men of high type, making their living selling to us the things that we sell to our patients. We try to have a reciprocal relation between them

(Continued on page 1193-adv xix)

(Continued from page 1190)

We are told, and I don't think it is hot air, that they are better treated at our convention than almost any convention they go to I want you all to go to their exhibits and sign up with every man. It isn't asking much of you, it is giving a great deal of support to your committee and helps to bring the exhibitor back each year and does the society a great deal of good."

Dr Charles D Bennett, reporting on the JOURNAL, gave a report on its finances, and among

the items were the following

Advertising secured by the Cooperative Bureau of the A M A Advertising secured locally	\$ 3,589 40 4,530 59
Total advertising	\$ 8,119 99
Other receipts	896 43
Total receipts Printing and mailing Journal Other expenses	\$ 9,016 42 \$10,103 71 1,887 22
Total expense	\$11,990 93
Deficit	\$ 2,974 51
Deficit per capita of 2,323 members	1.28

However, the report takes no account of the

expenses of rent and editor's salary, items which would amount to at least \$3,000, and should be considered when comparing the cost of the Journal of New Jersey with that of another state

Dr J B Morrison, Secretary of the State Society, reported that he had received a letter from the American Medical Association asking about "an action taken by the Public Service Corporation in New Jersey, whereby they instructed their men that in every case of accident where an employee of theirs was overcome by gas or asphyxiated by drowning, that man was to be treated by one of their instructed employees by the Schafer prone method of resuscitation, and that no person, not even a doctor, was to be allowed to interfere with that treatment. The treatment was to be kept up until the patient was breathing well, or until rigor mortis has set in "

"The Public Service Corporation sent these cards to all of their offices, all of their places of employment and sent them to the hospitals in the state. That was about 2 years ago. Since that time, several other public service corporations have taken up the same thing. They have found, as we have found, that the treatment for resuscitation by pulmotors is a bad thing, and they are carrying out the Schafer prone method,

(Continued on page 1194—adv xx)

KLIM vs. Boiled Milk

KLIM Powdered Whole Milk possesses all the favorable attributes of boiled milk for infant feeding yet has none of its objectionable characteristics.

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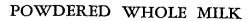
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KNOX GELATINE LABORATORIES, 432 Kno. Please aend me, without obligation or expense, name for future reports on clinical gelatine tests as U Varying the Monotony of Liquid and Soft Diets Diet in the Treatment of Diabetes	the hooklets which I have marked. Also register my
Name	Address
City	State

(Continued from page 1194-adv xx)

requiring annual registration of physicians in this question came under our consideration of the Welfare Committee was cona poll of the Welfare Committee was con-

ed by mail

""While a majority of the Welfare Committee from the beginning favorably inclined toward Board's proposal, and reports coming from county societies as they met indicated an z'-rwhelming majority giving it endorsement, we that it might be unwise to go before the at least, to secure nimous support of the profession

==The hoped-for harmony did not eventuate. tead, the vehemence of the opponents was = h that we deemed it best to postpone further -, non at the moment and to await advice from

House of Delegates"

Concerning medical defense and indemnity in-

real There were 15 cases reported to the comny for action during the past year, upon which to cost of investigation has been approximately One case was settled without court acin Four cases involving suits for \$1,125,000 the pending. In this connection may be menmed a verdict of \$37,000 which was returned is year against a member of the Medical Sociy of New Jersey, who had no insurance prosimpression in the minds of the committee, of he absolute necessity of more adequate profesnonal liability coverage

"Now insurance can be had up to a limit of \$50,000 for one claim, and \$150,000 for any number of claims during the premium-paying year for the sum of \$35. The increased limits re also applicable to doctors specializing in x-ray and radium treatments at a proportionate increase in premium rate, viz, \$110"

The committee reported 949 members insured sunder the group policy, and 400 members hav-

ing other forms of insurance

Nine pages of the minutes were devoted to changes in the constitution and by-laws

SCIENTIFIC EXHIBIT AT THE INDIANA STATE MEETING

The August 188ue of the Journal of the Indiana State Medical Association contains the following statement regarding the scientific exhibit at

the annual meeting

"For the last few years our State Association has dropped the exhibit feature, with regret to many, but we are pleased to announce that that feature will be resumed and there will be a beginning at the Gary session A feature that has been maugurated and developed by Indiana, and

(Continued on page 1196-adv xxII)

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(Continued from page 1193—adv xix) which is probably the most excellent method that any one can practice, and the profession has ac cepted it as such. But, here is an instance that has a legal aspect. Shall a doctor, called in to take care of an emergency case, take the responsibility of that case when he is not allowed to examine the patient? These men will not per mit a doctor who sees a patient lying prone on his abdomen, having this treatment carried out, to turn that patient over and listen to his heart, will not allow the doctor to make any examination or draw any conclusion as to that man's condition. Under those circumstances, it seems to me, no doctor should take charge of such a case. More than that, there has been consider able criticism of the physicians."

This matter was referred to a special committee which, however, made no report to the House of Delegates

The Secretary also reported the action of the Medical Society of the State of New York, endorsing the eight principles regarding the relations of the medical profession to lay health organizations (See this Journal, May 1, 1928, page 495) These principles were adopted by the House of Delegates of the Medical Society of New Jersey

The New Jersey State Medical Society employs an assistant educational secretary, Mrs Ethel C Taneyhill, who lectures to women's clubs throughout the state During the eight months ending June sixth, she had given 47 health lectures to schools, parent-teacher associations, women's auxiliaries, churches and women's clubs Mrs Taneyhill, in her report, said

"The only discouraging aspect in the whole experience so far is the more or less indifferent attitude of a number of individual physicians toward this phase of preventive medicine that we are preaching Such resistance to team work not only goes far to neutralize our efforts but also prevents those very doctors from reaping the benefit of whatever enthusiasm we may have created on the part of the public for enlisting No one can doubt, however, that their services time will gradually eliminate this single unfavorable factor, for the sound logic of preventive medicine makes a strong appeal to the average individual, and the result will be a growing insistence on the responsibility of physicians for maintaining the physical efficiency of their patients"

Annual registration of physicians was discussed in the report of the Welfare Committee, as fol-

"The sole controversial matter before our committee this year concerned the question referred to us last June by this House—that is whether we should endorse the proposition of the Board

(Continued on page 1195—adv xx1)

(Continued from page 1196-adv xxII)

tee chairmen, and state presidents, was held in the Colonial Room of the Woman's Club

"On Wednesday, June 13, the National Auxiliary convened in the Ballroom of the Automobile Club, at Bloomington Mrs John O McReynolds presided The state delegates were grouped in sections for round table conferences

"Dr Martha Welpton, San Diego, California, the only woman delegate in the House of Delegates of the American Medical Association, delivered an address in which she voiced objection to the bill introduced in Congress by Representative Newton, Minnesota, to take the place of the Sheppard-Towner bill in providing for federal child welfare extension service. The bill asks for an annual appropriation of \$1,000,000, amounting to about \$21,000 from each state annually, to be used in child welfare work, "and other service" A 5 per cent administrative charge is deducted from this, the remainder to be redistributed to the Government officers administering the fund may or may not co-operate with state and municipal health authorities, as they see fit. Lay administration of funds to be spent in work in which only doctors are trained is the chief point of objection to the bill by doctors all over the country In San Diego county, California, last year alone, doctors gave the equivalent of work that could be done by one person working eight hours a day, six days a week for a period of two years, without charge, for patients under the Sheppard-Towner bill A plea was made that auxiliary members do not permit the auxiliary to become the agent for the spread of propaganda

"Dr Lula Hunt Peters, of Los Angeles, California, addressed the auxiliary on the import-

ance of dietary measures

"Dr W S Thayer, the newly elected president of the American Medical Association, urged that the members of the auxiliary be very careful in promoting propaganda for the many different interests attempting to enlist their aid. The auxiliary is capable of wielding great influence and it is most necessary that its force be used in the propagation of enterprises of the proper character.

"Dr Jabez Jackson, retiring president of the American Medical Association, warned the auxiliary to avoid entangling alliances in projects legitimately outside their scope of service. He called attention to the fact that 'the auxiliary is an organization centering about only one profession and should devote its powers to projects vital to the profession and the public it serves' He stated that 'professional jealousy and mutual district 1000.

(Continued on page 1198-adv xxiv)

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(Continued from page 1195-adv xi) is of so much value to the medical profession should be continued by our Association'

The minutes of the meeting of the Committee on Publicity, which are printed in the same lour nal, contain the following description of the plan of a scientific exhibit

"The first scientific exhibit at an American Medical Association meeting was made by the late Frank B Wynn, MD, in June, 1897, at the Columbus, Ohio, meeting This exhibit reproduced and enlarged an exhibit previously made at the state meeting of the Indiana Association. The exhibit at the Indiana State Medical Asso ciation had resulted from the accumulation by Dr Wynn of interesting pathological specimens on 'case night' which was held each month by the Indianapolis Medical Society Dr Wynn, with cooperation of the president of the Indiana State Medical Association and the assistance of physicians throughout the state, presented an in-1 teresting exhibit at the American Medical Association meeting consisting of pathological specimens and unusual cases. The exhibit was held in in a vacant store room near the meeting place of the Association So much interest was developed in the exhibit that it was adopted as an annual feature of the American Medical Association meetings and a special committee, of which Dr Wynn was chairman, was appointed There was soon added to the pathological exhibit The name other exhibits of scientific interest of the exhibit was subsequently changed from ? the pathological exhibit to the scientific exhibit i Dr Wynn served as chairman of this exhibit committee for several years when he finally resigned His enthusiasm was so great for this work that Dr W W Keene, president of the American Medical Association, two or three years after the establishment of the exhibit, spoke of Dr Wynn as 'the devoted sponsor of the pathological exhibit'"

NATIONAL WOMAN'S AUXILIARY

The July issues of the Texas State Journal of Medicine describes the recent meeting of the National Woman's Auxiliary as follows

"The Woman's Auxiliary to the American Medical Association met June 11-14, at Minneapolis, Minnesota, with an estimated attendance of about 600 women from all parts of the United States The national auxiliary now has organizations in 30 states and boasts of a membership of 10,000 Forty-two Texas women were registered

"Tuesday, June 12, a meeting of the National Executive Board, composed of officers of the national organization, national commit-

(Continued on page 1197-adv xxiii)

(Continued from page 1198-adv xxx)

within reach of you, and would you be willing to cooperate in securing cases and material for demonstrations? 352 replied in the affirmative and 41 in the negative

"To Question 4 'Do you favor the undertaking?' 353 replied in the affirmative and 40 in the

iegative

"It is particularly interesting to note that of the total number, 249 of the 353 who expressed themselves as favorable to undertaking post-graduate work were from sections of the State outside the four larger cities, this due possibly to the fact that those resident in the centers have free access

to staff meetings of the hospitals, etc

"Beginning with the encouragement of a preclinic day at the meetings of such local organizations as were favorable to the undertaking, particularly by arranging for a preclinic day at the coming meeting of the State Society, the State Society, through a committee, might to advantage act as a sort of bureau in arranging for supplying suitable clinicians for the demonstrations, etc., and in adding to arrange programs, and in correlating such programs with those of the medical institutions. In conformity with the above, the following resolutions were adopted

"1 That the University of Virginia, through its Extension Department, be requested to make a further study as to the needs and desires of the profession of the State from the standpoint of post-graduate or extension work among them, and to aid in formulating plans for meeting the

needs

"2 That the Committee endorses the postgraduate clinics and demonstrations now conducted by the medical schools of the State and urges the members of the Medical Society of Virginia to patronize them

"3 The Committee recommends that the Program Committee of the Society put on post-graduate clinics and demonstrations at its next

annual meeting in Danville"

EYE INFECTION FROM MOUTH SEPSIS

The leading article in the July number of the Journal of the Oklahoma State Medical Association by J R Walker, M D, discusses oral sepsis as a cause of inflammation of the eye The article says

"Eye disease of oral origin is far more common than generally supposed. The ophthalmologist who is careful in searching out his obscure cases will attest that it is surprising to note the number of cases that are associated with and are due to infections within the mouth. We often neglect to examine the teeth as the cause of many of our eye diseases, al
(Continued on page 2000—adv xxvi)

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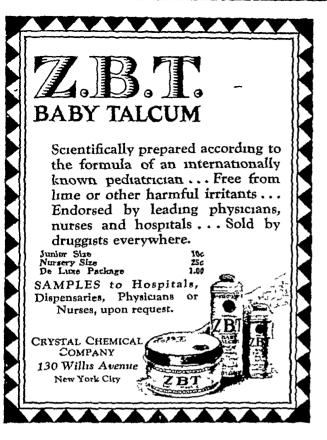
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(Continued from page 1197—adv xxii) closer organization of members of the profes-

sion and their wives

"Dr A T McCormick, Louisville, Kentucky, in an address lauded the work of the auxiliary in the state of Kentucky. He stated that the auxiliary had been indispensable in a campaign against political exploitation of the Kentucky State Board of Health

"Mrs Allen H Bunce, Atlanta, Georgia, president-elect for the past year, was installed in office by Mrs John O McReynolds, of

Dallas, retiring national president

"Thursday, June 14, was the last day of the business sessions and the auxiliary convened at the Lafayette Club in the afternoon

"Mrs John O McReynolds announced that the Missouri State Auxiliary had been awarded the \$100 prize for securing the largest number of subscriptions to Hygera between the dates of May 1, 1927, and May 1, 1928 Cass County Auxiliary, Missouri, was awarded the \$50 prize for the county auxiliary obtaining the largest number of subscriptions during the past Both prizes had been offered by Mrs McReynolds, and were accepted by Mrs W Bickford, president of the Missouri Auxiliary McReynolds also announced that an anonymous friend of hers has advanced a prize for the first state sending in 1,000 subscriptions for Hygeia after September 1, 1928 The winner will have the choice of a European trip or an automobile"

POSTGRADUATE INSTRUCTION IN VIRGINIA

Dr J W Preston in the "President's Page" of the July issue of the Virginia Medical Monthly, discusses postgraduate education and summarizes a questionnaire sent by a committee of the Virginia State Medical Society The President says

"To Question I 'Do you believe that some such plan as suggested if put into execution would be of service to you?" 330 replied in the affirma-

tive, and 63 in the negative

"To Question 2 'As a beginning would you prefer (a) that a trial be made of arranging a College Extension Course after the usual plan of one or more lectures or demonstrations weekly, extending over a given period, of ten or twelve weeks, or, (b) that a trial be made of clinical demonstrations, etc, by a teacher or teachers of recognized ability, given through half day or day periods in conjunction with the meetings of your local organization?' 118 replies favored college extension courses and 253 favored instruction given as clinics, etc., in connection with the work of local organizations

"To Question 3 'Would you be willing to make an especial effort to attend clinics given

(Continued on page 1199-adv xxv)

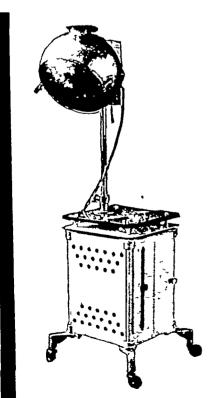
(Continued from page 2000-adv xxvi) purposes and aims of the Association was, however, one resolution which it seems worth while to comment upon more than briefly This resolution referred to the very large number of medical meetings which are held in the larger communities where there are considerable numbers of hospitals. As a result of the agitation in the American College of -Surgeons these hospitals have felt it necessary to hold at regular intervals staff meetings at which scientific programs were presented. It was felt by the House of Delegates of the As-"sociation that these staff meetings did much 'to detract from the meetings of organized medicine They are held at frequent intervals, they zare not open to the general medical public, cand they are essentially local. It is felt that members of the staffs of the hospitals, spending considerable number of evenings a month at these meetings, neglect to attend the regular meetings of organized medicine. By their absence they take away an important element of the Society, they weaken scientific programs, and they are not able to enter whole-heartedly into the duties which an active organization requires of its members In addition to the factor of requiring too much time, it was felt by the delegates that it was not consistent with the purposes of the American Medical Association for its members to be obliged at the virtual command of an organization which comes in contact with only a small fraction of the medical profession to be subservient to the orders issued by this particular organization Lastly, it was felt that the American Medical Association itself should make a thorough study of hospitals and prepare a list of acceptable hospitals"

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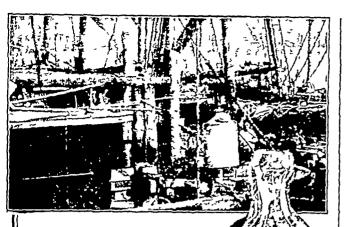
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Please send me a sample of Patch's Flavored Cod Liver Oil and literature

Dr

Address

(Continued from page 1199-adv xxv) though it has long been known that suppurative processes of dental origin are frequently the cause of inflammatory eye diseases

"It would seem from literature that no part of the eye is immune to disease of oral origin We may have ulcer of the cornea, keratitis, irido-cyclitis, retinitis, choroiditis, detachment of the retina, neuritis, episcleritis, abscess of the lids, orbital cellulitis or in fact every tissue of the eye may be involved, although by far the greater number of cases show the iris, ciliary body, choroid or conjunctiva to be af-These diseases may occur in either acute or chronic form

"It is our duty in all obscure eye cases to examine the teeth In doing this we will find one of three things We will find teeth that are plainly pathological, we will find teeth that are plainly normal, or we will find teeth that are doubtful The plainly pathological cases and the doubtful ones should be referred to a dentist with request for a complete examination and pictures made not only of the teeth manifestly diseased, but of all the teeth, for sometimes we will find abscessed teeth that were not suspected"

The author quotes two cases The first was a woman with chronic uveitis and iritis whose teeth had been removed She failed to respond to treatment until the removal of an infected tooth root, disclosed by x-ray, when the eye condition cleared up

The second case was that of a boy age 14, with choroiditis A number of infected teeth profusely discharging pus, were removed with rapid improvement for a time, followed by a sudden extension of the process into a panophthalmitis, which required the removal of the The author concludes as follows

"We, as specialists, should examine the teeth in all cases of inflammatory eyes and premature presbyopias for a possible and quite prob-

able source of infection"

THE HOSPITAL STAFF MEETING

Something must be wrong with the manner of conducting the staff meetings of many hospitals, if there is justification for the following editorial comment in the July issue of the New Orleans Medical and Surgical Journal It is copied here merely as a matter of news to show what a considerable group of doctors think of a hospital staff meeting -Editor's note

"At the recent meeting of the House of Delegates of the American Medical Association in Minneapolis, numerous resolutions and recommendations were proposed, most of which were voted down as contrary to the

(Continued on page 2001-adv xxvli)

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PUBLICITY OF DISCUS-SIONS IN THE AMERICAN MEDICAL ASSOCIATION

The July issue of the Teaas State Journal of Medicine carries a running comment on the recent annual meeting of the American Medical Association concerning, giving publicity to both sides of controversial topics discussed in the House of Delegates, the Journal comments wisely as follows

"Dr Warnshuis made the suggestion also that the proceedings of the House of Delegates as published should contain more of the verbatim discussion than has heretofore been the case, in order that the profession generally may know not only what the conclusions were but how they were reached, which is an important matter in many in-The Reference Comstances mittee felt, however, and the house supported it, that the present plan provides sufficient evil unto the occasion, and there will be a change in this regard only to the extent that those in charge see fit to make it would not fuss about it, but it would seem that sometimes the discussions might well be given This is done to rather fully some extent now, but there is always the difference of opinion as to which should be published and which not, when an editor must decide It is quite true that Secretary West knows this game from start to finish, and we are more willing to trust him than any one we know, but still we think that the freedom with which we publish our own transactions is an advantage to us and doubtless it would be an advantage to the American Medical Association Indeed, we note that in the present proceedings more of the discussion has been given than ever before, if our memory serves us properly"

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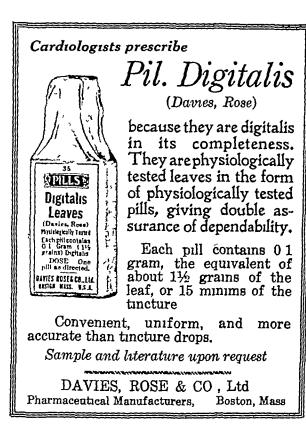


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VITAL STATISTICS AND MOVIES

The August issue of the Long Island Medical Journal contains a description of a medical moving picture written by Dr 14b

Galdston, who says

" 'Beware the Pitfalls' is an eight-minute " mated cartoon statistical motion picture I essence it is an experiment. In accomplish ment we believe it has succeeded in 'humanu ing statistics' In this film an attempt ha been made to take morbidity figures and mor bidity rates and to visualize them in a manice that attracts, convinces, and stimulates to ac It seeks to focus attention on child hood diseases and their ravages. It aims " cause the looker-on to feel that this manuis his own affair, and that he is in duty bound to do something about it The film was made to test 100% on the four cardinal principles of good teaching to arouse curiosity, to en list sympathy, to impart information, and to lead to action

"There is a long winding way in the picture, leading to a castle bright in the distance. The winding way represents the years of youth and adolescence, which the child must cross to reach the castle—healthy adulthood

"In silhouette little children are shown marching on the winding way. Then, the pitfalls appear measles, tuberculosis, accidents etc, etc. Children are shown falling into these pitfalls. Some of the marching little ones reach the castle, but those that have fallen by the way are done forever

"It is a simple fact, simply illustrated Yel there is drama enough therein for even the stout of heart. To give a quantitative view of the matter, bar graphs are shown for each childhood disease. Rates and numbers are given, and a comparative graph of the whole list of diseases ties the items together

"Then comes the call to action Many of these deaths are preventable. Here are the children marching again, the pitfalls can be filled, and the way to healthy adulthood made safe and smooth

"That is the closing observation addressed to the audience 'Modern medicine will help you do it But in the main it is up to you who look on'

"For the specific things to be done to 'fill the pits,' the audience can turn to the speaker, to the available literature or to other sources of information The film 'sensitizes' the onlooker to such information, and that's our greatest need and difficulty

"'Beware the Pitfalls' was an experiment in 'plotless-dramaless' health movies. We believe it a success. We think it can be done We hope others will repeat and improve on

the experiment."

NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 28, No 20

New York, N Y

October 15, 1928

THE MORALS OF MEDICINE

By HARRY R TRICK, MD., FA.CS, BUFFALO, N Y

Inaugural Address as President of the Medical Society of the State of New York

THE measure of morals in medicine is the Golden Rule

This rule should be applied in all our relations to our patients, to our fellow practitioners and to our lay co-workers

Physicians have become burdened with such a variety of activities that they have little or no time for meditation. This is regrettable because we may become so confused by the myriads of little things that we may forget the bigger things,—the moral aspects of our work.

Many of the time-consuming activities are due to the natural increase in the refinements of the practice of medicine and to the increasing demands of the public for instruction regarding public health and preventive medicine. Social, civic, and secular affairs have little or no relation to the clinical practice of medicine, but the sum total of these demands upon our time is staggering.

There have been so many advances made in the practice of medicine during the past two generations, and their application to the needs of the general public have required so much administrative work, that physicians have long since been unable to keep pace with all of the work that is imposed upon them. As a result, increasing amounts of this work have been taken over by volunteer lay organizations and other philan-thropic groups This is quite right and proper These groups can devote themselves to the task without interruption, while the imperative demands of clinical medicine make it almost impossible for the practicing physician to assume anything more than a position for rendering advice and general direction But this position of the physician in the work is becoming untenable

Physicians, by research and clinical experience, have established the laws of health, and should insist on directing their application in every public health movement. It is a moral duty for the medical profession to maintain this attitude

toward public health work because their training and experience fit them for it

The needs of Industry have created a type of practice that was entirely unknown a generation ago. We have not yet found a satisfactory solution of this problem, but the prospects for success have become much brighter since we have conferred with the various interested parties and have applied THE GOLDEN RULE all around

Good roads, the modern rate of transportation, the division of medicine into specialties, the rapid increase in the number of hospital beds, and their utilization by the public, have so changed the atmosphere of medical practice, that it has often been said that "the old family physician is passing out of the picture". We may regret the passing of that picturesque figure most of us have known and loved so well, but the modern physician is adapting himself to his environment, and is generally rendering more efficient service to his patients than did his predecessor.

The various activities and changes just mentioned have produced a maze of economic problems more or less related to the physicians, such as workman's compensation, contract practice, group clinics, public health work, and division of fees, etc. The attempt by the medical profession to solve these problems has required so much time, and has attained such prominence, that the medical profession has been accused of becoming mercenary

Certain individuals may have succumbed to the lure of the dollar, but the profession as a whole is sound and will continue to exemplify the best traditions of the profession

To permit the spread of an impression of commercialism would result in the destruction of the very thing upon which the faith of the public in the medical profession rests

The permanence of any structure is determined by the character of its foundation

The integrity or soundness of any structure is determined by the character of its component parts

^{*} Delivered at the Annual Meeting of the Medical Society of the State of New York, at Albany N Y May 23 1928.

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services of the physician are not susceptible to the interpretations of the rules of conduct of the merchant. A physician is either true to the trust reposed in him by the patient, or he becomes a most despicable bandit as he filches money from the helpless

The trafficking in the sick, commonly called "division of fees," or "splitting fees," is the canker gnawing at our vitals. The sin lies not in the "division," but in the clandestine character of the transaction. It is a prearranged plan whereby somebody secures an exorbitant fee. The very fact that part, or all, of the transaction is clandestine, is proof enough that those who enter into it realize that it is immoral and so they strive to keep it under cover. In some states the splitting of fees is illegal.

All of our transactions with our patients should be susceptible of itemization. If our patient is satisfied with the various items as presented to him, the division of the fee loses its implication

Since it is a question of morals, it should be explained frequently to the medical students, and perhaps used as a test question for entrance to the medical school, with the idea that if we cannot make the old sinner see the error of his ways, and mend them, we may replace him later

with a young physician of higher ideals

If the division of fees, as generally understood and practiced, should ever receive the sanction of organized medicine, our doom would be sealed, since it would mean the loss of the respect of the public, and would be fatal to the idealism which makes us what we are It would justify state medicine. Every right-thinking man values his reputation above money, and therefore we should bend every effort to eradicate this evil which threatens the fair name of medicine and imperils the reputation of all physicians.

PLACENTA ACCRETA*

By DELBERT L JACKSON, M D, BOSTON, MASS

PLACENTA accreta is a condition in which the placenta and underlying uterine tissues are so intimately united that no line of cleavage exists between the two structures

In this condition which may be complete or partial, the usual methods for delivery of the placenta by the normal route may be impossible and if persisted in, carry great risk of damage to and rupture of the uterus. To this is frequently added shock and hemorrhage resulting fatally to the patient.

In regard to the mortality of this condition, Dr Polak stated in 1924 that he believed a case of his own, and one of Griefwald's were the only

recoveries recorded in the Literature

Pathology —Placenta accreta is now universally conceded to be a Pathological entity characterized by a complete or nearly complete absence or atrophy of the endometrium Thus we have removed the protecting layer of endometrium, the decidua basalis or serotina, into which under normal conditions both the floating and anchoring villae respectively project and fasten themselves The result of this condition is that the uterine musculiature, unprotected by the spongy decidua serotina, is directly invated by the villus processes of the chorion and no cleavage line is present between placenta and uterus Along the muscle border, in proximity to the villi, is to be found the so called membrane of Nitabuch, a dense fibrinoid structure composed largely of necrotic chorionic epithelium Sometimes the villi and also adjoining smooth muscle cells may be involved in the necrotic layer. To sum up the To sum up the Pathology of this condition then we have

(1) Complete or partial lack of decidua sero-

(2) The chorionic villi projected into the muscle wall of the uterus or separated from it only by a broken line of Nitabuch's membrane, through the break of which villi enter the muscle

(3 Thinning of uterine wall resulting from the

preceding conditions

Occurrence —Accreta is by no means a common occurrence For instance, in Dr Polak's experience he has met but four cases in his entire practice, while in his studied series of 6,000 cases, one accreta was found At the Boston Lying-in Hospital in 14,648 cases from 1916-1926 two cases of this type are recorded—approximately one in 7,000 In spite of these figures since placenta accreta may be found involving a widely varying proportion of the placenta surface, I cannot but believe that this condition may be more common than has been previously supposed, and if careful Pathological examination is made in all cases of adherent placenta, many more partial accretal formations may be discovered. This may account for the fact that in the last few months at the Boston Lying-in Hospital we have discovered three cases, which together with a case each, from Dr Frederick C Irving, and Dr Louis Phaneuf, and one of my own private cases, allows me to present seven cases in all cases have all, with the exception of one, been verified pathologically by Dr Frank B Mallory, to whom I am indebted for the lantern slides which I will show later The case without pathological examination was verified by post-mortem intra-uterine examination in which large chunks of placenta still attached to the uterine wall could not be detached and no line of cleavage found.

^{*} Read at the Annual Meeting of the Medical Society of the State of New York at Niagara Falls, N Y May 10, 1927

The practice of medicine is an established structure of the body politic

The foundation of the practice of medicine is

ıdealısm

Idealism is an essential characteristic of the

physician

The idealism of medicine accounts for the high regard in which medicine has been held by the general public during all the years. It attracts more young people to the work than all other reasons combined, and therein lies a significant thought since youth is the idealistic time of life. The youthful dreams of yesterday become the realities of to-day. The practice of medicine is the exemplar of youth's conception of beneficent service.

We must cultivate idealism for our own sake as well as for the sake of our successors, since it permeates the entire structure of medicine. It is the soul of medicine. Any variation from the highest impersonal motives by any member of the medical profession excites distrust and a loss of prestige for the whole profession in the minds of those we serve

Idealism is an intangible force, but it is the

major influence of our lives

The general public is deeply interested in the work of the physician, not because of curiosity, nor because of a hope of personal profit, but because of a desire to learn the truth, and because of an innate desire to express an idealism that is common to all of us

This eager interest of the public is fostered by the medical profession, but it is at once a

source of gratification and dismay

It is gratifying to the medical profession to have so much willingness and power to help at hand, but the dismay seems to be caused by the mability of the lay mind to understand the rules of conduct that govern the medical profession

The Practice of Medicine is a thing apart "It is an ART, not a science, it is a CALLING, not a trade, it is a PROFESSION, not a business" Therefore, those who practice are subject to rules of conduct rather different from those governing other activities. If we should appropriate their rules we would become something different from what we are, and what we have always been, and would lose one of our most valued possessions.

The most priceless heritage of the medical profession is a record of self-effacing service to mankind. We cannot sacrifice that inheritance for any mess of pottage.

The martyrs in medicine are immortal We are proud of the fact that service similar to theirs is being given to-day, but we realize that all progress in medicine is the net result of much study, research, and experience, often by many different persons, and we are filled with a humility that prevents us from acclaiming ourselves as individuals. That is why we are impatient

with the pretensions of the quack and are doubtful of the sincerity and worth of the advertiser It is immoral and sinful to lay claim to professional skill that our training and experience do not justify. It is almost, if not quite, criminal, thus to jeopardize human life

Who would presume to appraise the services of those earnest workers whose efforts have resulted in the absolute control of so many diseases? It is not humanly possible, and any attempt to do so would impugn the motives of those unselfish souls who have devoted so much time, and effort, and even life itself, for the general good without thought of material gain

In some few instances a grateful government or a generous foundation has voted an honorarium, but that was an afterthought and was not the incentive for the work. That is why a discovery in medicine is not patented by an individual. It is not in keeping with the altruism of medicine. All of us enjoy the benefits of every medical discovery as soon as it has been proven

This matter of self-effacement is a difficult one for the layman to understand, but it is writ deep in the hearts of the medical profession, and is essential to secure the greatest good for the greatest number. The work of the research group is paralleled each and every day by those who practice clinical medicine. Every practicing physician devotes a large part of his time and skill to the service of the unfortunate without hope of reward or praise, but he would restrict his charity to the impecunious

Gratuitous service, like gratuitous advice, is not generally appreciated, and it tends to pauperize the recipient. That is why the physician is reluctant about giving his unqualified approval and professional services to certain broad measures of the lay charity group. This explanation of the friction between the medical profession and certain lay organizations is much nearer the truth than the usual explanation of monetary loss to the profession.

To practice medicine as a means of obtaining a livelihood needs no defense, rather does it deserve commendation, since the amount of time, effort and expense incurred to secure the license to practice is out of all proportion to the average monetary returns. But a self-supporting medical profession is the greatest asset of the community, since it makes for independence of thought and action, and is an incentive to keep in touch with medical progress.

If the medical profession should become subsidized or commercialized, it would lose incentive and influence. Occasionally an unscrupulous person gets into the profession who fattens on the misfortunes of others. Such persons are the pirates of medicine. They seduce the thoughtless members of the profession with specious arguments regarding the commercial side of medicine. There is no such thing. The professional treatment and again delivered instrumentally of a still-born baby

In the present pregnancy full term was estimate in June, 1927, but in view of previous eclampsia, a Cæsarean section was performed on March 19, 1927, when patient showed nervous symptoms of imminent convulsions with a B P 190/130 and a L T of albumen

The Placenta was found to be extremely adherent to the uterine wall and particularly so over a large sub-mucous fibroid. The operator found it had to be torn away and could not be removed cleanly. Because of this and the presence of multiple fibroids a hysterectomy was performed. The patient has recovered. Dr. Mallory's report.—S-27-653. "Placenta intimately connected to muscle wall of uterus with little evidence of endometrium. Apparently an example of placenta accreta."

Case 2 Mrs F, 32 years, B L H (Jackson) Patient a para VI Her general past history negative Obstetrical past history consisted of normal delivery at home by the O P D B L H in 1914, 1915, 1917 Two other conceptions since 1917 terminated at two and three months respectively with curettage after the last. In the present pregnancy patient delivered normally by externe Placenta failed to come away and forty minutes later began to bleed. Efforts at Crede failed and the H O sent the case to the Hospital

At entrance, patient showed all signs of extreme hemorrhage Systolic B P-65 Pulse barely perceptible at the wrist. The uterus was well contracted at about level of umbilicus Further efforts at Crede were unavailing transfused of 500 cc. by citrate method and showed improvement. Under G and O, a hand was introduced into the uterus and the placenta was found partially detached with about 1/3 still adherent to posterior wall and fundus This was stripped off with difficulty and extreme care was necessary to prevent going through the uterine On reintroducing an examining hand into the uterus after the removal of the placenta to be sure that rupture had not occurred, a definite crater-like area was found in the fundus where placenta had been torn away This was thought to be a partial accreta

Dr Mallory's report—S-27-779 "Placenta Accreta"

Patient discharged from hospital on fourteenth

CASE 3 Mrs C, 26 years, B L H (Goethals) No 37093 Patient a para 11 First pregnancy terminated normally in O P D, 1925 Present pregnancy uneventful throughout and delivery normal, 7 A M in O P D on March 23, 1927, but placenta failed to detach H O gave pituitrin and attempted Crede without success No evidence of bleeding Uterus firm Patient began to show shock with pallor and pulse

weak at 110 B P reduced to 70 Transferred to hospital at 12 N (6 hours) No external evidence of loss of blood G and O given for manual exploration and placenta found on anterolateral wall of uterus Placenta slowly separated In freeing and pulling down on the final third of placenta, the uterus inverted completely The remaining attached portion of placenta removed externally from uterine wall with scissors. curette and gauze under the eye The inversion of uterus was then easily reduced and uterus packed firmly with gauze Patient immediately transfused and reacted well Pack removed twenty-four hours later and patient discharged on sixteenth day post-partem Dr Mallory's report
—S-27-430 "Shows choronic villi, decidual cells hyaline membrane between villi and uterine wall Placenta Accreta"

Case 4 Mrs D, 23 years, B L H (Irving) No 34595 (Slides shown) Patient a para VII Admitted to hospital December 19, 1925, as emergency after home delivery two hours previous by local physician Her six previous labors had been in seven years, all at term and normal save that patient was sure she bled more at the last one than in former labors, and after-birth was expressed with difficulty On entering hospital, patient in shock, pulse 140, thready Systolic B P was 60 Fundus of uterus hard and contracted at level of umbilicus Active vaginal bleeding Patient transfused with 600 c c citrated blood and this was followed by 1000 cc. of normal saline solution given slowly into vein Dr F C Irving then attempted manual removal of placenta which was densely adherent to posterior aspect of uterus It could not be separated without undue force and danger of tearing the uterus and removal from below was abandoned Supra-vaginal hysterectomy was done. Patient had a temperature of 102 degrees and pulse of 130 with remissions from fourth to tenth days of convalescence when both dropped gradually and patient recovered Discharged on thirty-first day, relieved

Dr Mallory-Diagnosis-"Placenta Accreta"

Mrs G, 34 years, B L H (Kellogg) No 32653 January 12, 1925 This woman a para 1, but had undergone curettage four years previous to pregnancy In eighth month, foetal movement ceased and foetal heart could not be Patient had leaked what was apparently amniotic fluid off and on for two months also showed a large trace of albumin Referred to hospital from O P D Labor was induced with Voorhees' Bag A long drawn out labor ensued Placenta showed no sign of separating Nine hours later attempt at expression failed Manual removal attempted The cervix was shut down firmly and in the process of dilating the lower uterine segment was torn deeply on the right side Placenta was found adherent to the

Corresponding with other cases reported in literature, accreta in this series is found only in multiparas or in cases in which the destruction of the endometrium has been explained by severe intrauterine instrumentation or medication. Dietrich's figures from literature which I quote are as follows in regard to gravida affected. Accreta was met once in Para 2, 4, 6, 10, 11, 12, 14, 16, twice in Para 8 and 9, three times in Para 5, and four times in Para 3

Etiology—In cases of retention a suspicion of the presence of placenta accreta may be gained by the accoucher from the history and examination of the patient, as etiologically the condition is met most commonly in cases where

(a) Manual removal of the placenta has been necessary in one or more previous pregnancies with resulting damage to the decidua

(b) When severe or repeated curettage has been performed

(c) Where medication of a destructive and erosive type or vaporization has been employed in the uterus

(d) In the presence of sub-mucous myomata with subsequent atrophy of the over-lying mucosa

There are also certain cases in which primary atrophy of the endometrium seems to have occurred, and others in which chronic endometritis apparently plays a part in thinning out the mucosa. No signs of acute inflammatory changes have been noted in placenta accreta. Dietrick calls attention to the similarity of conditions existing in placenta accreta and tubal pregnancies. In the latter, we see villa forced through the tubal tissues with subsequent rupture.

Diagnosis — The presence of placenta accreta cannot be diagnosed except as the ordinary procedures for delivery and removal of placenta fail one after the other. The operator eventually has the idea of placenta accreta forced upon him as his final attempt at manual removal of the afterbirth is unavailing and he feels that further efforts will only result in considerable damage or perforation of the thinned uterine wall

Treatment—Any placenta remaining in the contracting uterus two hours or more after birth of the baby without the chinical signs of separation, viz

Bleeding

(2) Descent of cord

(3) Doming of the fundus must be considered as abnormally adherent and a possible placenta accreta. Gentle attempts at Credi may be used, but in complete accreta will be entirely unsuccessful. Forceful crede without signs of placental separation in partial accreta may result in profuse bleeding due to incomplete separation without expulsion of the placenta. Under careful asepsis manual loosening is next attempted, and may be successful where the area of adherence is not great, and the accretal process has not invaded the muscle too extensively

An idea of how far one can pursue this method can be obtained only by using the bi-manual method of examination, viz with the free hand used to give counter pressure over the abdomen In practically all cases a partial separation may be accomplished but with the sensation of the loss of cleavage line or increasing advance into the uterine muscle itself, further attempt at manual loosening should be abandoned. The diagnosis of placenta accreta under the above conditions is undoubtedly confirmed. Any attempt to remove the placenta piecemeal before the entire structure is free from the uterine wall is to be condemned as it will result in

(1) Increased hemorrhage

(2) Possible inversion of the uterus (one of the cases to be described proves this point in spite

of its happy outcome)

If profuse bleeding follows attempts at manual removal of the placenta, tamponade of the uterus may be used temporarily while preparations are made for abdominal hysterectomy. Most cases at this stage will be in an extreme state of shock as a result of fatigue, trauma, and hemorrhage Supportive treatment, by the administration of normal saline by rectum and under pectoral muscle, is advisable in the interval of waiting. If signs of hemorrhage predominate, blood transfusion should precede or accompany abdominal operation. Hysterotomy at the time of adbominal operation for the further attempt at removal of the placenta seems inadvisable to the writer for the following reasons.

 Prolonged operation with increased risk of shock and hemorrhage to a patient already in

poor condition

(2) The small chance of accomplishing removal of the placenta, after a thorough attempt at manual removal has been made from below

(3) The increased probability of uterine sepsis and peritonitis resulting, even if careful aseptic

technique has been used throughout.

(4) The expectation of recurrence of accreta and subsequent repetition of hazard to the patient

in another pregnancy

As a final measure then, when the usual methods of removal of the placenta by the vaginal route have failed, immediate supra-vaginal hysterectomy should be performed

Proceeding along the line of treatment indicated above, I believe that the mortality for placenta accreta can be lowered. In the following seven cases of complete and incomplete placenta accreta, treated by five different obstericians, but two

out of the series died, viz 286 per cent

Case 1 Mrs F, 34 years, B L. H (Kellogg) No 50572 Patient a para 111 During life had been essentially well. No operations Her first pregnancy terminated instrumentally in 1899 and was uneventful. Second pregnancy complicated by eclampsia with convulsion at seven months. She was carried to term under

CASE REPORT BILATERAL SUPPURATIVE MASTOIDITIS WITHOUT PHYSICAL OF MIDDLE EAR OR MASTOID DISEASE*

By BERNARD WELT, MD, BROOKLYN, N Y

In view of the fact that much has been written concerning the occurrence of masked mastoiditis or acute mastoiditis without any local subjective or objective symptoms, I feel that this case report might be of general interest. It is the report of a failure from the point of view of diagnosis and treatment. The child had been treated in the clinics for rickets, marasmus or malnutrition. Nothing in the ears was found to give the clinician any aid. Finally, the severity of the illness necessitated hospitalization, where after a short stormy course it died.

Autopsy did not suggest anything to account for the symptoms. It being my custom to open the mastoids, I discovered rather extensive mastoidal involvement on both sides without middle ear involvement. Microscopic sections were taken and are appended. The tympanic membrane was normal

Case No 360, T H Greenpoint Hospital, male, age 14 months, born U S A

Chief Complaint -

Coughing Duration, 1 week, since Feb 1, '26 Vomiting " 3 days
Dyspnea " 3 days
Fever " 3 days

Marked loss of weight

Family History—Negative, nothing essential

to present illness

Past History—Full term normal spontaneous delivery Feeding for first ten months consisted essentially Nestles food, Grade A milk, orange juice During last four months, farina, vegetables and potatoes were added to the previous articles of diet

Child has never walked or talked Child has never been ill before, has had no operations

Present Illness—Began one week ago with cough and fever which gradually became worse Three days prior to admission the breathing became labored and vomiting occurred. These symptoms also increased in severity. Throughout the illness there was a marked and progressive loss of weight.

Physical Examination —General appearance Male child appears critically ill, has a weak cry, shows dyspnea and cyanosis Groans constantly

and is coughing

Head Frontal and parietal eminences promi-

nent, no craniotabes

Eyes Pupils small and regular, react to light Ears Mastoids negative, canals show no discharge and drums are negative.

Neck No rigidity, cervical glands palpable on

both sides

Mouth Tongue dry and coated, 5 teeth pres-

*Read before the Ear Nose and Throat Section of the Kings County Medical Society May, 1926 Harlem Medical Society ent, mucosa of tonsils and pharynx slightly congested, no Koplik spots, lips cynotic

Chest Heart rapid in rate, moderate beeding of ribs present. Lungs show impaired resonance in right upper lobe and occasional moist rales in right base posteriorly.

Abdomen Negative Skin Dry and inelastic

Extremities Cold and cyanotic, knee jerks

present No Babinski

Laboratory Findings Throat culture negative White blood count, 34200, Diff-pol 92%, SM 6%, LM 2% Red blood count, 4,000,000 Hb 50%

Temperature On admission, 100, varied from 101 to 104, prior to death, 105

Admission February 8th, 1926, at noon Provisional Diagnosis Bronchopneumonia, marasmus and rickets

Working and Final Diagnosis Same Treatment Stimulation, hypodermoclysis Death February 11th, 1926

AUTOPSY FINDINGS

Gross Positive Findings—Body of male infant about 1 year old, poorly nourished and developed Rigor mortis present. No external evidence of injury. Skin pits on pressure

Anterior fontanelle open, circumference 175 inches Brain appears large in size, ventricles contain about 200 c c of straw colored fluid Brain negative on section Mastoids and drum membrane negative to external appearance Left Middle ear free of fluid, mucosa thin gray and shining in appearance. There is no ulceration present Ossicles present and appear nor-The mastoid antrum is plugged with thick pus of yellow color Periosteum and external table of mastoid negative. The mastoid cortex is necrotic and full of thick pus The necrosis extends from the tip upwards to the zygoma and anterior to the antrum Right Shows a similar picture of coalescent mastoid Internal jugular veins, bulbs and sigmoid sinuses normal Smear from mastoids show gram positive diploca

Chest Right lung shows congestion of the middle and lower lobe. There are no areas of consolidation Left lung shows areas of congestion in lower lobe. There is no consolidation

Abdomen Stomach and small intestine show areas of congestion

Microscopical Positive Findings — Lungs Show areas of exudation of polynuclear and round cells into the bronchioles and extension into the adjacent pulmonary alveoli

Spleen Congestion

Liver Shows loss of the columnar arrange-

right lateral wall Large piece of hard infarcted placenta removed Patient showed shock but not enough bleeding present to warrant packing Further removal of placenta abandoned Patient transfused with citrated blood, followed by normal saline solution intravenously. She did not react and died. No autopsy Post-mortem exploration of the uterus revealed large amounts of placental tissue attached to uterine wall which could not be manually separated. This with history seemed to warrant diagnosis of Placenta Accreta

Case 6 Mrs A. S, 38 years, private case (Dr Louis E Phaneuf) January 1, 1926 tient a para 11 History of her first pregnancy (1915) important in that after normal labor she had severe post-partem bleeding a few hours after delivery and also on the third and tenth day post-partem She was packed after the last bleeding and subsequently developed a severe sepsis and thrombo-phlebitis In the present labor delivery complete by forceps to the head which was in sight. (10 lb baby) Uterus contracted well and after one and a half hours attempts at expressing placenta failed Manual exploration of uterus showed a fundal implantation of the placenta extending toward the left wall of the uterus No cleavage line could be made out A small corner of placenta was lifted at the lower pole but was so adherent to uterine musculature that it came away in shreds Further attempts to remove placenta were abandoned and uterus Hysterectomy performed packed with gauze Patient did well for forty-eight hours and then had slight distention On sixth day had acute dilated stomach which was relieved only to recur on the next day and patient became weak and died on the eighth day Diagnosis-Acute dilatation of stomach

Dr Mallory—Pathological examination

"On microscopic examination no trace of uterine mucosa can be found except in two sections through the decidua vera where a few glands are present in the muscle coat. For the most part development of decidual cells is slight to moderate in amount. They occur on the surface of the muscle beneath the hyaline layer of Nitabuch or more often and abundantly between the muscle fibers of the myometrium. Many of them are multinucleated. In numerous places the hyaline layer of Nitabuch is broken through and the villi

are extending into the underlying muscle tissue and into distended veins thus forming a close union between the placenta and the uterus. The unusually close attachment of the placenta to the uterus would seem to be due to three things, to lack of mucosa, to development of decidual cells chiefly within the muscle wall, and to extension of the villi through breaks in the hyaline layer of Nitabuch and into veins lying within it."

Mrs C, 35 years, private case No 1511 Patient a para 11, had (Jackson) bleeding enough to require transfusion after first labor Placenta said to have shown infarct over one-third of its area. In present pregnancy a large baby 10 lbs and 9 oz delivered by forceps applied in mid-pelvis. A half hour after the birth attempt was made to express the placenta from a well contracting uterus. This failed and after another hour and one-half manual extraction of the placenta begun With difficulty, about one-quarter was freed from its attachment to the fundus and posterior wall. As fundus approached distinct thinning of uterine wall was noted and being fearful of uterine perforation the maneuver was stopped Patient had lost considerable blood and showed distinct signs of shock and hemorrhage. Systolic B P was 75 Pulse was 140 500 cc of citrate blood was introduced into the median basilic vein and supra-vaginal hysterectomy by abdominal route was performed as soon as transfusion was completed Patient made an almost uneventful recovery leaving the hospital at end of three weeks

Dr Mallory's Pathological report

"Microscopic examination—no mucosal layer with glands in it can be found There is a moderately thin layer of decidual cells lying within and on the internal surface of the myomet-In places the layer is reduced to almost Between the decidual cells and the chorionic villi is a fairly broad hyaline fibrinoid layer, the so-called layer of Nitabuch In many places it rests directly on the smooth muscle Similar hyaline material is present between and on the surface of many of the villi Calcification is present in places in the hyaline material. In one section the villi pass through an opening in the layer of Nitabuch and show in a blood space in the muscle wall Diagnosis-Placenta accreta"



slight rigidity are sometimes puzzling, especially in children. The rigidity is superficial as is also the tenderness and often this superficial tenderness is manifest if the skin is picked up between the thumb and the index finger. Deep pressure does not aggravate the pain Neck pain may occur from phrenic nerve irritation and the leukocyte count is higher in pneumonia. Rebound tenderness is absent. It must be remembered that both conditions may be concomitant. Tabetic crises and lead colic are two more possible pitfalls. When called to see a patient the cautious surgeon will always be on the defensive and ask himself, is this surely a surgical pathology?

Some cases task the best of diagnosticians hematogenous pyelonephritis is a stumbling The frequent negative urine may mis-The early marked constitutional reaction and the acute flank tenderness outweigh the abdominal signs Renal colic is sometimes a nightmare. I remember being called to see a case of supposed acute intestinal obstruction of 48 hours' duration The obstruction was a reflex ileus and the patient voided a small stone in my presence A more common and tragic mistake is to interpret a gangrenous appendix for renal colic Both begin with severe pain and subside rather suddenly In both, the tenderness may be acute in the right lower quadrant with absence of rigidity Rectal examination and the leukocyte count usually solve the dilemma. In doubtful cases an X-ray is indicated. It should be emphasized that hematuria is absent in half the stone cases

The modest youth in the presence of his family may present a syndrome simulating appendicitis acute pain, tenderness and voluntary rigidity in the right lower quadrant Palpating a little lower, swollen inguinal glands are found and an acutely swollen testicle persuades the surgeon to advise expectant treatment. Acute prostatitis and semina vesiculitis may cause referred abdominal pain Rectal examination has its compensating rewards Lastly a puzzling case may be made more so by the administration of morphia and the application of ice before the surgeon arrives

The most frequent of the Perforative cases is that of the appendix. The typical attack is easily diagnosticated the early reflex parumbilical pain with focal signs in the right lower quadrant after six to twelve hours when the serosa becomes inflamed is a common picture Spreading tenderness and rigidity with acute rectal tenderness completes the classical picture of perforation. This type offers no difficulty in diagnosis, but its treatment tasks to the utmost the skill of the able surgeon. These are not cases for the tiro, the ice bag is better than surgical incompetence.

A grave mistake and often a fatal one is the

unrecognized gangrenous appendix. The pathognomonic feature of the gangrenous appendix is the severity of the pain at the onset (the pain of dying tissue) Later, in eight to twelve hours, when the pain subsides there are only slight focal signs -- slight discomfort -- slight tenderness and almost no rigidity in the right lower quadrant With the occlusion of the appendiceal artery the appendix dies and dead tissue tells no tales and excites no protective peritonitis about it. The patient feels better, the doctor also, and in another few hours the appendix sloughs through and a rapidly spreading peritonitis results, and usually proves fatal Temperature and leukocyte count are notori-A patient with severe abously unreliable dominal pain for several hours, suddenly subsiding with slight focal signs in the right lower quadrant demands immediate operation

The diagnosis of perforated ulcer of the stomach or duodenum can be easily made in The anamnesis of previous indimost cases gestion, the suddenness of onset, the agonizing pain, constant in character in contradistinction to the colicky pain of appendicitis, intestinal obstruction, hepatic or renal colic, the vast extent and degree of board-like rigidity and tenderness so soon after onset, the comparatively slow pulse, slight or afebrile reaction, is a familiar picture A few points are worthy of emphasis, acute embolic ulcers may give no previous history of indigestion up to the moment of perforation, vomiting occurs in less than one half the cases, rectal examination may elicit extreme tenderness soon after perforation from the intestinal contents gravitating into the pelvis The symptom of shock has It occurs soon after been overemphasized perforation and is often transitory More than half the cases show obliteration of liver dullness—a corroborative but in no wise pathognomonic sign The left shoulder pain sometimes complained of is probably a pneumogastric-spinal-accessory reflex

Cases of perforative ulcer of the stomach or duodenum seen in the first few hours are easy of diagnosis After several hours the extraversated chymous material has had time to gravitate about and the case may be mistaken for perforative appendicitis The ulcer patient's history has a dramatic touch—the moment of perforation is remembered Should a doubt exist, a mid-rectus incision soon clinches the diagnosis A peritoneal cavity full of flocculent exudate with food particles should not be mistaken as coming from a perforative appendix and yet reddened appendices have been removed through an error in diagnosis and the patient allowed to go to his doom

Perforation of a malignancy, usually gastric or sigmoid, may be suspicioned from the age and previous history of loss of weight A very ment of the liver cells They show granular degeneration and also fatty degeneration

Mastoids Sections taken from both right and left sides show a bilateral suppurative mastoiditis

Mambrana Tympani The three layers are well defined The mucosa is intact and shows no inflammatory change. Toward the region of the tympanic ring and antrum the mucosa shows a definite catarrhal inflammatory change as manifested by irregularity of the surface casting the cells and increased activity of the coiled glands with the associated round cell infiltration.

Anatomical Diagnosis -

1 Bilateral Suppurative Mastoiditis

2 Bronchopneumonia

3 Paranchymatous Degeneration of the Liver and Spleen

Comment The cases of atypical mastoiditis reported in the literature all had some indication for operative intervention

First, there are cases similar to those reported by B E Hempstead, in the Annals of Otology, Rhinology and Laryngology, of June, 1926 In these cases, the mastoid findings were positive and the middle ear findings were absent at the time of examination. In these cases the indications for operative intervention were the positive mastoid findings of the positive X-ray findings

Second, there are cases similar to those reported by Marriot and Floyd. In these cases, occurring in infants, there were no mastoid signs. There were, however, positive middle ear disease and associated symptoms of dehydration, marked loss of weight and diarrhea. Here the operative indication was the presence of middle ear suppuration and the associated symptoms which indicated sepsis.

This case is of unusual interest on account of the total absence of symptoms referable to the mastoid or middle ear, which might have served

as an indication for operation

ACUTE ABDOMINAL TRAGEDIES*

By EDWARD C BRENNER, MD, FACS, NEW YORK, N Y

ACUTE abdominal tragedies" designates those acute pathologies within the abdomen which terminate fatally unless surgically relieved. Their early recognition depends upon the diagnostic acumen of the general practitioner, for the surgeon is seldom first consulted except in cases of traumatic origin. Since prompt diagnosis and immediate surgical intervention is imperative, the responsibility of the physician is a grave one

It is incumbent upon the surgeon to make an accurate diagnosis if possible and not content himself with the general diagnosis of an acute abdomen Correct pre-operative diagnosis permits of proper incision and approach, saves time and unnecessary trauma, and is imperative if local anesthesia is employed

For practical purposes, "acute abdominal tragedies" may be divided into two groups, (a) the Perforative and (b) the Thrombotic The Perforative group includes the lesions (either from disease or trauma) of the hollow viscera, viz stomach, duodenum, small and large gut, appendix and gall-bladder The Thrombotic group includes those pathologies in which circulatory interference predominates acute intestinal obstruction, volvulus, intussusception, mesenteric thrombosis, gangrenous appendicitis, acute pancreatitis, tumors solid or cystic, with twisted pedicles, et cetera

It becomes at once evident that in the Perforative groups the clinical picture is one of

*Read before the New York Physicians Association at the New York Academy of Medicine, May 23, 1928.

peritoneal insult from escaped visceral contents. The early condition is a focal one, later peritonitis supervenes. The pain is sudden, continuous, first of localized peritoneal irritation, later passing on to true peritonitis. The patient lies still, with updrawn knees, afraid to move, in fact to even breathe deeply. In contrast, in the Thrombotis group, the pain is due to extravarsated blood—it is the pain of dying tissue, colicky in type, the patient is restless and tosses about. Later peritonitis may ensue from gangrene with perforation

Before discussing these pathologies it seems fitting to emphasize some of the commoner nonsurgical conditions with which the surgeon is A few weeks ago I was called confronted in to see the father of Dr J W The patient, 55 years, had been ill thirty hours with epigastric distress and vomiting. The tentative diagnosis was acute cholecystitis amination the patient had slight fever, pulse The epigastrium was 120, respiration 26 The stethoscope acutely tender but not rigid revealed a pericardial friction rub pensated myocardium with an enlarged tender liver is a more common error Angina pectoris, especially the first attack, is sometimes puzzling, with its acute epigastric and occasionally lower abdominal pain Heart cases are usually found in a chair or sitting up in bed Those with abdominal lesions lie down

Early pleural pneumonias with absent or slight chest signs and right sided pain with

and holds its breath, the later passage of currant jelly-like mucous, per rectum, is a familiar syndrome A sausage shaped tumor, usually in the right upper quadrant or epigastrium, is palpated in about half the cases What is worthy of emphasis however, is the free interral between attacks of pain time ago, I demonstrated a chubby baby to a group of matriculates to emphasize this point. The baby was lying on the examining table, playing with its rattle and apparently perfectly About every ten minutes it would cry in pain, hold its breath, draw up its knees and grow pale Such paroxysms would last a half minute and again the baby was ready for its What a deceptive picture in between attacks! After two such demonstrations of intermittent pain followed by free intervals of apparent normalcy, the infant was taken to the operating room and a six inch intussusception (Another instance when rectal examination brought its reward)

Acute pancreatitis usually occurs in portly individuals past middle life and often after eating a hearty meal The onset is sudden with terrific epigastric pain usually passing through to the back-this back pain is often intense. There is pronounced shock, repeated vomiting and a rapid thready pulse. Early distention follows with only slight epigastric ten-The characteristic derness and no rigidity thing about pancreatitis is the excruciating pain, marked collapse and paucity of abdominal The diagnosis is generally a tentative one but, once the abdomen is open, bloody fluid and areas of fat necrosis in the omentum and mesentery confirm the diagnosis

Thrombosis and Embolism of the mesenteric vessels most frequently follows some surgical intervention for infection within the abdomen, especially appendiceal abscess. In this type of case there is sudden onset of acute pain, severe, colicky and remittent in character. At first there is bowel stasis, later, blood

in the vomitus, or especially currant jelly-like stools, confirms the diagnosis. The idiopathic type, less common, usually attacks middle aged males who have a predilection for endarteritis. The onset is sudden with severe remittent abdominal colic in the region of the involved bowel with vomiting and localized tenderness. A bloody diarrhoea is very suggestive. Many such cases have prodromal attacks of mesenteric claudication of greater or lesser degree before complete occlusion results.

Cystic or solid tumors of the ovary whose pedicles twist present the picture of sudden onset of very severe pain, remittent in character with greater or lesser constitutional reaction depending upon the amount of extraversated blood. A tender globular mass is found per vaginum. In adults the pathology is usually ovarian cystoma, in children, ovarian dermoid, sarcoma or teratoma.

The typical case of tubal rupture or tubal abortion offers no difficulty in diagnosis. The atypical cases, especially those of repeated small hemorrhages often mislead. It is well to remember that a married woman whose periods have been regular and who passes her time and has severe pelvic pain is probably either miscarrying per vaginum or per abdominalis. Very acute tenderness in the cul-de-sac with or without fulness connotes a ruptured ectopic pregnancy.

In the foregoing very brief reference to each pathology, an attempt was made to differentiate the Perforative from the Embolic type of lesions and to emphasize salient diagnostic points. A correct pre-operative diagnosis can usually be made but at times this is impossible and the surgeon can only prognosticate the lesion "on the doctrine of chances." Fortunately such cases represent a small minority. Prompt recognition of the acute abdomen with surgical intervention in the first twelve hours usually results in recovery. Thereafter the mortality rises with each succeeding hour.

POLIOMYELITIS

Study of 46 Cases During the Fall of 1927

By ORMAN C PERKINS, M.D., FACP, BROOKLYN, N Y
From the Department of Neurology Long Island College Hospital

HE investigation reported in this article was stimulated by the large number of cases of poliomyelitis in which cranial nerve palsies were present. Although Medin called attention to the fact that the cranial nerves might be involved, the frequency of cranial nerve affection has varied in the different epidemics. In the Swedish epidemic of 1905, in which there were 685 cases studied,

Wickman (1) saw 42 instances of combined spinal and bulbar paralysis. In the series of 71 cases studied by Peabody, Draper and Dochez (2) there were twelve of combined paralysis. In 338 cases at the Queensboro Hospital, in the New York epidemic of 1916 (3), there was cranial nerve involvement in 46 cases. Walsh (4) noted 8 cases of the bulbar type in a series of 45 cases.

short time ago I was called to see a relative who gave the typical history and physical signs of perforation. He had been excessively alcoholic and a gastric ulcer seemed to be the most probable offender. Three small perforations of a recto-sigmoid carcinoma were found. The next day the family recalled he had mentioned losing 23 pounds in weight. Diverticulitis may also perforate but is most prone to produce a localized abscess as the leak is usually a slow one. At operation carcinoma may be told by its pathology and by some hypertrophy of the proximal gut

Perforation of the gall bladder is uncommon It usually occurs after several days of acute cholecystitis and may be ushered in by acute pain and shock and the rapid spread of tenderness and rigidity to the right lower quadrant and pelvis as revealed by rectal or vaginal examination. Slow perforations are usually walled off and are discovered at operation. I have seen the whole abdomen, especially the right side, acutely tender and rigid from an unruptured gall bladder. The diagnosis of rupture in the typical case is not difficult, in the

atypical it may be impossible

In all perforations of a hollow viscus, the process is a sudden focal soiling of the peritoneum which spreads and finally involves the entire greater sac. Therefore it will be at once evident that a proper pre-operative diagnosis is necessary to establish the site of attack. To open the abdomen in the wrong quadrant is to invite the spread of infection and results in a difficult or impossible approach to the site of lesion. In the Thrombotic cases the danger of spreading the infection is very inconsequential.

Traumatic perforations of hollow viscera for practical purposes fall into two main classes, the run over cases and the gun shot wounds. The run over cases are often very puzzling due to the fact that intra-abdominal bleeding so frequently complicates the picture. In all suspicious cases an exploration is indicated, often with an accompanying transfusion. Frequently the skin abrasion indicates the site for incision. Gun shot wounds of the abdomen should be immediately explored unless it can be proven that the projectile followed only a mural course.

The most common of the Thrombotic lesions is gangrenous appendicitis already touched upon. Next in frequency is acute intestinal obstruction. The clinical picture of this pathology depends upon two factors. (1) and of less import, obstruction to the fecal stream (2) and of greater importance, obstruction to the circulation in the gut wall resulting in thrombosis and extraversation of blood. The early symptoms depend upon this circulatory disturbance, namely, colicky pain, in-

creased peristalsis and reflex vomiting. With this triad of symptoms there is no rigidity and no acute tenderness. In the average early case of obstruction the constitutional reaction is akin to that of blood extraversation as in tubal, hemorrhage or post-operative tissue death, namely, temperature 101° to 102°, pulse 100-110 and leukocytosis about 10,000 to 13,000. If much tissue damage occurs shock is produced. The toxaemia has a two-fold origin (1) from the intestinal contents per se and (2) from toxins produced in the intestinal wall from circulatory disturbance. The higher the obstruction the internal contents.

tion the more virulent is the toxin

The operative mortality of acute obstruction is appalling, about 90% This tragic rate is due in large part to delayed diagnosis surgeon is seldom called during the first 24 hours and often not until the third day most cases the diagnosis is self evident—to wit a patient for years has had a reducible hernia Suddenly he is seized with pain and vomiting and the hernia does not reduce Perhaps at the onset his bowels moved once Thereafter nothing passes and enemata return without gas or feces-the diagnosis is clinched Another common case is the patient who has had a previous laporotomy, especially for adnexal Perhaps there has been some indigestion and constipation Suddenly the patient is seized with colicky pains and vomiting and the bowels refuse to move to catharsis or enemeta-the diagnosis is acute obstruction from bands or kinks Another common typepatients usually past middle life who have lost some weight and been a bit constipated, suddenly have pain, vomiting and inability to move the bowels—the diagnosis of acute obstruction from an annular carcinoma is usually verified at operation. A young adult previously laporotomized is suddenly seized with cramps and vomiting and is unable to move the bowels His family physician finds a moderately tender mass on the right side-when the surgeon arrives, the mass is found on the left side—a shifting mass-highly tympanitic-highly presumptive of volvulus In the above types no mention was made of abdominal distention or fecal vomiting. To wait for these is to invite the Reaper. The cardinal sign is inability to move the bowels of feces or gas and this requires but a few hours to determine

The predominating cause of acute intestinal obstruction in young children is intussusception, 75% of these cases occur between the fifth and ninth month, when the lymphoid issue in and about the region of the ileo-cecal valve reaches its maximum hyperplasia. The onset is sudden with colicky pains, usually with vomiting and perhaps a normal stool. The intermittent severe colicky pains, during which the infant pales and draws up its knees.

THE RELATIONSHIP OF ORTHOPAEDICS TO THE PRACTICE OF PEDIATRICS* By CHARLES OGILVY, M D, NEW YORK, N Y

NE hesitates to step from one field of practice to another and suggest or advise treatment of cases in another specialty

The practice of pediatrics, however, is so closely allied and correlated with that of orthopaedic surgery that the two, at times, must necessarily be carried on simultaneously

Pediatrists are consulted more often regarding orthopaedic conditions, especially in younger children, than are we orthopaedic surgeons

Recognizing this fact, I have accepted your invitation to present this paper, and take this opportunity of thanking you for the honor and privilege

The effects of early treatment of acquired deformities in children are so far-reaching that we are astounded in seeing, on the one hand, what brilliant results follow properly directed preventive measures and, on the other hand, the crippling deformities which are the permanent results of carelessly advised or neglected cases

May it be thoroughly understood that the spirit of this paper is one of constructive criticism, offered in the broadest sense of the term, that it may be of practical benefit in the application of orthopaedic principles in your practice of pediatrics. The spirit of the paper is neither to apprehend nor condemn

It is conceded that in the practice of your specialty, the treatment of a difficult case of malnutrition or suspected appendicitis, for example, might be more interesting and absorbing, and invite closer attention and concentration than a case of developing foot deformity, or a beginning spinal postural deformity. The latter may seem insignificant and much less interesting in comparison. Nevertheless, from the standpoint of the child's ultimate efficiency, the orthopaedic condition is often even more important than the pediatric, and your responsibility is as great in the one case as in the other.

The purpose of this short paper is to enable you to be better orthopaedic practitioners while carrying on in pediatrics

As previously stated, the orthopaedic conditions in infancy and childhood are in the majority of cases first brought to the pediatrist for suggestion and advice. It is at this time that you have the opportunity, as well as the responsibility, of planning and carrying out the principles of orthopaedic surgery with a very far-reaching effect. Do not side-step this responsibility.

It is this phase of the subject which I wish especially to emphasize

Congenital deformities or diseased conditions find no place in this discussion

The following cases will serve to illustrate In each instance, the pediatrician was the first to be consulted

I R H—4 years Diagnosis Double weak feet, referred to instrument-maker for plates—type of plates not specified. No further treatment or advice, nor any check-up made. One year later reports that the plates received were never worn as they caused pain and discomfort. Thus one year was lost during which the condition became much worse.

N M—2 years Was advised to raise outer sides of soles for marked in-toeing. Not checked up or seen afterwards and now reports, six months later, with marked eversion and footstrain.

M E—9 years First noticed two years ago that she "ran over" towards the inner side of the foot, especially when wearing slippers. This was reported but no notice taken of it, nor any treatment prescribed. Now there is a well developed condition of flattening feet with accompanying symptoms.

IV B H—6 years Complains of pain in legs due to eversion and foot strain. Had been advised to wear mocassins as long as possible

G W—A years Foot deformities recognized at birth Soles and heels properly elevated when child was one year old and was seen again six months later but not since Now, three and one-half years later, condition of marked weak feet with foot strain for which special shoes and plates are necessary. Three and one-half years of the most important time for treatment having been lost.

B C—2½ years So called "expectant treatment" for double knock-knees one year ago Now braces are necessary as the knock-knee condition has increased with accompanying double eversion of the feet

J G—10 years Antero-posterior postural deformity with a slight lateral deviation. Two years previously was advised being kept out of doors in the fresh air as much as possible, but no further treatment suggested. Now, both exercises and a spinal corrective corset are necessary.

These are but a few of the many cases which are constantly occurring, all of which are readily diagnosed and can be well prescribed for and followed up. Having been diagnosed by the pediatrist, and certainly after having been prescribed for by him, they should be carefully and conscientiously followed up by him to a satisfactory conclusion.

FOOTWEAR In general, sneakers should be condemned It is true that some children can wear sneakers without injury, but about 50%

^{*}Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y, May 23 1928

Nerves affected		Swedish epidemic	Queensboro Hospital
11		1	2
Π		4	2
IV		0	ĩ
V		2	õ
VI		4	12
VII		12	12 26
IX-XI		5	2
XII		9	<u> </u>
Eyes		5	Ô
		~	
	Total	42	46

The 46 cases studied in this report were patients admitted to the Kingston Avenue and Long Island College Hospitals in Brooklyn, N Y, during the months of August, September, October and November, 1927 Of the 46 cases studied, 37 were patients in the Kingston Avenue Hospital and 9 in the Long Island College Hospital The onset occurred in 19 cases in August, 15 in September, 8 in October and 4 in November Twenty cases or 43 4% showed cranial nerve involvement

In the study of the results of the investigation of the bulbar type in which the cranial nerve nuclei had been affected, we find that the oculomotor was disturbed in 6 cases, giving rise to partial ophthalmoplegia and inequality of the pupils The abducens was affected in 7 cases, resulting in an internal stra-There was a facial paralysis in 8 cases and in every case the paralysis was unilateral and all three branches were affected Paresis of the laryngeal muscles resulting in a change in the voice, difficulty in deglutition and regurgitation was observed in 10 cases Paralysis of the hypoglossal nerve was marked in one case, the tongue deviating to the right In one case there was a bilateral deafness which was complete and at the time of discharge from the hospital there was no evidence of a return of function of this nerve The spinal accessory was involved in 4 cases

There were three cases in which the cerebral hemispheres and basal ganglia were involved One case, a female, 25 years of age, was stuperous for three weeks and during this time she was disoriented as to time, place and per-She had hallucinations for a period of two weeks and marked delusions for six weeks In this case there was a paresis of the left arm, with an increase of the biceps, triceps and supinator reflexes over those of the right arm. The cell count in the spinal fluid was 1980, five days after the onset of the The second case occurred acute symptoms in a female, 6 years of age. All the deep reflexes were hyperactive and there were marked choreiform movements of the upper extremities The cell count in the spinal fluid on the fifth day after the onset was 90 The third case was an extremely unusual type occurring in a female, 11 years of age. There was a

flacid paresis of the right leg and a spastic paresis of the left arm and leg. The left leg was swollen, cold and cyanosed. The vasomotor instability in the left arm and leg was very pronounced and remained for 16 days, when it completely cleared up. There were 80 cells in the spinal fluid on the fourth day after the onset.

One or more of the extremities were involved in 44 cases. In summarizing the involvement in the extremities, I find the following distribution

Right leg alone	5
Left leg alone	ē
Right arm alone	i
Left arm alone	0
Right and left legs	16
Right and left arms	C
Right leg and right arm	C
Left leg and left arm	2
All extremities	14

In studying the character of onset in this series of cases, there is nothing unusual. The principal symptoms occurred in their order of frequency

Nausea and vomiting	32
Headache	31
Pain in the back	28
Rigidity of the neck	24
Drowsiness	22
Sore Throat	21
Hyperesthesia	2
Photophobia	1

I wish to call attention to the frequency of pain in the back, the so-called "spine test," in this series of cases. The pains in the back may be uncommonly severe and associated with protective rigidity. These pains in the back are probably due to inflammation of the spinal meninges (5)

Four cases were in patients between the ages of 20 to 25. Seven cases were between 10 and 20 years of age and the remaining 35 cases were below the age of ten

The colloidal gold reaction was carried out in 32 cases and the characteristic curve as described by Regan, Litvak and Regan (6) was found in 26 cases

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by means of elevating the inner sides of the soles and heels of the shoes. The amount of elevation will necessarily be more than for weak feet only, and will be approximately ½" to ½" It is true that such an elevation of the foot will cause a marked inversion of the foot and a temporary inverting deformity. This, however, is not only not harmful, but it is usually beneficial, as the majority of these cases have an accompanying eversion of the foot, due in part, if not altogether, to the knock-knee condition

The legs should also be massaged every day During the night, a Figure of Eight Bandage should be applied to hold the feet and ankles firmly together. The Figure of Eight Bandage prevents a lateral slipping of the feet and legs. The child very soon becomes accustomed to this corrective bandage application.

BOW-LEGS A beginning bow-legs case should be massaged every day, and a similar Figure of Eight night bandage applied, but applied midway between the knee and the ankle This treatment will prevent many cases of knock-knees and bow-legs from developing into more marked deformity, when braces or operations are necessary

POSTURAL DEFORMITIES It is impossible with such a short time at one's disposal to do justice to this subject. But I wish to emphasize the great importance of recognizing these postural deformities the minute they enter your office. They should be recognized whether or not the patient comes in to consult for this condition Postural deformities are so often overlooked or neglected by parents

An antero-posterior postural deformity is readily diagnosed, the picture is a classical one, and being always associated with prominent scapulae, marked lumbar lordosis, and prominent abdomen. The patient carries himself in a slovenly way. Not only does he not stand up erect, but he sits in a stooping position, slumps over his desk or book, and in general appears to be rather below par.

Having recently examined some five thousand school children between the ages of seven and fourteen, I have found that between 11% and 12% have a postural deformity

This postural deformity at first is not associated with a lateral deviation of the spine. The deformity is only antero-posteriorly. There are no painful symptoms whatever, and the only thing that will call your attention to the condition is the careless, relaxed position held by the patient, both in sitting and standing. With the clothing removed and the patient standing in front of you, the full significance of the deformity is immediately apparent.

Treatment is exceedingly satisfactory Special corrective spinal exercises should be given at least twice a week by a competent instructor

Each day, morning and evening, the patient should spend fifteen minutes to half-an-hour performing these exercises in his own home. The patient should then report to you at least once a month for a check-up and a comparative study made relative to the previous condition when last seen

This deformity is entirely postural, there being no bone change Six month's treatment is usually sufficient to correct the condition

If allowed to progress, a lateral deviation of the spine will develop. This in addition to the antero-posterior postural deformity, naturally increases the amount of apparent deformity to a considerable extent, with a resulting elevation of one shoulder over the other and an apparent enlargement of one hip in comparison to the other

One scapula is seen to be further from the spinous processes than its fellow, and a decided lateral deviation of the spinous processes is noticeable. The antero-posterior postural deformity is somewhat exaggerated at this stage, and the general attitude of altered poise of the body is more marked.

These cases are all curable owing to the fact that bone change has not taken place as yet, provided that rotation of the vertebrae has not developed. When the latter takes place, a perfect cure is not possible because of change in the bony structure of the bodies of the vertebrae, but where a lateral deviation alone exists, and is due only to the postural deformity, both this lateral deviation and the antero-posterior postural deformity can be corrected by exercises in most cases. In others, a spinal brace is necessary in addition to the spinal corrective exercises.

When, in addition to exercises, you have a spinal brace applied, see that it is properly fitted and a real corrective force. Otherwise your patient may be wearing a harmful rather than a beneficial brace.

For these severe forms of lateral deviation without rotation, in which you decide that a spinal support is necessary, a well-fitting, properly made steeled corset will be found to be most satisfactory

You will see in this short résumé how important it is to follow up closely the treatment which you have prescribed, as it is not possible to expect the shoemaker, bracemaker, or instrumentmaker to assume the responsibility of the results of the treatment from the appliance prescribed

The results of your so checking up these cases from time to time will mean the difference between success and failure in the results obtained

In conclusion, I would again emphasize how very much the patient depends upon the pediatrician for the recognition and properly carried out treatment of these acquired deformities in early childhood of our children have a tendency to weak feet, and therefore our camp outfits should prescribe "Strong Sport Shoes" rather than "Sneakers" More foot strain cases in children are reported in September after the summer camps than at any other time during the year. This is very significant

The same applies to gymnasium shoes These should have a very firm base of support

In small children and growing infants, short and pointed stockings have permanently injured many otherwise perfect feet. This applies before the, baby begins to walk as well as later. The same is true of the tight bootee for an infant

When a child begins to walk, a square-toed solid soled shoe should be ordered. The broadest part of a child's foot is across the toes therefore, this should be the widest part of the shoe. The shoe should always be kept longer than the foot

Recently a salesman of children's shoes, when asked how often a discarded shoe was long enough for the foot replied, "Very, very seldom" Unfortunately, most children are allowed to wear their shoes until the toe is driven downwards and forwards, and so traumatizing the foot at each step. This applies specially to younger children

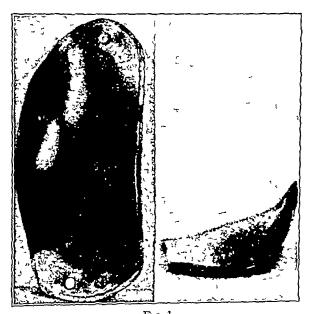


Fig 1
Leather steel inserts inverting the foot

Corset-sided shoes are a delusion and a snare, and can neither prevent nor correct eversion of the foot—which is the primary factor in producing most cases of foot strain and weak feet

Flexible-shanked shoes for weak feet are wrong These cases should always wear stiffshanked shoes FOOT-STRAIN The symptoms of footstrain in children are not those relative to the feet themselves. They are rather those of general fatigue accompanied by over-fatigue. The child refuses to accompany his playmates in their sports and games and the usual childhood activities are cut down to a minimum. Upon examination, the feet are seen to be decidedly everted and, as a natural sequence, foot strain results

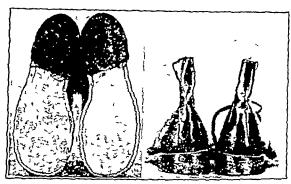


Fig 2
Surgical heels raised 3/16" on inner sides

These cases are treated by inverting the foot by means of a surgical orthopaedic heel, raised approximately $\frac{3}{16}$ " to $\frac{1}{4}$ " on the inner side This, in many cases, is all that is necessary If it should prove insufficient, the reason is that the inversion of the foot is not complete, and this complete inversion of the foot is obtained by means of a small leather arch which you can have constructed by the orthopaedic shoemaker, and which will change the plane of the foot and so obtain a better foot balance by raising its inner side. These inserts with the surgical heel will correct the majority of your cases sionally, with a very heavy child, with an extremely flexible type or joint ligaments, a plate will be necessary In these cases, I recommend the Whitman Plate, in addition to the surgical heel High laced shoes should always be prescribed

Foot exercises are of great importance, and of these, I shall mention two, i.e. walking on the outer sides of the feet, and also rising upon the outer sides of the toes, slowly and rythmically These two exercises should be continued daily night and morning for five minutes

KNOCK-KNEES You will see many cases of slight knock-knees. The "expectant treatment" mentioned in textbooks for these cases means no treatment whatever, and so often results disastrously

A slight knock-knee can be controlled and corrected by changing the body weight thrust from the inner side of the knee joint to the outer

The early diagnosis of gas gangrene is of prime It should always be kept in mind when there is a deep, lacerated or contused wound of the extremity or buttocks, especially when there is a compound fracture, a foreign body, or an impairment of the blood supply If gas gangrene is kept in mind, débridement will be done thoroughly and after care will be more intelligent. Swelling about the wound and intense pain are early and important symptoms The skin is first pale and then mottled Later it is yellow and green with numerous blebs There is a thin discharge. An increase in the pulse rate out of proportion to the increase in temperature is an important sign. The patient is alert though toxic. Gas may be discovered by auscultation and percussion or by the x-ray before bubbles or crepitation are apparent. The odor is characteristic Encasement of plaster should never be made when gas bacillus infection is a possibility The wounds should be left open and frequent inspections made

The surgical treatment of gas gangrene was put on a rational basis during the recent war when careful observation and experiment explained the pathological process. Surgical treatment is supplemented by serotherapy, but serotherapy cannot replace surgical treatment. Van Beuren (8) gives the following general rules for the treatment of gas bacillus infection.

l Operate as early as possible under nitrousoxid anaesthesia, if you can

2 Prepare the part with the least amount of trauma and delay

3 Avoid tourniquets

4 Make incisions longitudinally and one-half again as long as you think they need be both in skin and fascia, but leave as much skin as you dare in your débridement.

5 Go between rather than through normal muscles, but open the wound as thoroughly and as

freely as you possibly can

6 Excise all torn, crushed, discolored, noncontractile muscle until you have left only that which is firm or normal in color, actively contractile, and which bleeds readily

Make a careful search for and remove all loose bone and foreign bodies, especially clothing

and blood clots

8 Stop all bleeding and leave the wound well open and separate its walls with wet gauze, laid in, not packed in

9 Use Carrel tubes, plenty of dressings, and

make careful splint fixation

10 Do all this as rapidly as you can

To these general rules I might add amputate when the toxemia seems to be overwhelming

Bull and Pritchett (9) of the Rockefeller Institute developed a specific serum for Bacillus welchin During the last year of the war polyvalent serum was available largely through the efforts of the French, Weinberg and Séguin (10), Vincent and Stodel (11), Sacquepee (12), and De

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These organisms require certain conditions to permit their growth in the human body after they have gained entry. The infection is primarily one of muscle tissue. Traumatized tissue with hematoma is the important factor, as this is a common accompaniment of compound fractures, Barney and Heller (5) found gas gangrene more often in compound fractures than in any other type of injury. Other factors are lowered vitality of the patient, hemorrhage, shock, fatigue, damaged blood supply to the part, and contamination

* Read before the Albany County Medical Society on May 15, 1928

with soil, feces, manure, clothing, shell fragments, etc Bullock and Cramer (6) believe calcium from the soil or from a shattered bone has a damaging effect on local resistance to infection and may be an important factor. Gas gangrene may develop in five or six hours and cause death in fifteen hours, or it may not manifest itself for days.

At onset the condition presents the usual picture of a lacerated or contused wound. Some hours later there is local swelling and discoloration of The skin becomes mottled due to the tissues ischemia and then takes on a khaki color or copper-colored bronzing probably due to hemolysis Then there is the typical odor which has not been well described. It has been compared to the odor of a mouse or of decayed meat. All agree that it is foul and penetrating. It remains in the clothing of anyone associated with the patient and is nauseating. The formation of gas is a late symp-Its presence deep in the tissues may be ascertained by the x-ray or by percussion or by auscultation When it becomes superficial, it may be seen bubbling from the wound Palpation will then elicit crepitation The gas, which is composed of carbon dioxide, hydrogen, and nitrogen, exerts considerable pressure in the tissues and is an important factor in extending the infection mechanically by damaging the tissues and so lowering resistance

In muscle the process extends along muscle bundles readily but finds difficulty in passing from one muscle bundle to another unless the blood supply is damaged by the original injury or by the pressure exerted by the gas. The bacteria produce acid which in turn stimulates the growth of more bacteria and the formation of larger amounts of acid. Hence, there is a vicious circle according to Dayton (4). The local acidosis may lower the pH of the blood, and so the blood stream may become a favorable culture medium before or after death. Gas may be formed in the blood.

The final cause of death is toxemia In addition to the toxic substances formed by devitalized tissue there is a hemolysin causing blood destruction and an exotoxin causing ædema and necro-Taylor (7) finds that the gas itself is of little or no importance as a toxic factor, but its mechanical action is probably the most important single factor in determining the pathogenicity of the infection Gas in the tissues brings about the death of the tissues from ischemia, second, the actual mechanical fragmentation of the tissues, especially muscle, and third, the mechanical scattering of the infection. The muscles involved take on a brick-red color which changes to green and They do not bleed on section, and then black they have lost their contractility on stimulation

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due to absorption from dead tissue After amputation the temperature ranged between 100° and 102° with only two rises to 103°. On the eighth day serum sickness developed with urticaria, puritus, and joint pains. The temperature did not reach normal until the fifteenth day of the infection.

It was our opinion that the serum saved the boy's life. Incisions made in the arm and various antiseptics (Dakin's, peroxide of hydrogen, and bichloride of mercury) seemed to have no effect On December 5th, six weeks after the primary amputation, a secondary operation was done removing the humerus which had become sequestrated

Case 2—M S, age 16, admitted to the Albany Hospital on January 24, 1928, at 8 00 P M with a gunshot wound of the right foot. The previous history was irrelevant. The miury to the foot had occurred three hours previous to admission Upon examination there was found a large through and through wound of the tarso-metarsal region The wound of entrance was on the plantar surface of the foot and was relatively small, while the wound on the dorsum was large and explosive in type. The wound was filled with fresh and clotted blood, pieces of clothing, fragments of bone, and many lead shot. The tissues about the wounds showed the usual reaction to trauma X-ray examination showed comminuted fractures of most of the trasal and many of the metatarsal bones with many shot in the tissues The patient's general condition was good

The possibility of development of severe infection or gas gangrene was realized, but the nature of the wound scarcely justified amputation. Accordingly under ether anesthesia, the wound was debrided and all loose and devitalized tissue was removed. The wound was loosely packed with vaseline gauze and Dakin's tubes inserted. No sutures were introduced. A splint was applied to the foot and leg, and 3,000 units of tetanus antitoxin were given.

On the following day the patient appeared somewhat toxic and was semi-delirious wound showed no abnormal signs Dakinization was continued The temperature ranged from 100° to 103° On the next day the patient was quite rational and seemed much better wound was dressed in the morning and nothing abnormal was noted At 5 P M of the same day the dressing was done again, and gas bubbles were seen in the wound There was present no crepitus The leg did not seem to be involved although there was abnormal tenderness along the tibia above the level of the ankle The second and third toes were gangrenous and black, there was a large hematoma on the sole of the foot. The patient's general condition was worse, he was very toxic and irrational During the day the temperature remained at 102° Cultures were taken

from the wound At 9 P M that night, under ether anesthesia, the leg was amputated at a point 5 inches below the knee Drainage tubes were inserted and the flaps loosely sutured 100 cubic centimeters of polyvalent (anaërobic) serum was given intravenously after skin tests. The patient reacted well from the shock of operation January 27th, the next day, the patient appeared much better He was clear mentally and tolerated fluids by mouth. The skin showed some discoloration so the wound was Dakinized Another 100 cc of serum was given subcutaneously. The temperature during the day varied from 98.2 to 100 4°F On January 28th the patient appeared much worse He was delirious part of the time The characteristic odor of gas gangrene was noted in the room There was a gangrenous area about the size of a silver quarter in the anterior skin flap The underlying muscle appeared dark brown and devitalized No gas bubbles were seen, but crepitation could be elicited as far up as the lower border of the patella. The skin on the posterior aspect of the leg was ædematous and discolored All necrotic tissue was removed and the wound left wide open The highest temperature recorded during the day was 996° Two doses of 100 cc each of serum were given subcutaneously On January 29th, the patient appeared better He retained fluids well and was clear mentally The stump was black, and the leg was slightly swollen The dressings had a very foul odor Two more doses of 100 cc each of the polyvalent serum were given during the day On the day following, the patient appeared better still The temperature was normal wound was certainly no worse. No gas could be seen or palpated in the wound or tissues January 31st the patient was much worse again He vomited continually and was irrational wound showed gas formation The thigh as far up as the mid-portion was hard and swollen The temperature rose to 100° On the next day the patient was very bad, he vomited everything, he was irrational, the pulse was feeble. There was little change in the appearance of the wound The patient's condition became worse, and he expired that afternoon

Smears from the wound showed many Gram positive bacilli with large oval subterminal spores, also a Gram negative bacillus with a few Gram positive cocci. Cultures from the wound showed the Vibrion septique and the Bacillus ædematiens. These two organisms, next to the Bacillus welchin are most commonly found in cases of gas gangrene. The amputated leg was examined and smears made. It is interesting to note that no organisms were found in the tissues of the leg above the level of the mid-portion. This fact makes one speculate as to the method of infection of the stump.

Gage states that free incision gives better results than primary amputation in those cases in which the whole limb is not involved. When amputation is necessary, it probably should be of the guillotine type When gas gangrene developes in a segment of a limb distal to the segment wounded, it nearly always means that the main artery is blocked, and amputation is the only course The presence of crepitation is not important when one is determining the course of treatment. It is important that the state of the muscles and the number dead should be ascertained before amputation is performed, otherwise a limb may be sacrificed unnec-Most surgeons recommend a guillotine type of amputation and a Carrel-Dakins type of dressing until smears from the wound show that it is safe to do a secondary closure Fluids should be administered in large quantities and possibly glucose and insulin intravenously to combat shock or transfusion to combat the anemia caused by the hemolysin which is a constant accompaniment of the infection Those who believe in acidosis as an important factor in the toxemia advise two per cent solution of sodium bicarbonate intravenously When the Carrel-Dakins technic is carried out, the possibility of secondary hemorrhage must be The wounds should be left open remembered and packed loosely Permanganate of potash and peroxide of hydrogen are of doubtful value

Smears from the wound are not of much value in making the diagnosis of gas gangrene. Pettit (16) made careful observations of 890 war wounds. Although 478 of them showed anaerobic bacilli, 67 per cent of that number at no time showed clinical evidence of gas infection. He concluded from his studies that streptococci were of little importance in producing the gangrene Brickner and Milch (3), however, disagree with this statement. Septicemia is frequently present (Klose (18) obtained anaërobic organisms from the blood in 60 per cent of a series of 80 cases, and 51 per cent of these recovered.)

In peace times the infection occurs more often with compound fractures than with any other type of wound. The diagnosis is not difficult if the possibility of gas gangrene is kept in mind "All deep wounds, all open and compound fractures of the extremities contaminated by earth, fecal material, manure, etc, demand, especially if they are treated late, the preventive injection of the antigangrenous serum" (Vincent (11))

CASE REPORTS

Case 1—George C, aged ten, was first seen on October 9th about one hour after injury when a fracture of both bones of the right forearm in the middle third was manipulated under general anaesthesia. A small wound (2 cm long) on the ulnar surface of the arm was swabbed with iodine and a sterile dressing applied. The fracture was immobilized with anterior and posterior padded splints and the arm placed in a sling. Circulation

and sensation in the hand were not impaired Antitetanic serum was given (1500 units into the right deltoid). Injury had been sustained in a fall from an apple tree. The bone was not seen to protrude from the wound. The next morning an x-ray examination showed the bones to be in good position. The patient moved his fingers readily. Splints were not too tight.

At 200 p m on the 11th (44 hours after the accident), the patient came to the office complaining of pain in his arm. He felt "sick and chilly" and had no appetite The arm was swollen, and he could not move his fingers The temperature and pulse were each 100 Above the elbow were several erythematous blotches wound itself was not remarkable, but the hand was markedly swollen and cyanotic. The boy was sent at once to the Child's Hospital, splints were removed, and the arm placed in a continuous bichloride soak (1 to 10,000) Gas bacillus infection was considered a possibility, but no blebs were seen and no gas was seen issuing from the wound Crepitation in the tissues was not present Thrombosis and pyogenic infection were also considered Volkmann's ischaemic paralysis did not seem likely because the swelling extended higher than the splints

Early the same evening there was subcutaneous emphysema in the axilla and chest wall, and gas bubbles were milked from the wound by pressure. There were numerous blebs filled with bloody fluid about the wound The arm was cyanotic, almost Culture* Operation did black, below the elbow not seem advisable because of apparent extension into the axilla and chest wall, and because of the Tetanus-perfringens prostration of the patient serum was obtained from the State Department of Health laboratory and given intravenously first injection was 200 cc of tetanus-perfringens antitoxin (Lederle) and was followed after twelve hours by another 100 cc intravenously Polyvalent serum was then obtained from the New York laboratories and injections of 100 cc intravenously were continued every twelve hours until 600 cc. had been given On the sixth day of the infection a line of demarcation had formed three inches below the shoulder, and the arm was amputated through necrotic tissue without any anaes-Maggots were found in the tissues this time 100 cc of the polyvalent serum was given intravenously

The temperature which was 100° on admission, was 105 6° six hours later with a pulse rate of 140. The second day of the infection the temperature again rose to 105 6°. Thereafter the temperature showed a daily swing between 101° and 104 5° for four days. Clinically the patient was improving, and the high fever was thought to be

^{*}Culture showed staphy lococcus albus a Gram negative bacillus giving the fermentation reaction of Bacillus coll and a Gram positive apore bearing anaerobe

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GONORRHEAL IRITIS*

By MACY L LERNER, M D, M SC MED, ROCHESTER, N Y

T is not the purpose of this communication to bring forward anything new in the etiology of iritis I am well convinced that every ophthalmologist has in mind the possibility of gonococcal infection when presented with a case of initis of questionable etiology

I merely wish to point out the necessity of painstaking search and study of so-called "recurrent iritis" to prove that many of these cases are not obscure nor idiopathic in their etiology Many of these patients would even retain some questionable teeth in their mouth and even innocent tonsils if we would only begin the search from below first and then go upward

The infection of the genito-urinary tract in the male is unquestionably an important factor in ophthalmology, and every effort should be made to eradicate a possible infection before our attention is focussed to surgery in the mouth or Indeed, often only a very competent urologist can assist us in these problems, because the general practitioner often fails to appreciate how a 16-20 year old gonorrhea, dating perhaps from adolescence, can produce a severe ocular inflammation I have respect for their honest skepticism, but our patient is justified in demanding and receiving the proper treatment.

Some authors maintain that 8% to 20% of all cases of iritis are due to gonorrhea rather high in my experience, nevertheless, it should be borne in mind, considering the high

Read before the Rochester Eye, Ear Nose and Throat

incidence of gonorrheal infection in the male Gonorrheal iritis is never seen during the acute

stage of the urethritis, it may make its appearance some months after the gonorrheal infection or may be delayed for years The importance of eliciting a history of gonorrhea cannot be over-I believe that if ophthalmologists emphasized would question their patients more carefully as to a history of gonorrhea, the percentage of gonorrheal iritis would approach a higher mark than estimated

The iris may be the only portion of the eye involved, but in the more intense cases the uveal tract and even the optic papilla may show signs The infection is endogenous, of inflammation reaching the eye by the blood stream, but whether it is due to the gonococcus toxin or direct action of the gonococcus it has not been determined The gonococcus has only once been isolated from the aqueous humor of the eyes of a patient with gonorrheal septicemia

It should be emphasized that gonorrheal iritis, no matter how stubborn it appeared to be to treatment before a definite etiology is established, is rapidly cured with the appropriate venereal treat-The report of one of my cases will con firm this statement

An English writer reports a case of gonorrheal intis following after a lapse of 16 years after the acute urethritis

This brings up the question of how long the gonococcus can remain active in the posterior genito-urmary organs of the male It is difficult to answer definitely, but it has certainly been discovered after a lapse of 27 years

Discussion Dr Alvah H Traver, Albany, N Y It was my pleasure to see both of these cases just reported, 1 e 1f you might call it a pleasure to see such sad cases for one of these boys died and the other just pulled through I wish to speak especially of the first case for in that case, which really seemed to be the more severe, we did not follow the treatment as given in most Surgeries, and yet that case lived while the other, which received such treatment, died

The first question I would like to consider is this. Has the serum reached that stage of perfection that it should be given as a prophylactic in appropriate severe cases of traumatic injury as anti-tetanic serum is given? It would seem that records from the World War would justify the use of the serum as a prophylactic measure in civil life.

Secondly, if there was any time that this arm could have been amputated early, it was at the time he came into my office forty-four hours after injury, for five hours later the axilla and side of the chest were involved and then surely an amputation could have availed nothing. I would like to ask you the following question. If he had been your son, with a temperature and pulse of 100 and a diagnosis as yet uncertain, would you have consented to a shoulder joint amputation of the right arm? I am pretty certain that I would not have consented had he been my son

Thirdly, since the boy walked into my office at 2 00 p m with a temperature and pulse each of 100 and five hours later the temperature was 105 6°, surely this was a most virulent infection, yet from the time the first injection of serum was given the infection did not spread. What held it? Personally, I think the serum was the thing that saved his life.

In the fourth place, was I justified in treating the arm very conservatively and first amputating through the gangrenous area without an anæsthetic and trusting Nature to form the line of demarkation? I think I was as I feared that if I cut into the borderline tissues I might traumatize them and so spread the infection The fact that I am able to show you this boy to-night, I think, justifies the conservative treatment

The New York State Department of Health showed us every consideration in getting the serum from New York City, and I wish to express my appreciation

We were most fortunate in this case in that we had a nurse who stuck to the case from start to finish even if the odor were such that it took away her appetite and the maggots ran about the bed She was determined to do her part to make him get well and proved that there are young ladies in the nursing profession who still place the welfare of their patients above any personal considerations.

This was a most severe case and caused us

much anxiety yet it was a most pleasing case to treat for both the boy and his parents aided us in every way and never even suggested that we were not doing everything possible for the case

Discussion

Dr Edgar A Vander Veer, Albany, N Y

I had the good fortune, if you can call it that, of seeing the case of the little boy reported by Dr Traver The case of Dr Dickinson's I did not see personally but was consulted in regard to the tractment.

sulted in regard to the treatment

I think there is no question but what the serum used in the first case saved the boy's When I first saw the case, the arm was gangrenous half way above the elbow, and the redness and cedematous condition had extended up to the shoulder joint and all over the right side of the chest. It was remarkable how quickly the large doses of serum seemed to control the infection. The temperature and pulse came down almost immediately, and the deligium seemed to clear up. A very important element in the saving of this boy's life was the prompt amputation of the arm at the line of demarkation, and I believe that is the point where we often times fail in the treatment of these cases The second rise of temperature and pulse in this case was due to the absorption of toxins from the gangrenous arm and not from the original infection. I must confess that I did not see how this boy could survive this amputation, but he has and has made a good recovery as you see by his pres-It is interesting to hear ence here tonight Dr Traver say that he operated without any anæsthetic and without any apparent pain to the boy

I did not see the second case, the one of Dr Dickinson's, but heard more or less about it from the beginning and, with all due respect to Dr Dickinson, I do not think he hit his case hard enough with the serum in the begin Early diagnosis with early large doses of the serum is the only salvation for these cases I have not personally had a case of gas gangrene in many years During the Spanish War, while performing a couple of autopsies, we thought we had come upon some cases of yellow fever for which another doctor and myself were quarantined for a week cultures subsequently showed that they were cases of gas gangrene, and we were released from quarantine much to our relief

I wish to congratulate Dr Clarence Traver upon his interesting and complete presentation of this subject

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port of the medical examination proved negative findings of the X-ray of his chest and negative Wassermann

The prostatic secretion revealed pus cells and gonococci Patient was referred for treatment to the urologist for the chronic gonorrhea At the same time his eye was treated locally. In one month's time his eye cleared up completely, and when seen last by me his vision was 6/9+1 in right eye, 6/9 in left.

Slit lamp revealed evidence of an old irrits, showing brown irrite pigment on anterior surface of lens. Ophthalmoscopy showed clear fundus details free from pathology. He has not had any attack since

His treatment consisted chiefly of prostatic massage. It is noteworthy to mention that his recurrent iritis would occur about the same time or somewhat later when his joints would become painful. At times the ocular condition would be more aggravated. In spite of such conclusive clinical evidence of his affection, the family physician persisted in treating him for rheumatism.

H M, age 33 Driver, single Ordinary childhood diseases Gonorrhea 8 years ago, lasting five weeks

Ocular History Had attack similar to present one last summer, and cleared up under care of ophthalmologist. Present attack began one week ago, when he felt a sensation of a foreign body in the right eye The following day he suffered severe pain He used argyrol 10%, boric acid, and later was treated by an optometrist with mercurochrome.

When he presented himself to me, his right eye was acutely inflamed Sclera was deeply injected uniformly Globe was very sensitive to touch Cornea somewhat turbid, aqueous cloudy Pupil reacted to light sluggishly

Ophthalmoscopy Showed post synechia Under 1% atropine pupil did not dilate readily, and I had to resort to 2% Pupil finally opened in a pear shaped manner

A more careful history was then attempted by me to satisfy myself whether his old gonorrheal infection of 8 years ago was the underlying factor, and to my surprise he offered conclusive facts by stating that he had a similar attack in his eye a few months after the onset of the gonorrhea

Patient was referred to his physician for complete medical studies. One week later when seen by me I noted that his anterior chamber was filled with a thick plastic exudate. Medical studies revealed suspicion of a tonsillar infection, and the prostatic secretion revealed few pus cells. Prostatic massage and treatment of genito-urinary tract was started by his physician. One month later his eye cleared up. He was free from pain, and the globe was practically white

Tonsillectomy was advised just the same, to re-

move additional focus of infection

Conclusions

 A careful history, not only an ocular one as to previous inflammatory attacks, but also ven-

ereal, is of great importance.

(2) Cooperation of patient, and an earnest attempt should be made to get his confidence in eliciting such confidential history. Very often a patient will not volunteer such information to the ophthalmologist because of his lack of appreciation of the relationship of an ocular affection to a remote sin of his youthful days (especially true in married men)

(3) Careful and repeated examination of the prostatic fluid should be made in patients with a

gonorrheal history

(4) In doubtful cases, it should be treated as possible g c infection when other foci of infection are excluded and tuberculosis definitely excluded

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1924



There is one definite clinical characteristic in gonorrheal iritis, and that is that it has a tendency to recur The term "recurrent iritis" is bad. It really means one thing, that the etiology has not been established, or the venereal condition did not get adequate treatment

Every male patient with recurrent iritis should have a thorough investigation of the genito-urinary organs by a competent G U man. The actual attack of iritis due to gonorrhea perhaps differs very little from that produced by other causes except that it may be associated with severer pain. It is of a plastic fibrinous nature, and the exudate may fill up the entire anterior chamber (One of my cases illustrated this point very well) Some authors believe the latter to be pathognomonic of gonorrheal infection

In those eyes in which a recurrence has taken place it is typical of a gonorrheal infection that in the early recurrences very little ocular damage has been done, and only by careful examination can the results of a previous attack be demonstrated. In many cases nothing remains but very few, one or two posterior synechia, and then only seen after dilatation of the pupil

In syphilis the iritis is either a secondary or tertiary manifestation. No recurrences are apt to be present until the tertiary manifestation. It is amenable to antiluetic treatment more easily Definite yellow-red nodules may be present, resembing condylomata of the secondaries or gummatas of tertiaries.

It is mentioned in text books that gonorrheal iritis is always preceded or acompanied by articular pains. This does not seem to be correct because it is estimated that only 2% of all cases of gonorrhea develop this complication.

In order to make a definite diagnosis a careful examination of the genito-urinary organs must be made, and it should be remembered that the absence of discharge from the urethra nor the absence of threads from the urine can exclude the disease. The prostate should be thoroughly expressed and the fluid carefully examined microscopically a number of times. The microscopical examination of the secretion may show the gonococcus or an involution form, at times it will show only a few pus cells. The case then should be treated as gonorrhea, and painstakingly

Chambers, an Englishman, reported five cases of recurrent iritis in which the gonococcus was found in the expressed prostatic fluid. His cases were followed up for five years. Their gonorrheal history dated 4, 5, 9, 10 and 13 years back

Browning, bacteriologist to the London Ophthalmic Hospital, reports ten cases of gonorrheal inits, all cured by proper venereal treatment, massage and vaccines

Schwenker, of the University Eye Clinic at Kiel, found 27 cases of iritis due to gonorrhea, out of 371 cases of iritis

Herrenschwand explains the predisposition to intis in gonorrheal rheumatism by the presence of a latent tuberculosis His treatment is therefore advocated against the latent tuberculosis, and less against the gonorrhea He uses tuberculin

Sander Larsen reports a case of recurrent iritis of 14 years duration. His case was characterized by a stormy onset but benign course. The examination of the prostatic secretion for gonococci in repeated examinations proved to be negative, but finally gonococci were discovered and the iritis cleared up under treatment. The same author used successfully polyvalent gonococcic vaccines in another case.

CASE REPORTS

H R, male, age 35, mechanic, married 11 years No children. Wife has never been pregnant. Had acute specific urthritis 12 years ago. Attack lasted 8 months. The infection flared up 5 years later and persisted five months, this time complicating into what was believed to be an orchitis. The latter affection lasted months, and he was finally discharged as cured by his physician. About four years ago he began to have pains in his joints, and was treated for rheumatism by physician. He had ordinary childhood diseases, and suffered loss of one limb during an accident 25 years ago.

Ocular History Wearing glasses 2½ years off and on About 2½ years ago his right eye became inflamed and felt scratchy. The condition lasted for about one month and the eye recovered partially. Shortly the inflammation returned. He was under care of different ophthalmologists during different intervals. His eye, however, has never become white. At times it would clear up only to become blood-shot again, accompanied by blurred vision. Such history was obtained in patient's own words in May, 1927.

Upon examination, visual acuity was recorded in the-

Right Eye—6/20—1 Left Eye —6/9

External Ocular Exam Right globe considerably injected, especially in its lower half Pupil slightly irregular, but active to direct light and rather prompt Cornea apparently clear Anterior chamber cloudy

Slit Lamp Microscopy Cornea perfectly clear Anterior chamber cloudy Many cells floating freely in the aqueous Retinal pigment border of iris irregular and denuded of its pigment in many places Anterior surface of lens covered with exudate and few synechia noted

Atropine 1% was instilled, and further studies made in one-half hour. Pupil dilated ovally and irregularly. More synechia noted. Anterior surface of lens disclosed a marked plastic exudate. No nodules were noted at iris border.

Ophthalmoscopy Fundus details could not be obtained Patient was referred for a complete medical study, including X-ray of chest The re-

NEWS ITEMS

Getting out our MEDICAL JOURNAL every two weeks always involves much anxiety regarding available material in both quantity and quality, but each issue has usually been a pleasant surprise A fortnight is a brief period in which the medical societies of the State and the counties can accomplish original work in an amount sufficient to make a record of reasonable length in the Journal, but the springs of information are flowing with increasing fullness, and the need for pumping it from indifferent informers is gradually lessening However, recent studies have disclosed unappreciated opportunities for the New YORK STATE MEDICAL JOURNAL and the Journals of the other State societies These studies have been along two lines

1 The number of topics relating to the practice of public health and civic medicine by doc-

tors printed in the Journal

2 The attitude of medical librarians toward

the State Journals

The justification for the existence of State Medical Journals is that they are the organs for recording the activities of the medical societies of the states and the counties. These records reflect activities along two main lines.

1 Scientific medicine

2 Public health and civic medicine

Scientific medicine is well covered in the State Journals It is difficult to see how that feature could be improved But the news departments do not reveal the full extent of the civic activities of the societies The practice of public health and civic medicine is becoming the major activity of county societies, for it enables physicians to discharge the civic duties which they owe to the public Physicians are jealous of any one else who enters any part of the field of the practice of medicine, and therefore the responsibility is upon them to provide the means by which the people may receive the benefits of the practice of every form of medicine, including preventive medicine, public health, and civic medicine.

The popular demand that family doctors shall practice public health and civic medicine has been met with the plan that medical societies shall practice it Abundant records of that practice are already available in the state journals almost exch sively, and they form the nucleus of a new literature on the practice of public health by doctors The records in the New York State Jour-VIL OF MEDICINE are found in the two departments of "News Notes" and "Our Neighbors" An index of the really important news items in the New York State Journal of Medicine during the last twenty months covers nineteen trpewritten sheets,—an amount rather surprising to one who is unfamilar with the Journal The items cover such important topics as county health departments, anti-diphtheria campaigns,

medical work under the Workmen's Compensation law. No longer is the record of the activities of a county medical society confined to a program of scientific papers. The members are now expected to make the influence of the societies felt in official bodies and in educating the people in health matters.

The records of the public health activities of the societies of the states and counties are seldom indexed and abstracted in other medical journals,—and the reason may possibly be that the records are fragmentary. Another reason for their neglect is that public health workers have got into the habit of seeking information from the records in public health journals, lay periodicals, and the reports of voluntary associations formed to practice public health, rather than from medical journals

The subject of the record of the practice of public health by doctors was brought before the annual meeting of the Medical Library Association on September 5 in the New York Academy of Medicine (See this Journal, Oct 1, 1928, page 1165) The Association adopted a memorial suggesting that the officers of the State Society should publish descriptions of their activities in greater number and fullness, and should index the articles in such a way that research workers can find the information readily

The opinion is sometimes expressed that the news items of the New York State Journal of Medicine are not properly balanced in that they carry an undue proportion of items on public health

The reply is that the Journal reports the subjects which are discussed before the medical When the officers of the State Medical Society visit the District Branches and County Societies, nine-tenths of their talks are on the practice of public health by the societies James E Sadlier, President of the State Society last year, and Chairman of the Committee on Public Relations this year, is now visiting all the District Branch meetings in order to urge the county societies to take up the practice of public health and civic medicine. His addresses con stitute "Live" news which an up-to-date state Journal must print It happens that the work of the Committee on Public Relations consists largely in educating the physicians in the standard methods of the practice of public health That committee is dependent on publicity, and the Journal is the principal medium through which its educational work is carried on result is an apparent preponderance of public health items in the Journal However, the remedy is not to curtail the reports of public health work, but to increase the number and quantity of the news items from other departments of the State Society



EDITORIAL



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THE DIRECTORY OF OFFICERS AND COMMITTEEMEN

The Directory of officers and committeemen of the Medical Society of the State of New York that is printed on page 2039 is a revelation of the number of physicians that are engaged in its activities. There are over 100 physicians working as officers and committeemen of the State Society, and 50 more are officers of the District Branches may be added the 180 officers of the county

medical societies, and also the 800 health officers of the State, making a total of 1130 physicians out of the 11,718 membership of the State Society, who take part in the civic duties devolving upon medical men

Of what other calling can it be said that ten per cent of its members occupy positions of responsibility for performing the civic duties of the profession?



MEDICAL PROGRESS



Malignant Growth in Hybrids —G Häussler of the Heidelberg Cancer Institute has studied the subject of hybridism as a causal factor in Naturally we can know little about this subject in man and the higher mammals but the phenomenon has been investigated in mice, certain fowls, and especially in fishes The author has crossed two kinds of carp—fish which bring forth their young alive-which hybridization naturally causes a disturbance in the pigment relations in the hybrids and at the same time a melanotic tumor formation in certain of them Thus the diffuse maculation of one species appears in a large percentage of the offspring and 20 per cent of the same show the tumor formation which was of the type known as melanophore, while the melanophores normally present in the surrounding tissues showed an increase We may perhaps infer, although the author does not allude to the coincidence, that the greater frequency of melanoma in dapple-grey horses is due to the same disturbance of pigment conditions, and possibly also the pigment disturbance of xeroderma pigmentosum in mankind, which is later associated with malignancy, is remotely connected with the same principle If this be the case then the mere fact of hybridization is not final in itself but only because of the resulting pigment disturbance The author is content in this connection to refer only to the well known malignancy of the pigmented nevus in The malignancy of the fish tumors is as yet undetermined The growth is slow and no metastases have yet been noted, but the power of growth seems unlimited and in some cases emaciation has set in It has long been known by breeders of ornamental fishes that hybrids are apt to present "pigment tumors"-Klimsche Wochenschrift, August 12, 1928

Experimental Influencing of Callus Formation in Fractures -K. Glässner and J Hass, who are associated respectively with the pharmacological and orthopedic chairs of the University of Vienna, have combined in the interest of a practical problem Going back historically, both phosphorus and calcium have been recognized as essential to the healing of fractures Later studies have shown that certain glands of internal secretion play an important role in osteogenesis. The authors selected the thymus out of three of these bodies-the thymus, the parathyroids and the sex-glands—as an object of special research Many data were based on thymus extirpation, while in a minority of cases thymus substance was fed to patients with various The results were conflicting-thus thymectomy certainly interferes with callus formation, while thymus implantation, which seems to foster the latter, has been pronounced toxic in its effects—it is a powerful depressant and may cause death with symptoms of low blood pressure The authors dealt chiefly with induced fracture in certain lower animals, in where there was proper x-ray control ous endocrine extracts were tested simultaneously with the result that the thymus seemed far and away the best for the purpose The authors were enough interested in the problem to test thymus extract in human cases of fracture Two sets of cases were used as control, in one of which thymus extract was utilized while the other was left to na-The authors claim that the clinical results were much superior where thymus extract was utilized, this fraction containing the phosphorus requisite for bone growth -Klimsche Wochenschrift August 26, 1928

Chronic Hemiencephalitis-R. Hanau has recently seen a number of cases of chronic encephalitis which were limited to one of the hemispheres, but is unable to find much of anything on this subject in the literature first case was in a woman of 38 years a year or so there had been symptoms, limited to the left side, of paralysis with muscular rigidity The left side of the face was also in-There was tremor of the left arm and No clinical history of encephalitis is mentioned, although the symptoms suggest those which are sequelæ of the epidemic form. nor was there any history of influenza second case was in a man of 32 years with a history pointing to encephalitis complicating influenza in 1918 From this there was apparently a complete recovery, but in 1924 insidious symptoms of paresis and tremor developed in the left arm and leg, and some rigidity appeared later. The third patient, a woman of 43 years, developed a grippe-like affection in 1920 which was followed shortly by an apparent paralytic stroke, later the diagnosis was changed to tumor of the brain but after a certain period of observation it was again changed to encephalitis, although the picture was quite atypical and some symptoms were bilateral A fourth case in a man in whom the symptoms dated from a cranial injury received during the war, ran a prolonged course and the last diagnosis had been hysteria, but study by the author led him

DISTRICT BRANCH MEETINGS

The meetings of the District Branches this fall have been of unusual interest and value, and have been attended by the members in record-breaking numbers The reason is that the medical societies of the counties and the State are active along practical lines which appeal to family physicians The committees of the State Society have devised the means by which the medical profession may tulfill its obligations to the public and to its individual members The leaders have led the members wisely and have produced results which are plainly evident Dr Trick, President of the State Society, has emphasized its outstanding accomplishments in recent years, among them being the Medical Practice Act of 1926, the development of intimate relations with the Compen-

sation Commission, and the assumption of leadership in the fields of practice that have been preoccupied by lay organizations. The influence of every physician in New York State has been enhanced by the promotion of these activities, and the physicians have expressed their appreciation by their attendance at the District Branches

The programs of the Branch meetings have been well designed to assist physicians to practice medicine in the modern scientific way. Some of the speakers have been invited to give their papers before more than one Branch meeting. The success of the meetings is evidence of the increasing interest of physicians in providing the people with medical service along all necessary lines.

LOOKING BACKWARD

This Journal Twenty Years Ago

Observations This JOURNAL of October, 1908, contains a page of wise observations, presumably of editorial origin. Some are of practical value to physicians as the following examples will show—Editor's note.

"He who speaks ill of his own profession, often will not bear patiently with another who does the same. The reason of this is to be found in vanity. When we malign others we self-consciously exalt ourselves above them. When one abuses his own profession he privately, in his own mind, exempts himself, but when he hears another abuse it, he is not sure that he is exempted."

"A patient who had been committed to one of our hospitals for the insane was asked how he came to be there. He replied that he and all the other people in the world happened to have a slight difference of opinion, they said that he was insane, and he said that they were insane, then they put it to vote, and outvoted him, and there he was. This shows that when the majority against one is overwhelming, he must have much courage of conviction to persist in his own opinions"

"In dealing with a large man whose goodwill you desire, take care that when he quits you he has formed a good opinion of you, when dealing with a small man, take care that he quits you with a good opinion of himself, if you desire his esteem. This, however, involves two parties to the interview, and if you are large yourself, you will not be concerned one way or the other."

"In the preparation of a scientific paper for presentation or publication, one should play the part of two artists—first the painter and then the sculptor The former produces his

result by adding, the latter, by taking away The author after constructing his paper may do wisely to turn sculptor and chip away until it stands out free from the dross of verbiage with which it was originally encumbered"

"If there is any joy which man should prize, it is the joy of relieving distress. There is but one greater, and that is the joy of preventing distress. The life of the physician is spent in the midst of both of these, and he should be the most blessed of men."

"None is perfect in the eyes of all The wise man has his follies as well as the fool—the difference being that the follies of the wise man are known to himself but hidden from the world, while the follies of the fool are hidden from himself but known to the world Hilarity and buoyancy are not the exclusive property of the fool but are often the attributes of genius, we are often deceived when we mistake gravity for greatness, solemnity for wisdom, and pomposity for erudition"

"Pride possesses this merit—it prevents some men from being ridiculous, and this disadvantage—it makes some men ridiculous Cultivate pride, beware of pride"

"Many excellent medical authors are more occupied in writing what deserves to be read than in doing what deserves to be written"

"It is an ancient error to assume that what an author writes is the mirror of his mind. If the devil himself should write a book, it would be in praise of virtue, because the good would buy it for use, and the bad for ostentation. Sanitary and moral prophylaxis enjoys this great advantage in the production of its literature."

Hardy normal or normal leucocyte count suggests that until physicians are generally cognizant of the disease, state and municipal laboratories should test all sera, sent for Widal tests, for brucella as well The treatment of abortus infection has been largely symptom-Mercurochrome, intravenously, which has been tried in Malta fever and, in South Africa, in abortus infection, is thought to have been helpful in some cases, but Ross and Martin claim that in the drug concentration obtained in the blood it has no action on the Abortus infection specific organism in vitro presents a more acute problem in rural communities and small towns, because of the dangers of direct contact with infected animals and the commoner use of raw milk -American Iournal of the Medical Sciences, September, 1928, clxxv1, 3

Genital Affections Following Angina-H Küstner of the Gynecological Clinic, University of Leipzig, considers this sequence solely in the female For some years past, and especially in recent months the author has noted that relatively mild affections of the throat have been followed by disease in the genitals which is subdivided as follows non-puerperal uterus, ovaries, and puerperal uterus results show lack of uniformity for in the non-puerperal uterus the chief lesion is destruction of the mucosa during the periods, in the ovaries it is rupture of the follicle and the secondary changes which lead to the formation of the corpus luteum, and finally in the puerperium it is a secondary infection originating in the raw surface left by the placenta In the first of these types women heretofore genitally intact have, as a result of an infection in the upper air passages, developed a type of leucorrhea characterized by purulent quality and fetid odor The discharge was often burdensome to the patient. In these cases the author abstained from local measures and gave only ergot and full or sitz baths, invariably with good outcome The local mischief in these cases, usually in the nasopharynx, is accompanied by some temperature rise and the secondary genital lesion is classed as an acute and metastatic endometritis metastasis is to the ovary the symptoms may suggest extrauterine gestation with retrouterme hematocele The third or puerperal type is fortunately very rare, and when present constitutes a special type of puerperal infec-The entire subject shades into others for example the genital complications of influenza. In the affections under consideration the offending organisms are the ordinary staphylococci and streptococci, and in certain cases these may complicate an influenza infection — Deutsche medizinische Wochenschrift, Tuly 13, 1928

Etiology of Sepsis —Schemensky and Noetel, representing Prof Hilgerman of the Hygienic Institute of Landsberg, refer to the great number of microorganisms which can set up sensis and describe at length the case of a man of 54 who was admitted to hospital for nephritis after a recent experience of facial erysipelas complicated by carbuncle The inference was that the renal lesson was a meta-Further observation led to change of the diagnosis from nephritis to nephrosis to which was added a sepsis-like temperature curve and a later change of diagnosis was to sepsis following the erysipelas, of which condition the renal lesion was merely a symptom Attempts to cultivate bacteria from the blood then gave the surprising result that meningococci were present therein and after repeated corroboration the diagnosis was elaborated to meningococcus-sepsis There had been not the slightest evidence of meningitis and the lumbar punctates had been normal from first One of the manifestations from the time of admission had been dilatation of the heart, and the patient finally succumbed to cardiac failure Autopsy showed hypertrophy and dilatation of the heart, verrucous endocarditis, and exudative pericarditis, kidneys much enlarged, smooth, and of dirty yellow The necropsy diagnosis was meningococcus sepsis with prominence of a nephrosis as a local lesion. The authors analyze the case at great length and evidently it is paradoxical in several respects No similar cases are quoted from the literature and the various symptoms show that some accidental element of complication must have been present organisms of erysipelas and carbuncle could hardly be made responsible for the picture of sepsis nor can the nephrosis be brought into any causal relationship with the meningococ-We can only assume that in the midst of the other pathological processes a latent meningococcus infection became active in such a way that meningitis was not brought about. -Munchener medizinische Wochenschrift, Aug 10, 1928

Is the Tonsil a Protective Organ?—This question is asked by Dr T von Liebermann of Budapest who adds another—is tonsillitis a protective process? Although these questions would be answered by many in the affirmative the author personally is very sceptical. After tonsillectomy there are no deprivation symptoms, which indicates that the organs have no definite functions or at least none which cannot at once be taken over by others. The prevalence of tonsillectomy in the United States, where, he says, sound and diseased

finally to place it in the encephalitis group Apparently not one of the cases could be referred to acute lethargic encephalitis, despite the resemblance of the picture to the sequelæ of the latter Three of the four gave a history of influenza—Munchener medisimische Wochenschrift, Aug 17, 1928

Inflammation of the Lumbar Roots—Prof. N Gierlich of Wiesbaden reports 8 cases of lumbar root neuritis, a condition readily recognized through the following the zone of pain does not conform to the distribution of the peripheral nerves but to that of the nerve roots, the tender pressure points are absent from the peripheral nerves but have to do with the nerve roots, in severe cases there is depression or absence of the skin and tendon reflexes and in general there is early supervention of the muscle atrophies and trophic dis-In summing up, the author adds the following lumbar root neuritis is the most frequent affection involving the lumbar nerves, for peripheral neuralgia of the lumbar region The most characteristic symptom is the lancinating pain with the sensory and motor irritative and defective manifestations corresponding to the lumbar root area typical tender point is to be found about 3 cm to the side of the spinous process of the vertebra which corresponds to the affected nerve This point has about the area of the print of the thumb and comprises two lumbar roots If there are any tender points along the peripheral nerves they are but slightly in evi-Therapeutically we make use of heat in some form, as diathermy, and such antineuralgics as acetosalicylic acid, while some of the cocaine derivatives may be injected intramuscularly or in the region of the tender points It must be borne in mind that a symptomatic root neuritis may develop in connection with troubles of the adnexa or urinary tract and hernia -Deutsche medizinische Wochenschrift, Aug 24, 1928

Plumbic Icterus-Prof Carl Lewin refers first to the general picture of toxic icterus and comes then to a special form due to lead intoxication It is known that the latter condition is often accompanied by a slight jaundice, although there may be severe cases in which the liver is intact. In cases of icterus the catarrhal form of the latter may be excluded, for the cases tested proved to be of the hematogenous or hematolytic group The author narrates 4 cases of this kind in which the icterus was of slight degree, with no discoloration of feces and no direct bilirubin in the serum, although the test for indirect bilirubin was positive, there was no bilirubin in the urine but abundant urobilin and urobilinogen In a second group of six cases the picture was

quite different with intense icterus, liver enlarged and tender, spleen enlarged, stools mostly discolored, both direct and indirect bilirubin in the serum, biliary coloring matters in the urine, etc. The author also considers various atypical cases including two of acute yellow atrophy of the liver, believed to represent the highest degree of the toxic hepatic in-He is inclined to regard all of these types of disease as due to a common originthe action of the lead on the liver parenchyma -although it need not follow that the different grades of severity are due to different degrees of intoxication Some of the symptoms are not due to the toxic action of lead on the parenchyma In regard to plumbic anemia this does not stand in any definite relation to the hepatic lesion and in severe plumbic anemia the liver may escape injury, while in severe lesion of the liver the blood may not show much change It appears that the state of the liver in lead poisoning has never received its due from pathologists, and the literature of icterus in this affection is very scanty-Deutsche medizinische Wochenschrift, August 31, 1928

The Clinical Aspects of Brucella Melitensis Var Abortus Infection in Men.—In reporting the first two cases of Brucella melitensis infection recognized in Pennsylvania, Richard A Kern quotes statistics showing that the infection is present in cattle, and in high incidence, in every section of the country The pathogenicity of the abortus organism for man was proven less than four years ago, and up to the time of writing 36 cases had been reported There is as yet a very low index of clinical suspicion of the presence of the disease on the part of general practitioners, and as a result many cases probably go undiagnosed With a view to furthering clinical consciousness of the disease Kern has compiled the clinical data of available American case reports together with the more important laboratory procedures There is no characteristic clinical picture of abortus in-It strikingly simulates a number of fection other diseases It may be described as an infection with an irregular course and indefinite The onset symptoms are those of a vague general infection. Fever is the most There may be malaise, frequent complaint headache, muscular pains, generalized or in the back and extremities, chilliness, and sweats Occasional symptoms are slight sore throat, cough, hoarseness, nervousness, and insomnia The differential diagnosis depends upon the laboratory findings Two procedures are essential (1) Blood culture and (2) serum agglutination tests The blood picture shows es sentially a slight to moderate secondary anemia, a color index less than one, and a sub-



LEGAL



By LLOYD PAUL STRYKER, ESQ. Counsel, Medical Society of the State of New York

THE PROBLEM OF ASCERTAINING WHAT THE LAW IS

Even the specialist No one is omniscient cannot know all that there is to be known in regard to the knowledge as to which he professes to be expert The most erudite and studious professional man, whether he be doctor, engineer or lawyer, finds life too short in which to acquire a perfect and complete knowledge of his specialty. No lawyer knows all the law, he is indeed a studious and conscientious man if he knows a good deal of it No lawyer can advise his client properly or can represent him adequately in court or conference, unless he has a thorough grasp of the law pertaining to the subject, and has thus come to an understanding of his client's rights One of the problems, therefore, confronting every practitioner is the problem of ascertaining what the law is We have selected this subject as the title of our sixth editorial in our promised series

To one who feels himself well versed in jurisprudence, it is a chastening experience to sit within the calm, cool atmosphere of a great law library There are many such in this city As one sits in such a treasury of knowledge, as for instance, the law library of our New York Bar Association, and glances at the walls and stacks piled high with thousands upon thousands of the case reports, the statutes, the annotations and the various textbooks, he cannot fail to realize that in one short life no one, were he to work fourteen hours a day beginning at the age of twenty-one, could read through more than a small fraction of the millions of pages of accumulated wisdom cially is this true for the American lawyer Here in the United States, with forty-eight separate commonwealths, each with its highest court and intermediate tribunals of appeal, and with our great system of Federal Courts, with the National Congress and forty-eight separate legislatures, with the mass of law which is yearly, monthly and indeed daily added to our store, it becomes evident that no one, no matter what personal endowments or industry he might possess, could possibly acquire, digest and understand so vast, so gargentuan a mass of learning

As the writer glances about his own comparatively small working library, he observes upon the shelves 246 volumes of the New York Court of Appeals Reports, 221 volumes of the Appellate Division Reports, 129 volumes of the Miscellaneous Reports, 92 volumes of the Hun Reports, more than 150 volumes of the Session Laws, 34 volumes of Abbott's New York Encyclopedic Digest, 43 volumes of Corpus Juris each containing an average of about twelve hundred pages, 32 volumes of Cyclopedia of Law and Procedure each with approximately the same number of pages, 66 volumes of McKinney's Annotated Laws, three or four shelves of textbooks, twenty or more volumes of the Federal Statutes Annotated, twenty or more volumes of the decisions and rulings upon Income Tax, some fifteen or more bound volumes of Cases and Points, the Civil Practice Act with a thousand or more pages of closely printed matter, and nearly as many in the Penal Law and Code of Criminal Pro-He realizes that even in this small accumulation of legal knowledge, there is a fund of information which neither he, nor any other, can fully and completely acquire as his

Inasmuch, therefore, as no lawyer can know all the law, the daily problem presented is the ascertainment of what the law is Law books are but tools with which the lawyer works If he does not immediately know the law, he must at least know where and how promptly and accurately to find it He must have a working knowledge of the statutes of his state and of its decisions, not only this but a similar acquaintance with the laws of Congress, 271 United States Supreme Court Reports and more than 265 volumes of Federal Reports There are certain branches of the law which the efficient practitioner must have at his What these branches are, depend fingertips in large measure on the particular specialty in which he is engaged. Thus, for example, if a lawyer is largely engaged in court in the actual trial of cases, he must have a very complete and ready knowledge of the rules of evi-These, like other branches of the law, are derived from hundreds of decisions, and in some part from statutes He must know what these are, but he must know more than that. He must understand the philosophy and the reasoning of the decisions A trial lawver's knowledge of the rules of evidence should be instinctive. He should sense, and sense accurately, what questions are, and what are not proper to be allowed. This applies not only to the objections which he may interpose to

tonsils are alike removed wholesale, has brought light nothing which points to priva-Naturally removal of distion symptoms eased tonsils may be followed by improved general health. In regard to the possibility that tonsillitis is a protective process the author has found that the first attacks in childhood are for the most part uncomplicated—there is not even a reaction in the regionary lymph Such attacks are termed by the author "benign tonsillitis" There is a sharp rise of temperature, but this rapidly subsides The opposite type of what might be called "malignant tonsillitis" is characterised by insidious course, slight general reaction, and involvement of the said lymph nodes After many attacks of tonsillitis the youthful organism appears to develop an immunity which probably is local at first, the immune substances then entering into the blood stream. Under certain circumstances—notably penetration of the tonsillar capsule—the offending microorganisms may also enter the circulation and set up thrombophlebitis with acute local metastases which may imperil life, while in more chronic forms of tonsillitis we see the insidious penetration of micro-organisms into remote localities, notably in the endocardium regards the acquired immunity to attacks of tonsilitis it should be borne in mind that the tonsils normally undergo involution, so that in subjects over 26 years of age there is not much tonsillar tissue left -Deutsche medizimsche Wochenschrift, August 17, 1928

Simulation of Tuberculous Joints by Nonspecific Affections -H Friedrich of the Surgical Clinic of Erlangen University begins his paper with the statement that the diagnosis of chronic monoarticular joint disease is one of the most delicate of problems, as shown by a seven years' follow-up of cases He writes at great length on the subject, giving 12 long case histories, and does not arrive at any stereotyped conclusions His thesis may be best illuminated by some of these cases Thus a man of 39 without any family taint developed an insidious affection of the left knee joint with some failure of general health Repeated examination showed no evidence of general disease, although the röntgenograms certainly suggested tuberculosis The case came to resection by reason of the local pathology but the specimen showed not the slightest evidence of tuberculosis under the microscope or bacteriologically The mature diagnosis was chronic purulent arthritis of nonspecific origin Since the resection, 5 years ago, the general condition has been excellent. This case is typical of the series and the author naturally concludes that the local finds are overvalued and that the clinical and röntgen finds which

point to tuberculosis are misleading. The author lays great stress on the tuberculin test, as carried out by Tonniessen, at regular intervals. If there be any puncture fluid available this should be employed in animal experiment. Once there has been a satisfactory diagnosis made it is evident that the prognosis must be far better in the nonspecific case. The author is in favor of retaining the designation "pseudotuberculosis" for these nonspecific joints, for this is very convenient in the clinic. But even "nonspecific" arthritis has its uses, for this eliminates not only tuberculosis but gonorrhea and syphilis—Munchener medizinische Wochenschrift, July 6, 1928

Chromic Colitis and Its Effects—Arthur D White claims that practically all cases of chronic colitis are spastic in origin Text-books have been prone to classify colonic troubles as membranous, hemorrhagic, mucous, and ulcerative A type referred to by some authors as spastic has until recently received little at-This should not be considered as a separate entity, but as a constant finding in all cases of chronic colonic disease. Any condition whereby the vagus is over-stimulated beyond the point of balance by the sympathetic causes excessive tonus, and spasticity occurs, which may affect any part of the nerve distribu-Hence an irritable cecum or a disturbance of the motor action of the cecum, as from an adherent or inflamed appendix, brings about an increased tonicity of the stomach and intestinal tract reversely through Auerbach's plexus and to the Irritating hyperchlorhydria usually produces spasticity of the colon On the other hand, an irritable bowel produces stomach symptoms Heart disturbances may be present both as cause and effect Clinically the symptoms of chronic bowel disturbance are distant, they are nervous in character—headaches, difficulty in concentration, lumbago, variable appetite, sleeplessness, palpitation, and other disturb-Disease in any ances of the heart's action part of the body may set up a definite spasm of the colon, also anything that either irritates the bowel locally or its terminal nerve endings, or overstimulates the musculature. Consequently a wide survey should be made of the patient with chronic colitis and everything should be taken care of that can either directly or indirectly affect the colon, even to a consideration of the mental and nervous make-up of the patient As regards food, each patient demands individual consideration Irritating and gas-producing foods must be eliminated, and those selected which furnish The old questhe proper proportion of bulk tion of which occurs first, the disturbed nervous system or the irritable bowel, is easily answered -Southern Medical Journal, September, 1928, xx1, 9

evamined without fear, and revised without reluctance, rather than to have the character of our law impaired, and the beauty and harmony of the system destroyed by the perpetuity of error"

In considering the weight to be attached to a judicial opinion, the lawyer should know and reflect upon the known character and ability of the judge enunciating it. The opinions of some judges are given more weight and credence than those of others. When, for example, a lawyer is able to refer to an opinion written by Chief Justice Marshall or by Judge Story, he is certain that that opinion will have weight in any court.

In some of the great law offices, the partners are accustomed to rely upon the researches of their young assistants, due to the great pressure of modern life. To the writer, however, it has always seemed that this method is not without its disadvantages. One of the greatest lawyers of the Bar has told us that he always makes his own personal researches of the law. Much is to be gained

from this course. It is only in this way that a real, personal, true knowledge of the law may be acquired. Legal misconceptions may be run down, and collateral leads followed up

But it is not only to the digests, the statutes, the decisions, the textbooks and the encyclopedias that the lawyer must turn. If he would have a complete understanding, he must acquire and master an understanding of the history of the times in which the cases were enunciated. Especially is this true in studying the reports of England. Only through an understanding of the times, may he reach a full comprehension of the real nature and import of the decision which he examines

The problem, then, of ascertaining what the law is, is one of the great problems confronting every lawyer. The industry, the ability and the understanding which he brings to bear upon this problem, in large measure will determine the results which he may accomplish, and ultimately that in which every lawver may justly take a deep concern,—his standing at the Bar

PSORIASIS OF THE SCALP-X-RAY TREATMENT

The complaint in this case charged that the plaintiff, a woman about 22 years of age, employed the defendant, a physician, to attend and cure her of the skin disease from which she was suffering, but that the defendant did not use reasonable or proper skill in endeavoring to cure the plaintiff and negligently prescribed and administered to the plaintiff's head X-ray treatment on four different occasions, which treatments are claimed to have been excessive. The plaintiff claims that as a result of the treatment, her scalp was burned and her general health impaired. Damages were prayed for in the sum of \$15,000

The plaintiff was first seen by the doctor on November 27th, and upon examination the doctor found that she was suffering from psoriasis of the scalp, as well as various parts of the body. At that time he advised the use of ointment on the body as well as the scalp. The patient said that she was willing to have the ointment applied to her body, but inasmuch as she was a working girl, she did not want the ointment applied to her scalp. The doctor then said that he would apply X-ray treatment to the scalp, to which the plaintiff consented.

The first treatment was given to the plaintiff's scalp that day, the doctor using a Wappler machine in perfect condition. The factors of dosage were spark gap 6 inches, milliamperes 3, distance 8 inches, time of exposure 30 seconds. The patient returned for treatment on December 4th and December 11th, and on both of these occasions the doctor gave her exactly the same treatment.

When she returned on December 18th, she complained that her hair was falling out. On that day the doctor gave her treatment with a quartz mercury vapor lamp, time of exposure being 10 minutes, the lamp being 12 inches above her head while the light was exposed to her scalp. The lamp treatment was repeated again on January 2nd. The patient never returned for further treatment and the doctor did not see or treat her after that date. At no time during the treatment was there any evidence of a burn or injury to the scalp.

The plaintiff noticed the case for trial, but when the case appeared on the calendar, the plaintiff's attorney realizing that the case was without merit, failed to appear and on motion of defendant's counsel, the case was dismissed 2036 LEGAL

the questions of his adversary, but to the proper framing of his own questions to his witnesses upon direct examination. The more accurate and complete his knowledge is, the more ready will he be to defend his objection or the question which he asks. It were well for him to have at his finger-tips the names of the leading cases and the various volumes where they are found An ability readily to refer to these ofttimes is of compelling persuasive force with the trial judge He must know this branch of the law in the same way that the surgeon knows and understands ana-In the middle of an operation, the surgeon cannot leave his patient and refer to the library to find out what to do The same applies to the lawyer in the midst of the trial

Law, like medicine, is a fascinating study for the very reason that it is so complex, so

large, and so difficult to acquire

When a lawyer is presented by his client with a legal problem, if he is a careful and a conscientious man, even though he feels himself equipped to give immediate advice, he will not do so if he is wise, without first refreshing and verifying the knowledge which he believes himself to possess this knowledge may be acquired within a short Often it is a matter of days', weeks' or months' diligent research He should first know whether any statute of his state or any Congressional enactment has in any wise touched upon the subject If he finds out that it has, he must then run down that law, and see in what way, if at all, it has been amended, added to, or repealed Having done this, he must ascertain how the courts may have con-Sometimes he will find hundreds of cases interpreting the various words or sentences of the statute, oftentimes these decisions will be or will seem to be contradictory or conflicting If they are conflicting, he must reconcile them, and ascertain what the latest or the true interpretation is Ofttimes, he will find no judicial interpretation of the subject, in which case he must make his own, bringing to bear such knowledge as he has or may acquire of the exact legal meaning of the various words and phrases used, and must couple this with a proper application of the accepted canons of construction

Increasing fields have now been covered by the enactments of our state or national legislatures, but there are still many subjects covered solely by the common law, and the common law in this state, in the absence of statutory provision, still applies. To ascertain what the common law may be, sometimes it will be necessary for the lawyer to go back to the earliest decisions of England, as far back perhaps as the Year Books which were written seven centuries ago.

to wend his course on down through the various decisions of the English courts If he finds there the principle applicable, it will then be his duty to search through the digests, the textbooks and the case reports of his own state, as well as the decisions of the Federal Courts, to find out how the principle which he has found in English law, has been adopted or applied in our own courts "The best evidence of the common law," says Chancellor Kent, "is to be found in the decisions of the courts of justice, contained in numerous volumes of reports, and in the treatises and digests of learned men, which have been multiplying from the earliest periods of the English history down to the present time * * * If a decision has been made upon solemn argument and mature deliberation, the presumption is in favor of its correctness, and the community have a right to regard it as a just declaration or exposition of the law, and to regulate their actions and contracts by it"

The rule of stare decisis means that the courts will abide by and accept as precedents the well considered adjudications of the highest courts in times past. This rule has been adopted in this country and in the courts of "The English courts," says Chan-England cellor Kent, "seem now to consider it to be their duty to adhere to the authority of adjudged cases, when they have been so clearly, and so often, or so long established, as to create a practical rule of property, notwithstanding they may feel the hardship, or not perceive the reasonableness, of the rule" Were it not for this principle, no lawyer could accurately or properly advise his client What he advises is based upon what the courts have decided, and yet as times change, concepts of duty and of justice change with them The result of this must be that principles of justice, once firmly accepted, are constantly open to re-evamination and to change or alteration in the light of new conditions. This change is going on every day Any student of the present trend of the decisions of our New York Court of Appeals must have observed it

In examining the various authorities which the lawyer must consider, he must make up his own mind as to the validity of the reasoning in the opinion. If it is unsound, or based upon a fallacy, the probability is that in some later case,—perhaps in the one in which he is called upon to advise,—the courts will ignore a former decision, and will enunciate a new principle. In the thousands of volumes of reported cases, the lawyer will find that some have been well considered, and some have not "It is probable," says Chancellor Kent, "that the records of many of the courts in this country are replete with hasty and crude decisions, and such cases ought to be



NEWS NOTES



THE SIXTH DISTRICT BRANCH

The meeting of the Sixth District Branch, held in Elmira on Tuesday, September 25th, in the assembly room of the Arnot-Ogden Memorail Hospital, was entirely successful. The registered attendance was 150 physicians—or 39% of the total membership of 381 for the District. The physicians were the guests of the Hospital and the Cheming County Medical Society at a noon luncheon in the large dining room of the Hospital. Fifty ladies were also present and were entertained by the wives of the doctors of Elmira at the Country Club, Mark Twain's Home, and Elmira College.

The program of the meeting was carried out as it was planned and, in fact, each feature was a little ahead of its scheduled time. Great credit is due the local committee for arranging and executing a program that filled every moment of time and yet could be observed without hurry or the omission of any feature. The local committee consisted of Drs. Reeve B. Howland and Joseph S. Lewis of Elmira, and Dr. C. F. Leet of Horseheads.

The first speaker on the program was Mr Lloyd P Stryker, Counsel of the Medical Society of the State of New York, who discussed "The Doctor and the Law" Mr Stryker is peculiarly well fitted to speak on the subject, for he has defended hundreds of physicians against whom malpractice suits have been brought. He said that the law requires a physician to possess certain minimum standards of educational preparation, and it assumes that the doctor will make use of that knowledge and skill in diagnosing and treating each case that comes to him

The law also recognizes degrees of knowledge and skill, and does not require the doctor to make use of knowledge and procedures that are not available in his community. For example, the average doctor is not to be held accountable for failure to operate on an acute case of gall-stone bladder, for he is not presumed to be a skilled surgeon. However, a doctor is expected to make use of the usual diagnostic and therapeutic measures that are available in his community. He is expected, for example, to have an x-ray taken of every fracture, or at least to urge the patient to have it taken. The failure to make use of the facilities at his disposal is the ground for most malpractice suits.

Mr Stryker's paper is of practical value to every physician and it will be published in November first issue of this JOURNAL

Mr Stryker was asked whether or not a physician could legally disclose knowledge obtained

at an autopsy, and he replied that he would answer the question in a paper which he is now preparing for publication in the Legal Department of the JOURNAL (See also this JOURNAL, Oct 1, 1928, page 1187)

The second paper on the program was entitled "Studies on Breast Cancer," by Dr Jonathan M Wainwright, of Scranton, Pa Dr Wainwright had cut sections of cancerous breasts extending completely across the breasts from one edge to the opposite side. These sections were thin enough for study with the high powers of a microscope, although some were ten inches in length. The Doctor used the slides in a stere-opticon and projected them on a screen where they stood out in vivid colors and details, the staining showing the cancerous cells in dark purple against the light red of normal tissue.

A striking feature of the sections was that they showed small nodules of cancerous cells remote from the parent tumor. The nodules were often of small size and could not be detected by the appearance or feel of the gross specimen, neither would they be likely to be detected by an examination of the parent tumor and one or two small sections taken at random at a distance from the parent lesion.

These sections reaching entirely across the entire breast are the first that have been made in the study of cancer, and they open up a new field in cancer therapeutics and research. Dr Wainwright will submit an abstract of his paper and photographs of his sections for publication in an early issue of this Journal.

Dr Elliott T Bush of Elmira showed lantern slides of X-rays of cases of obstruction of the ureters occurring in his service at St Joseph's Hospital, Elmira, and read a paper on the conditions that were found

The causative factors in the maternal mortality were discussed by Dr Stuardt B Blakely of Binghamton, and Dr De Porte, of the Division of Vital Statistics of the New York State Department of Health Dr Blakely said that by far the most important period of postnatal care of the mother was the first hour after labor,—the period called by some the "Fourth Stage of Labor"

Regarding the education of doctors in the education of mothers the Doctor said, "No medical school can give a man a conscience, or cure him of carelessness"

Dr Charles L Scudder of Boston gave a practical talk on the subject "Recent Advances in the Treatment of Fractures," which dealt with mod-



LONDON LETTER



SUBSTITUTES FOR NURSING HOMES

A report has just been issued by a Special Committee of Inquiry appointed by King Edward's Hospital Fund for London, "To enquire and report upon the question of hospital accommodation in London for persons prepared to pay more than ordinary voluntary hospital patients" This report crystallises the opinion of the public and of the medical profession upon a subject that has been much debated of late Thirty years ago or so it was the custom for operations to be performed at the patient's own home, but the advance of aseptic surgery and the increasing complications of surgical technique places such a strain upon all concerned that it became the custom for better-class patients to seek admission to some Institution where the necessary The result was seen amenities were obtainable in the provision of so-called "Nursing-Homes"some of them adequately fitted, but many of them ordinary dwelling-houses converted more or less satisfactorily to their new purpose It soon became evident that the patients who were willing and able to pay for their maintenance and treatment were much worse off as far as accommodation was concerned than the very poor who were received without payment in the Voluntary Hospitals For many years there was no alternative and the nursing homes were "put up with" though not without much criticism, chiefly by visitors from more favoured countries, one of the criticisms which had a great deal of truth in it being that the charges at the Nursing Homes were out of all proportion to the benefits Then two of the leading London conferred Hospitals-St Thomas's and Guy's-put aside a certain number of beds for patients willing to pay for maintenance, and a modified fee for medical attendance, but who were unable to pay the full cost of nursing-home treatment movement spread until to-day there are 1055 beds available in 80 hospitals for persons other than ordinary hospital patients. Of the total number of beds, 522 are at General Hospitals with Resident Medical Officers The advantages of this dent Medical Officers system, which is already in operation in America and Canada, are so obvious that it is difficult to explain the long delay which has occurred in its provision in England However, the whole subject has now been reviewed by an authoritative body which, in an unanimous report, states that the present provision of 1055 beds has proved to be a very valuable addition to the Voluntary

Hospital service of London, and that a material extension of this provision is urgently required to meet the existing demand. The Committee considers that if the system were amplified the Hospitals would greatly extend their influence and increase their prestige. The question of the provision and maintenance of new beds has been very carefully gone into, and the Report is an admirable example of careful detailed analysis.

VACCINATION

A Committee appointed by the Ministry of Health to enquire into and report on matters relating to vaccine lymph and on the methods available to diminish risks arising from vaccination, Though vaccination has issued its Report has never been compulsory in England (the baby could not be "torn from its mother's arms") fines and even imprisonment have been inflicted on obdurate parents, but in 1898 a Bill was passed which allowed a parent to obtain exemption from vaccination for his child by making a statutory declaration before a Justice of the Peace or a Commissioner for Oaths that he had "conscientious objection" to vaccination 1907 the method of obtaining exemption was made easier still with the result that while in 1899 664 per cent were primarily vaccinated and only 36 per cent were legally exempted, in 1922 the exemptions exceeded the primary vaccinationsthe figures being 44.5 per cent and 40.3 per cent respectively At the present time a considerable number of male adults are protected by the compulsory vaccination of war-time, but female adults and children are largely unprotected What is the result, as far as the incidence of small-pox is concerned, in England as compared with European countries? Sweden has had no cases for 2 years, Norway has had one case in 5 years, Denmark has had no cases in the 5 years 1919-1923, Germany—where the precautions were relaxed during the war, and where there were 5012 cases in 1919—has brought the incidence of small-pox steadily down to 2042 in 1920, 688 in 1921, 215 in 1922, and 17 in 1923 England's record is 7 cases in 1917, 63 in 1918, 311 in 1919, and so on by leaps and bounds until 1925 when there were 5365 cases, 4132 of which occurred in unvaccinated persons. A pretty state of things for Jenner's country! H W CARSON, FRCS, Eng

SEVENTH DISTRICT BRANCH

The Twenty-second Annual Meeting of the Seventh District Branch of the Medical Society of the State of New York was held on Thursday, September 27, 1928, in the Oak Hill Country Club, Rochester, N Y

The meeting was called to order by the President, Austin G Morris, MD, at 11

o'clock

The first paper read was on the "Fundamental Facts of Poliomyelitis," by Wardner

D Ayer, of Syracuse

The speaker called attention to the fact that this condition is more prevalent than is ordinarily accepted by the physicians of the various communities, and also suggested that as the profession becomes interested in the condition they are more likely to recognize the early manifestations of the disease and probably more cases will be reported speaks of it as a "tragic disease" of which the cause is not known Various types of the disease were described, "dromedary type," "bulbar type," and the encephalytic chief symptoms given in the order of their occurrence were mentioned as First, fever, second, headache, third, rigidity of the neck, fourth, tremor, fifth, apathy, sixth, vomiting, seventh, retention of urine, eighth, constipation, ninth, a peculiar sweating

These symptoms and a positive spinal fluid

-the diagnosis is without doubt.

In the treatment it was emphasized that convalescent serum, so far as avoiding paralysis is concerned, to be the most helpful

The reader reports 129 cases treated in this way, with 96 recoveries Most of these were treated in the so-called abortive stage Treatment begun when the paralytic stage is on is

of very little avail

The convalescent serum is given intraspinally-10 to 25 cc and should be given before paralysis begins Under certain conditions it may be well to repeat the dose in 20 hours or so The reader spoke of the difficulty in determining the time and amount for the second dose, also says that the third dose is rarely necessary as the patient is either showing marked evidence of recovery or has already died Several case reports were shown on the screen which were very interesting Other treatments were mentioned, such as intravenous serum which he says is not necessary, and also of Rosenau's work which seems to be still questioned

The paper was discussed by Dr Card of Poughkeepsie, Dr Dake of Rochester, Dr Redman of Hornell, Dr Wilson of Clifton Springs, and Dr Gibbs of Mendon

It was generally agreed that this serum should be available to all districts of the State

and more definite arrangements should be made so that the profession may know where it can be obtained

This paper was followed by an address by Harry R. Trick, M D, President of the Medical Society of the State of New York, who urged the advantages of a larger attendance of members at the District meetings, spoke of organized medicine, and called attention to the history of the State Medical Society and its various activities

Daniel S Dougherty, M D, Secretary of the Medical Society of the State of New York, followed President Trick's address by calling attention to the advantages of the District meetings, and also the necessity for news from the doctors of the State of New York which is desired by the State Medical Journal

James E Sadlier, M D, Chairman of Public Relations Committee, was asked to continue this program after luncheon which was served at the Country Club His remarks were followed by Dr Farmer, of Syracuse, who spoke a few minutes on the postgraduate instruction which is being arranged for the counties of the State, and asked that the Seventh District counties attempt to show a large attendance at these meetings

The balance of the day was spent in reading and discussing scientific papers, the first of which in the afternoon was a paper by Emil Novak, M D, of Baltimore, Md, on the "Differential Diagnosis of Menopausal and Postmenopausal Hemorrhages," with lantern slides He classified these hemorrhages as follows First, the anatomical, second, the aberation of function, third, combination of the first and

second

His remarks were confined largely to hemorrhages which occurred after the age of 35 He advised, first, that in early cases, or rather in the beginning of hemorrhages, the chief concern should be to determine whether the condition is due to malignancy or not. This can be determined first, by biopsy, second, by diagnostic curettage. He insisted that in order to do this work satisfactorily it is necessary to have a specially trained pathologist who is willing to cooperate with the surgeon in every The reader called attention to predisposing conditions causing or leading to cancer, such as laceration of the cervix, erosion of the cervix He then showed slides illustrating these conditions and called particular attention to the glandular hyperplasia

The paper was discussed by Dr Farmer of Syracuse, and Dr Cadmus of Rochester

In closing the discussion, Dr Novak traced the development of radium treatment in cancer of the cervix The cures by radium in ern standards as contrasted with those of a quarter of a century ago. Among the modern standards which he described were the following

The importance of end to end apposition of

bones broken completely across

The value of immediate replacement and fixation of displaced fragments

The early movements of joints in the limb

The importance of considering the entire body of the patient and not merely the bone that is broken

The value of immediate operative treatment in

proper cases

The importance of suspension and extension with calapers in removing the necessity for operation

A study of end results of fractures

A recognition of the need that some doctor in every community should be specially trained in fracture treatment

The will to get well is now often absent in compensation cases and delays their recovery. The value of the will to get well was illustrated by the experience with soldiers who were always anxious to return to a normal life. (See Dr. Scudder's article on "Fracture Treatment Today," in this Journal of October 1, 1928, page 1163.)

The surgical management of the ruptured appendix was discussed by Dr Arthur W Booth, of Elmira, who advocated the two-stage operation when an abscess was found The first operation was confined to the opening of the abscess and introducing a drain with no attempt to find the appendix or ligate it After recovery a second operation was done to remove the appendix This method gave a reduced mortality,—a consideration of especial importance in view of the increased mortality from appendix operations in recent years

All the scientific papers were of a peculiar interest and practical value, and the authors have been invited to contribute them to this JOURNAL

Medical Society practice was discussed briefly and pointedly by the State Society officers in the dining room immediately after the luncheon

Dr Harry R Trick of Buffalo, President, said that public health matters had always been promoted by the physicians of New York State. The Medical Practice Act of 1806 placed on the doctor the triple burdens of public health, medical licensure, and the prosecution of irregulars. Physicians had induced legislators to establish departments of health to perform public health duties. The legislators had also placed the regulation of medical education and licensure with the State Board of Regents, and assigned the prosecution of irregulars to the Attorney General

Unsolved problems are still pressing upon the medical profession, of which one of the most important is the relation of the medical profession to voluntary health organizations. Physicians must consider this relation, whether they wish to do so or not, and the penalty of failure to solve the problem will be the establishment of State Medicine in all lines of medical practice.

Dr Daniel S Dougherty, Secretary of the State Society, spoke of the advertising standards of the New York State Journal of Medicinf, and the care which the Publication Committee is taking to eliminate those products which doctors condemn while exercising the right to judge the

value of those which doctors use

Dr Dougherty also spoke of the finances of the State Society, and told how the Budget Committee had received requests for money exceeding the income of the State Society. The Budget Committee had cut down the requests, and the Trustees had cut them down still more and yet had preserved all those items whose value has been proven by past experience.

been proven by past experience
Dr John A Card, Speaker of the House of
Delegates, described the plan of the State Society for giving the members Indemnity Insurance
with rates as low as possible He said that the
Committee on Insurance would issue a descriptive statement of the State Society plan of In-

surance (See page 2050)

Dr James E Sadlier, past-President, and now Chairman of the Committee on Public Relations, referred to the overwhelming importance of the work of the Committee on Public Relations, and urged that each county society form such a committee The particular point in naming the committee was that the Chairman should be chosen for his interest in the work, his executive ability, and his willingness and desire to devise plans suitable to his own county

Dr Sadlier said that the promotion of the leadership of doctors in all public health matters would be a major activity of the State Society during the coming year. Among the activities which he suggested the societies to take part in

were the following.

Popular Medical Education,
Diphtheria Prevention,
Tuberculosis Lectures,
The Establishment of County Health Units,
Periodical Examinations,
Child Welfare Work,
Pre-natal Clinics

Dr Sadlier urged physicians to read the STATE JOURNAL in order to keep themselves informed regarding the activities of the medical societies of the county and state

made to publish the collective lectures, about a dozen of the papers dealing with fundamental subjects will be printed in the Bulletin of the New York Academy of Medicine, the first one being the lecture "The Pathology of the Aging Process," by Dr Aldred S Warthin, Professor of Pathology, University of Michigan, which will appear in the October Bulletin

The decentralization of the events of the Fortnight was a remarkable feature of the program The hospitals of the City were listed according to three districts—downtown, midtown, and uptown The same series of clinics were held in each district, and nearly every hospital of importance of the City was represented. The program of the downtown district carried the names of over one hundred teaching clinicians, while forty-five lecturers were on the program of the

afternoon and evening sessions Thus, over four hundred physicians were listed as teachers during the Fortnight

The newspapers have considered the events of the Fortnight to be news of vital interest, and have used items extensively. One of the most popular of the news items was that by Dr. Samuel Lambert describing the use of alcohol by the aged

A remarkable by-product of the Fortnight was the number of cranks that it enticed One doctor complained long and loudly because he could not find anything on pediatrics Another doctor wished to provide homes for aged physicians, and he himself wanted only a house, a little garden, and a big dog

The Fortnight will undoubtedly result in a development of great interest in the special conditions associated with old age

THREE GENERATIONS OF DOCTORS

Dr Walter D Ludlum, of Brooklyn, writes

"My father, Charles H Ludlum, is still an active member of the Nassau County and consequently of the State Medical Society. He was born in East Jamaica, now Hollis, N. Y., February 21, 1843, graduated A B 1863, A M and M. D 1865 at New York University, Phi Beta Kappa at college. He interned at Bellevue, practiced in New York City and Boonton, N. J., and, since 1878, at Hempstead, N. Y. Aside from his professional duties, he has been prominent in village activities, more particularly school work, having been a member of the Board of Education for forty years, and its President most of that time, for which a new school is being named for him

"The writer, Walter D Ludlum, was born in Boonton, N J, 1875, graduated in medicine from New York University 1898, interned at the Methodist Episcopal Hospital, and has practiced in

Brooklyn ever since

"Walter D Ludlum, Jr, was born in Brooklyn 1903, received his M D degree from Columbia in 1927, and is now an interne at the New York Post-Graduate Hospital

With good fortune our family may soon have three contemporaneous active memberships in the State Society"

Dr Charles P McCabe, of Greenville, Greene County, belongs to a family in which some member has been in the active practice of medicine for 127 years in Greenville The first physician of the family was Dr Amos Botsford who was born in Newton, Conn, February 13, 1780, and began the practice of medicine in Greenville in 1801 where, according to the town records, "He was a faithful, intelligent, and successful practitioner for over 50 years" He died at the age of eighty-four, leaving a son, Gideon, and a daughter, Mary

Gideon Botsford graduated from Fairfield Medical College in 1832, and practiced medicine with his father in Greenville with unusual success

Mary Botsford married a physician, Dr Bradley S McCabe, who was associated with the two Doctors Botsford in medical practice in Greenville Their second son, Charles Philip McCabe, began the practice of medicine with his father, and still continues to practice in Greenville. He was President of the Third District Branch Medical Society in 1925-26 His only son, Charles P McCabe, Jr, went to the U S Naval Academy instead of a medical school

early cases were just as good as the surgeon's cures, besides there were no deaths with the radium treatments, while with the surgical treatment the fatalities may be as high as 10 per cent or 15 per cent in various places or clinics. He states that in Baltimore the radical operation is still done in favorable cases. Organotherapy in early cases of hyperplasia is coming, as the substances administered are more definitely understood, such as corpus luteum and pituitin. The reason given by the reader for the preference of surgery to radium and x-ray at present is, because in the younger women sterility might be easily brought about by radium and x-ray.

The sixth event of the program was a paper or talk by Carl J Wiggers, M D, of Cleveland, Ohio, Professor of Physiology of the Western Reserve University School of Medicine spoke on the "Laboratory and Clinical Methods for Cardiovascular Study," and suggesting for better interrelation, illustrating his talk with lantern slides Dr Wiggers succeeded in showing how the clinical methods may be made quite cumbersome with an excess of technique, and how with the present instruments available for the study of heart cases the conditions may be made quite simple spoke of the dynamics of the heart and of the relation of decompensation thereto, stressing particularly in knowing the exact size of the heart and under changed rates He referred to the work of Starling in relation to this

The last paper on the program was by Dr John Pemberton of Rochester, Minn, Mayo Clinic, who spoke on the goiter problem He referred to investigations made by physicians in Utah, who found among school children that 32 per cent of the boys and 54 per cent of the girls had enlarged thyroids, and called attention to the increasing prevalence of goitre At present 14 per cent of the operations done of all conditions at the Mayo Clinic are for goiter He divided the goiter cases into two groups—the endemic goiter, or simple, and referred particularly to the benefit of the iodine

treatment in these cases Says there is no proof that there is danger in small doses of iodine. All adenomatous goiters, according to the reader, should be operated, first, because of the possibility of the toxicity of the disease, and second, because of possible malignancy.

The next group discussed was exophthalmic goiter of which he says the cause is not known. It may be a nervous trauma. In the United States he feels that probably the condition is endemic, that in the United States it is more prevalent where endemic goiter is present, and this relation cannot yet be explained

In treatment of exophthalmic goiter he feels that operative treatment is daily becoming more successful, first, because of the preliminary iodine treatment which is so successful Second, because surgical technique has so greatly improved and third, because these cases are diagnosed earlier than they were formerly He thinks that teaching on exophthalmic goiter to the medical student is wrong, that we should not insist upon having all of the cardinal symptoms before the diagnosis is For example, exophthlamus is not necessary to make the diagnosis of exophthalmic goiter He seems to depend largely upon the history, upon the swelling, the rapid pulse and the disturbance of metabolism. This paper was discussed by Drs Jamison, Prince and Ward of Rochester, also Dr Fowler and Dr Foster of Penn Yan

At the close of the meeting a film prepared by the Mayo Clinic, showing intestinal peristalsis in cats and rabbits was thrown upon the screen, after which the meeting closed

The attendance of this meeting was quite satisfactory from every standpoint. There were something over 250 physicians present out of the 748 members of the Seventh District Branch. The room in which the meeting was held was crowded from the opening in the morning until the close at 600 o'clock in the evening.

JOHN A LICHTY, MD, Secretary

THE GRADUATE FORTNIGHT OF THE NEW YORK ACADEMY OF MEDICINE

As this Journal goes to press, the Graduate Fortnight of the New York Academy of Medicine has been nearly completed according to the plans announced in the July 15, September 1, and September 15 issues of this Journal Every speaker has presented his paper on schedule time, the hospital clinics have been held as announced, and in every respect the Graduate Fortnight has been a great success

The attendance at the afternoon sessions in the

Academy building has averaged more than 150, while over 500 physicians have attended the evening sessions, with the meeting-room often crowded. The audiences have been drawn from all over the country, from Vancouver to Maine, while one doctor came because he got word of the Graduate Fortnight by news radio while he was in the middle of the Atlantic Ocean.

The lectures covered every phase of the problems of old age While no provision has been recommendation that the rate increase be approved as necessary. The Executive Committee in turn examined all of the facts, and weighed the recommendation which the Insurance Committee had made, and as a result of an independent study of these, passed the following resolutions.

Whereas, in the year 1921, the malpractice indemnity situation in New York State had reached an alarming state of disorganization, uncertainty and high costs, and the Medical Society of the State of New York, in order to provide its members with a stabilized source of indemnity protection at controlled and equitable rates considered it necessary and desirable to organize a Group Plan of Malpractice Indemnity and Defense, and

Whereas, after a careful investigation of the various reliable insurance companies, authorized to legally transact business in the State of New York, it was concluded that the Aetna Life Insurance Company of Hartford, considered from every viewpoint, was the best company available, and, in fact, the only company willing to enter into a fair and equitable agreement with the Society, and in April, 1921, the Society entered into an agreement with the said Aetna Life Insurance Company whereby that Company undertook to provide malpractice indeminty for members of the State Society only under a Group Plan devised by the Society under terms and safeguards extremely favorable to the members, and

Whereas, one of the terms of the agreement stipulated that the rate for such indemnity, after the first three years, would be modified from year to year in accordance with the actual cost of the business computed on a basis of not to exceed two and one-half per cent profit for the company and a careful and scientific tabulation of the cost for the seven years ending December 31, 1927, shows conclusively that the cost per insured member per year for each year of operation has been in excess of \$3200 for the minimum policy of \$5,000 \$15,000, and

Whereas, during that period the members have been called upon to pay an average premium of only \$21 43 for the minimum policy resulting in a continued and substantial loss for the Company, and in order to insure the continuance of the Group Plan, it is necessary under the terms of the agreement, that the Society recognize the disparity between the cost of the protection which the members enjoy and the rates which they have been required to pay, and

Whereas the relation of our members and the Society with the Aetna Life Insurance Company throughout the seven years have been highly satisfactory in every respect and a continuance of our relations with that Company is deemed for the best interests of the Society and of its members, now therefore,

Be It Resolved that an increase in the base rate of \$2400 for the minimum policy of \$5,000/\$15,000 to \$3200 be approved and recommended for the renewal of the agreement expiring April 30, 1928, to remain in effect without change for a period of three years, and

Be It Further Resolved, that a copy of this resolution be made available to each member as and when his protection becomes affected by the new rate, and that all members requiring malpractice indemnity protection be urged to secure and continue it through the Group Plan of the State Society

From time to time, other insurance companies, through their local agents, have approached certain members of our Society with proposals temporarily to insure them at rates slightly less than those required by our Group Plan In every instance, it has been found

that these companies were unwilling to accept the Group as a whole or to subscribe to the terms previously mentioned,—the only terms that our Society deems adequate for the protection of its members Furthermore, isolated individual physicians, who from time to time have been persuaded to accept policies in such companies, have learned to their surprise and regret that by the terms of their policies in such companies, they were denied the privilege of the legal services of our general counsel Thus, in all matters not only pertaining to the preparation and trial of cases, but also in the vital questions relating to settlement, they have discovered that under the terms of their policies in such companies, neither our legal counsel nor the Society had any voice whatever

In addition to the various companies authorized to do business in this State who from time to time have sought to carry on a sporadic and piecemeal competition with our Group Plan, there is one foreign company which is not authorized to do business in this State, which has nevertheless flooded the mails with advertising matter. In this connection, we would refer to an editorial written by our legal counsel entitled "Bootleg Insurance," and appearing in the August 15th, 1928, issue of the State Journal

Other companies, actuated by a desire to advertise or to give their agents and solicitors a wedge with which to win their way into doctors' offices for the purpose of soliciting other forms of insurance, may from time to time undertake to sell malpractice policies at rates lower than those we pay in the Group, but they cannot do so for long, as has been demonstrated by several experiences of that kind within recent years They cannot escape the necessity of basing their rates upon the cost of hazards insured, and no company, no matter how large and competent, without the cooperation of the Society and its legal department, can hope to establish a cost ratio lower than that of the Group Plan Sooner or later, they must raise their rates to the level of cost or higher in order to make up for the losses that such rate-cutting inevitably entails

From a prolonged study, acquaintance and contact with the nature of our Group Insurance Plan, and with its operation, we assert with confidence that it is one of the most beneficial activities of our State Society, and that its merits are such as to bespeak and justify the loyal and wholehearted support of every member of the Society Through the office of our authorized indemnity representative and that of our legal counsel, as well as through direct contact of our Insurance Committee, the New York State Medical Society

THE MALPRACTICE RATES OF OUR GROUP INSURANCE PLAN

Report of the Special Committee of the Medical Society of the State of New York

Your Insurance Committee has watched with satisfaction the continued growth in the support of our Group Plan of insurance. The increase in the rates, which went into effect in April of this year, has been generally understood and approved by our members. Our attention, however, has been called to the fact that, here and there, there has been some lack of complete understanding of the reasons which underlie the increase in rate. The Insurance Committee of your Executive Committee has deemed it proper, therefore, to make this statement for the benefit of all

The Group Plan of malpractice insurance was organized by the State Society in 1921 at a time when the increase in the number of malpractice suits made this type of insurance particularly necessary for the members, and at a time when the insurance companies writing this type of policy had, by their disastrous experience, been forced to greatly increase their rates, or to withdraw from business that time, an intensive study of the whole question was carried out by our Society, and an investigation was made of the various companies authorized to do business in this State, and of the terms and conditions upon which business relations with them might be sus-The salient points upon which our Society insisted were three

First, that no policies be issued except to members in good standing of the State Medical Society. This provision was necessary to prevent an unfavorable experience with non-affiliated doctors from being charged against the State Society's Group operation.

Second, that all suits and claims against insured members be handled exclusively by the legal counsel for the State Medical Society, to the end that the members might have the benefit of the concentrated medico-legal experience which the Society had so painstakingly built up during the preceding decade, and in order that their cases might be handled not only by an expert but by one in close touch and with first-hand knowledge of the best point of view of the medical profession

Third, that the rate charged should be based upon the actual cost to the carrier, plus a nominal compensation for handling charges,—this rate to be modified from time to time, either up or down, in accordance with the actual loss experience

With these three points in mind, the plan was offered to the various reputable insurance companies, legally authorized to issue this type of insurance in this State. As a result of prolonged negotiations, and with no little difficulty, the plan embodying these points was

finally accepted by the Aetna Life Insurance Company of Hartford

For the same reason that impels us to retain the services of counsel, it was deemed wise to have the benefit of disinterested expert insurance advice To this end, Harry F Wanvig, who was formerly an officer of one of the old English companies authorized to do business in this country, and who was a man with long insurance experience, was selected as the authorized indemnity representative of our State Society He has been acting in this capacity since 1921, and has converted this office into a self-supporting indemnity department of our Society, devoting all of its time to this undertaking, and being responsible to the Society for the proper conduct of the Group Plan in all of its features, except those pertaining to the handling of suits and claims, which are conducted by our general counsel, Lloyd Paul Stryker The duties of Mr Wanvig's department include a yearly check and examination of the operative cost, and a constant contact with the malpractice insurance

market offered by other companies

Since the installment of the Society's Group Plan in 1921, it has operated to the eminent satisfaction of the Society, its officers and the individual members The various features and details of the plan have been explained, from time to time, in various articles, annual reports and editorials appearing in the New YORK STATE JOURNAL, and also through various papers read by both Mr Stryker and Mr Wanvig at the meetings of various county societies and other medical gatherings cial reference is made to the annual report of Mr Stryker printed in the April 1st, 1928, issue of the STATE JOURNAL, and that of Ex-President Sadlier appearing in the May 1st, 1928, issue The three points previously referred to were embodied in our agreement with the Aetna Life Insurance Company, and the plan then designed has been in complete and satisfactory operation since the date of its In the early months of this year, inception our attention was called to the fact that the experience in handling the business showed that an increase in rate was necessary in order to meet the increased cost of the business as provided in our agreement with the company A complete and scientific investigation was then carried out by your Insurance Committee, during which all of the figures and data of the insurance carrier were fully submitted, and were scrutinized and studied Your Committee spent many days in this work, and finally presented the results of its inquiry to the Executive Committee, together with a

DIRECTORY

OF THE

MEDICAL SOCIETY OF THE STATE OF NEW YORK

ITS ORGANIZATION AND PERSONNEL

The Headquarters of the Society are on the fourth floor of the New York Academy of Medicine, at 2 East 103rd Street, New York, N Y Telephone, Atwater 7524

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THE EXECUTIVE COMMITTEE OF THE COUNCIL

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Watertown Tonawanda Elmira participates in tabulating and checking the costs upon which the rates are based, and in directing the policy and methods of defense of its members. Through the action of our Society, our members enjoy the broadest form of policy issued by any company in the State, backed by the faith and credit of a financially powerful and honestly administered insurance carrier. There can be no question of unfairness either to the policy-holders or to the company, and no opportunity for one to profit at the expense of the other, as long as both partners live up to their obligation under the agreement

We quote with approval the following from Ex-President Sadlier's annual report "About 58 per cent of our membership is insured in

the Group Plan against liability in the practice of their profession. This system of protection should be adopted by a much greater percentage of members. One wonders how so many dare to assume the personal liability incurred by not being protected in this way Perhaps it is due to lack of familiarity with this excellent plan adopted by our Society."

Your Insurance Committee is in close touch with the whole situation, and if there is any physician desiring further information to that herein contained, his letter, if addressed to the Secretary of the Society, will receive

prompt attention

John A Card, Chas Gordon Heyd, Special Committee

TIME FOR THE ANNUAL REGISTRATION

As the time for the annual registration of physicians is approaching, this Journal is printing the following letter announcing the plans of the State Department of Education—Editor's Note Dear Mr Editor

As you are doubtless aware, the law provides that this Department shall send to each physician annually on or before the first day of October an application for annual registration for the ensuing year. Application cards for registration for the year 1929 are going out from this office this week and before the end of the week should be in the hands of all the physicians of the State

Will you be good enough to insert a notice in the Journal to the effect that we hope that any physician who has failed to receive his application card by October first will advise us to that effect at once in order that we may supply him with the application card? Will you also add that promptness in the return of the application will enable us to handle the registration more effectively and that every physician should remember that the law provides that he should file his appli-

cation with this Department prior to January first?

We have done all that we could to check over our list and make it complete so that every physician will receive an application card, but in so large a list it is almost impossible to avoid a few errors and we shall appreciate being advised of these errors in order that we may correct them at once

Following our policy of simplifying registration procedure as much as possible, we have

adopted a new expedient for this year

Heretofore when application cards had been received after the first of October we have immediately forwarded a registration certificate for the ensuing year. This year the registration application will be acknowledged with a note that the registration certificate will not go forward until the latter part of December.

Appreciating your cooperation in this matter,

I beg to remain

Very truly yours,
CHARLES B HEISLER,
Assistant in Higher Education



6 COMMITTEE ON PUBLIC RELATIONS

The Committee on Public Relations was established in order to investigate, and if possible direct the relations of physicians to volunteer health organizations

James E Sadlier, Chairman, Poughkeepsie

William H. Ross William D Johnson

Brentwood Oliver W H Mitchell Batavia Augustus J Hambrook Syracuse Troy

7 COMMITTEE ON MEDICAL RESEARCH

The Committee on Medical Research has been concerned especially with the education of the public regarding the usefulness and necessity of animal experimentation

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Poughkeepsie Charles Gordon Heyd

New York

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Elmura Grant C Madill Poughkeepsie William H Ross New York James E Sadlier

Ogdensburg Brentwood Poughkeepsie 2048

THE CENSORS

The Board of Censors consists of the President and the Secretary of the State Society, and the Presidents of the District Branches

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Albany
Albany
Plattsburg
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Watertown Elmira Rochester Buñaio

STANDING COMMITTEES

The State Society has seven standing committees whose chairmen are elected by the House of Delegates, and whose other members are appointed by the Council

1 COMMITTEE ON ARRANGEMENTS

This Committee is appointed from the physicians practicing in the city in which the next annual meeting is held

2 COMMITTEE ON LEGISLATION

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4 COMMITTEE ON SCIENTIFIC WORK

The Committee on Scientific Work consists of a chairman, elected by the House of Delegates, one member appointed by the Council, and the Chairman of the Scientific sections

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Buffalo

Leo F Schiff
David C. Wilson
Jerome Kingsbury
Benjamin J Slater
Samuel J Kopetzky

Plattsburg Clifton Springs New York Rochester New York

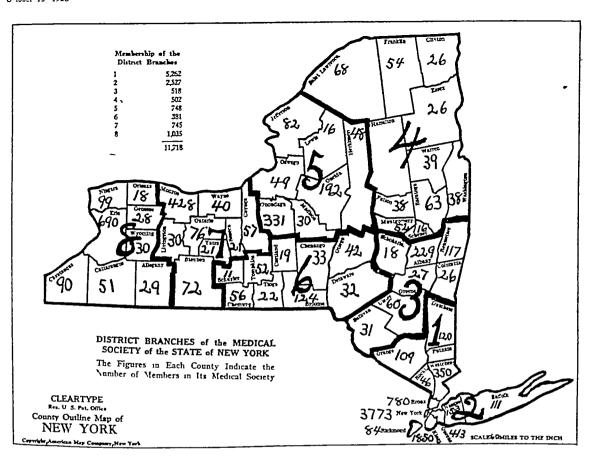
5 COMMITTEE ON MEDICAL ECONOMICS

The major activity of the Committee on Medical Economics has been that concerning the relation of physicians to the execution of the Workmen's Compensation Law

William Warren Britt, Chairman, Tonawanda

C Ward Crampton New York H P Hourigan
Morris Rosenthal New York Homer J Knickerbocker

Buffalo Geneva



THE DISTRICT BRANCHES

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LEGAL DEPARTMENT

The Legal Department is located at 15 Park Place, New York City, Telephone Barclay 5550

Counsel

Lloyd Paul Stryker, Esq Attorney

Lorenz J Brosnan, Esq

LEGISLATIVE BUREAU AND EXECUTIVE OFFICER

The Headquarters of the Legislative Bureau and the Executive Officer are at 100 State Street, Albany, N Y Telephone Main 4-4214

Executive Officer

Joseph S Lawrence

THE COMMITTEE ON PUBLICATION

The two regular publications of the Medical Society of the State of New York—the Jour-NAL and the Directory—are in charge of the following Committee on Publication

William H. Ross, Chairman, Brentwood

James Pedersen

New York Daniel S Dougherty

New York

THE NEW YORK STATE JOURNAL OF MEDICINE

The Journal is issued twice a month from the fifth floor of the building of the New York Academy of Medicine at 2 East 103rd Street, New York City Telephone Atwater 5056

Editor-in-Chief

Orrin Sage Wightman, New York

Executive Editor

Frank Overton, Patchogue Advertising Manager

Joseph B Tufts, New York

THE DIRECTORY

The Medical Directory of New York, New Jersey and Connecticut is issued annually in November from the main office of the Medical Society of the State of New York at 2 East 103rd Street, New York

SECTION OFFICERS

The scientific program at the annual meeting is conducted principally in nine sections, whose officers are as follows

Chairman Secretary	Medicine John A Lichty, Clifton Springs A H Aaron, Buffalo	Chairman Secretary	Eye, Ear, Nose and Throat Harry M Weed, Buffalo Edwin S Ingersoll, Rochester
Chairman	Surgery Hyzer W Jones, Utica	Chairman Secretary	Public Health, Hygiene and Sanitation Leo F Schiff, Plattsburg William L. Munson, Granville
Sccretary	William D Johnson, Batavia	Chairman Secretary	Neurology and Psychiatry David C Wilson, Clifton Springs James H Huddleson, New York
Chairman Secretary	Gordon Gibson, Brooklyn George M Gelser, Rochester	Chairman Secretary	Dermatology and Syphilology Ierome Kingsbury, New York Louis Tulipan, New York
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MEDICAL WARES



PRINTED ILLUSTRATIONS

Illustrations, charts and graphs now adorn the pages of medical journals as they do those of most other periodicals. The originals of the ordinary pictures which appear in this Journal consist of two elements.

1 Lines such as those drawn by a pen or pencil

2 Masses of black or other color as in a photograph or painting

The pictures which are reproduced on the printed page are facsimiles of the original drawings, photographs or paintings, and are made from plates of two kinds

1 The lined plate

2 The dotted plate or half-tone

Both kinds of plates are made by photographic processes which reproduce the elements of the

ordinary plate

The Line Plate The lines of an ordinary lined drawing are so coarse that they may be readily seen with the naked eye The original drawing is usually made two or three times the size of the completed plate, for reducing the size of the drawing also reduces the apparent roughness and imperfections of the lines The original picture looks as its printed reproduction appears when it is examined with a magnifying lens is only the exceptionally perfect drawing that can be reproduced in its natural size or enlarged lines, but lines that are somewhat rough and irregular may appear smooth and even when they are reduced to one-half or one-third the size of the originals

The line drawings are usually reproduced on plates of zinc by processes of etching with acids. The original drawing is photographed upon the zinc by a process which is like that of ordinary photographing, but the plate is developed by a process of etching with acid which eats away the parts between the lines and leaves the lines raised above the rest of the plate. The process is simple, rapid and cheap, and is well adapted for charts, graphs, tables, maps, and other designs which can be drawn in lines. The illustration on page 2054 is made from a line drawing which was reproduced from the printed page of the New York Herald-Tribune.

The Half-Tone An ordinary photograph or painting consists of masses of black and white, which show all gradations of light and shade from pure white to black. A plate made by the method of the line plate would show none of the details of the gray tones of the picture, also the darkened parts would print in solid masses of ink which would smudge the completed picture. The picture on the plate is therefore formed by minute dots which seem to blend together when they are viewed as in ordinary reading. An illustration consisting of dots is called a half-tone, for it reproduces all the tones of light and shade of the original photograph or painting.

The method of producing a half-tone plate is that of photographing the original picture upon a copper plate, through a glass on which fine lines are ruled up and down, and crosswise, thus breaking the picture into small squares which appear on the printed page as dots. The photograph is then developed by etching the plate with acid as in a line plate, but the process is far more delicate.

The lights and shade of a half-tone plate vary according to the size of the dots, which are large in the darker portions of the cut, and extremely small in the white parts. The illustrations on page 2018 of this Journal are made with 133 dots to the linear inch, or 17,689 per square inch. Those of a newspaper contain from 65 to 85 dots per linear inch according to the smoothness of the paper on which they are printed. The finest half-tones contain from 175 to 200 dots per linear inch, but these plates must be made with great care and printed on fine glazed paper.

There is nothing mysterious about preparing illustrations for medical articles. The first essential is that the original picture shall be distinct, and that every part shall stand out clearly. Lines and figures on the original must be large enough to be easily read when they are reduced to the size in which they will appear on the plate.

The standard size of cuts in this Journal are either three inches or six inches in width, in order that they may fit either a single column, or a double column

LIVING PAST-PRESIDENTS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Herman Bendell Arthur W Booth Frederic C. Curtis George M Fisher George H Fox J Riddle Goffe Thomas H Halsted Allen A. Jones J Richard Kevin Alexander Lambert Grant C Madill	New York Syracuse Buffalo Brooklyn New York	Wendell C Phillips Lewis S Pilcher James F Rooney Arthur G Root James E Sadlier Charles G Stockton Charles Stover Martin B Tinker Albert Vander Veer Nathan B Van Etten Orrin Sage Wightman		New York Brooklyn Albany Albany Poughkeepsie Buffalo Amsterdam Ithaca Albany New York New York
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DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

1929-1930

1928-1929

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	Delegates			Delegates	
E. E. Harris O. S. Wightman G. A. Leitner N. B. Van Etten D. S. Dougherty J. N. Vander Veer J. R. Kevin		New York New York Piermont New York New York Albany Brooklyn	James E. Sadher Arthur J. Bedell John A. Card Arthur W. Booth Grant C. Madill Thomas C. Chalmers Frederick H. Flaherty	Poughkee	pany psic nira ourg Lills
	Alternates			Alternates	
A. W Ferris J E Jennings E W Weber E R Cunniffe D E Hoag E. A Griffin G W Cottis		Watkins Brooklyn White Plains New York New York Brooklyn Jamestown	E. Livingston Hunt George W Cottis Charles H Goodrich Andrew Sloan T M Townsend John H Reid Henry C Courten	New Yo	own dyn tica ork roy

THE GRIEVANCE COMMITTEE (With Years When Terms Expire)

The Grievance Committee is under the jurisdiction of the State Department of Education and investigates charges of the violation of the code of ethics of the Medical Profession by physicians

1928 1928 1929	Orrin Sage Wightman, MD, O Moses Keschner, MD William S Overton, MD Arthur B Van Loon, MD Ralph Williams, DO	Chairman New York New York Binghamton Albany Rochester	1931 1931 1932	Grant C Madill, M.D Frederick H Flaherty, M D Allan A Jones, M D Roy Upham, M D Martm B Tinker, M D	Ogdensburg Syracuse Buffalo Brooklyn Ithaca
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STATE BOARD OF MEDICAL EXAMINERS

(With Years When Terms Expire)

	(view round - property)					
1930	Arthur W Booth, MD (Surgery), 222 W Church Street, Elmura, N Y, Chairman	1929 Milton J Raisbeck, M.D. (Chemistry), 310 West 85th Street, New Y	ork.			
1928	William H Park, MD (Bacteriology), University and Bellevue Hospital Medical	1929 Henry B Minton, M D (Anatomy), 165 Joralemon Street, Brooklyn, N				
	College, New York	1929 Charles Hazzard, DO (Physiology), 40 N Fulton Avenue, Mount Vernon, N	Y			
1928	Lewis S Pilcher, M.D. (Diagnosis), 145 Gates Avenue, Brooklyn, N. Y.	1930 Matthias Nicoll, Jr., M.D. (Hygiene), 174 Chestnut Street, Albany, N	Y			
1928	James Ewing, M.D. (Pathology), Cornell University, Ithaca	1930 James K. Ouigley, M.D. (Obstetrics and Gynecology), 26 S. Goodman St., Rochester, N.	Y			

Secretary, Harold Rypins, M.D.
State Education Building, Albany, N. Y.



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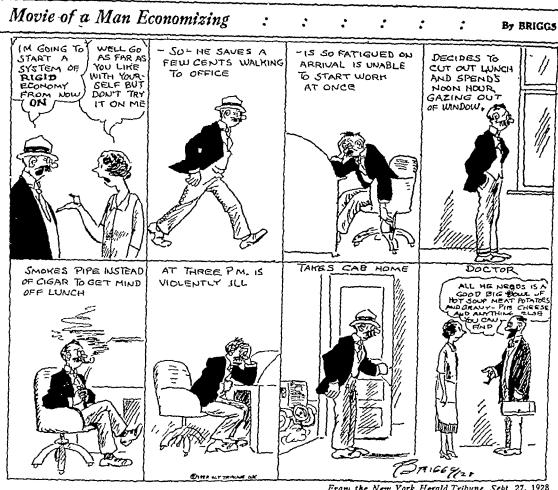
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THE DAILY PRESS





From the New York Herald Tribune, Sept 27, 1928
Economizing Health

RELIEF FOR TRAFFIC CONGESTION

The newspapers frequently print fanciful schemes to relieve traffic congestion in New York City, but the newspapers of October 6 described an actual demonstration that was so indiculously simple that the man who tried it successfully was arrested for disturbing the peace simply because he drew an applauding crowd. The New York Times with its reputation for seriousness makes the following editorial comment on the incident

The authorities made a bad error in judgment when they committed to Bellevue yesterday the middle-aged negro caught running along Broadway near Forty-second Street on the tops of street cars, buses and taxicabs The policeman who had him locked up say that he was out of

work and took this unusual method of advertising

But is this any indication that he is demented? On the contrary, he may be a genius. He may have discovered the solution of one of the most difficult problems with which the city is confronted. The gentleman should be referred to the Mayor's Committee on Plan and Survey, not to Bellevue.

Congestion is terrible, and growing worse. The air is full of schemes for double-decked streets and bridges for pedestrians. But these things are expensive and the city is poor. What if the pedestrians could be persuaded to give up the sidewalks altogether and trained to walk on top of the moving lines of vehicles?

HEALTH EXAMINATIONS IN FACTORIES

Prejudice against physical examinations of factory workers is hard to overcome in spite of the excellent results that have come from them. Owners sometimes object to the examinations on account of their cost, and workmen oppose them because their result is often the rejection of the applicant for work However, the Workmen's Compensation Act has promoted the examinations, for when they are made workmen can no longer claim damages for conditions which existed before they began work in the factory The development of hernia was formerly a frequent ground for claims for damages, but the claims have ceased in one factory where examinations are made and releases are secured for conditions, such as incipient hernia, of which the workmen are unaware

People generally are becoming educated regarding the value of health examinations of workmen The New York Sun of September 11 has an excellent editorial on the benefits of the examination, in which it says

"Surveying cosmetic factories A, with 661 women on the payroll, B with 388 and C with 708, the New York State Department of Labor finds that in six months there are 79 visits to the medical dispensary in A for every 100 workers, 150 in B and 350 in C A and B

subject applicants for jobs to physical examination, C does not Consequently C's workers are not selected risks

"In Factory A 'every possible means of safeguarding the worker' has been adopted. The reason why C has so many visits to the dispensary seems obvious its owners consider treatment of industrial diseases more desirable than prevention. Theirs is an antiquated point of view in economics as well as in humane feeling.

"The nurse in charge of Factory B's dispensary gives many more treatments than does the nurse in Factory A, the policy of whose management is to restrict the plant activities to diagnosis and reference to the family physician. Executives are not agreed as to which practice is better, but there is no dispute about the high desirability of safeguarding the health of workers. The production managers' reports reflect the activities of the plant nurse. The owners of Factory C should wake up."

It seems ironical that the studies were made in a cosmetic factory, but after all, the owners of the less healthful factory were consistent if they believed in the efficacy of their products to produce the appearance of health

SOUL AND BODY

The daily papers have recently described the proceedings of several scientific congresses which included in their programs subjects involving the origin of life, the existence of the soul, and the extent of eternity, and other subjects which are ordinarily classed as religious. The newspapers of September 7 stated that Sir William Bragg, the new president of the British Association for the Advancement of Science, believes in the duality of the soul and the body, while his predecessor, Sir Arthur Keith, believes that the soul and body are one The New York Herald-Tribune of September 7 says editorially

"Interesting is inquiry why Sir William Bragg's soul, or Sir Arthur Keith's non-soul, is any more news than Mr A's soul or that of the first vice-president of the Ninth National Bank The answer, we suspect, is pub-

lic persuasion that treason is a dramatic crime and that it is somehow treason to his craft for any scientist to view religion with respect. This is really a delusion of indigestion, the result of one school of thought trying to swallow the universe

"Scientists and religionists are neither of them quite guiltless of pretending that their respective views are mutually exclusive, each covering the whole universe from aardvark to zymosis, with no atom of standing room left for the other. We will progress further in understanding, although perhaps with fewer blank columns filled with scientists' souls, when faith and science each acknowledge the world as wide enough for both"

Physicians who deal with life and death more intimately than any other group, will generally agree with the editorial writer



BOOKS RECEIVED



Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review as dictated by their merits, or in the interests of our readers.

- METHODS AND PROBLEMS OF MEDICAL EDUCATION (Ninth Series) Quarto of 386 pages, illustrated New York, Division of Medical Education, The Rocke feller Foundation, 1928
- Conserving the Sight of School Children A Program for Public Schools Prepared under the direction of Thomas D Wood, MD, Chairman. Octavo of 56 pages New York City, National Society for the Prevention of Blindness, 1928. Paper, 35 cents (Publication 6)
- FORENSIC MEDICINE. A Text-book for Students and Practitioners By Sydney Smith, M.D. Second Edition. Octavo of 602 pages, with 166 illustrations Philadelphia, P. Blakiston's Son & Company, 1928 Cloth, \$800
- THE HEART IN MODERN PRACTICE Diagnosis and Treatment By WILLIAM DUNCAN REID, AB, MD Second Edition, revised. Octavo of 466 pages, illustrated Philadelphia and London, J B Lippincott Company, 1928 Cloth, \$600
- AIDS TO EMBRYOLOGY By RICHARD H HUNTER, M.D. 16mo of 160 pages New York. William Wood and Company, 1928 Cloth, \$1 50
- THE SENSORY AND MOTOR DISORDERS OF THE HEART Their Nature and Treatment. By Alexander Black-Hall-Morison, M.D. Second Edition. Octavo of 362 pages, illustrated. New York, William Wood and Company, 1928 Cloth, \$600
- Low Blood Pressure. Its Causes and Significance. By J F Halls Dally, M.A., M D Octavo of 257 pages, illustrated. New York, William Wood and Company, 1928 Cloth, \$500
- NURSES, PATIENTS, AND POCKETBOOKS Report of a Study of the Economics of Nursing Conducted by the Committee on the Grading of Nursing Schools Ayres Burgess, Director Octavo of 618 pages New York City, [Committee on the Grading of Nursing Schools], 1928 Cloth, \$200
- Goiter Prevention and Thyroid Protection By Israel Bram, M.D. Octavo of 327 pages, illustrated Philadelphia, F. A. Davis Company, 1928. Cloth, \$3.50
- THE OPIUM PROBLEM By CHARLES E TERRY, MD, and MILDRED PELLENS Octavo of 1042 pages New York, Committee on Drug Addictions in collaboration with the Bureau of Social Hygiene, Inc., 1928
- DIABETIC MANUAL FOR PATIENTS By HENRY J JOHN, MA, MD 12mo of 202 pages, illustrated St. Louis, C. V Mosby Company, 1928. Cloth, \$200
- BACTERIOLOGY FOR NURSES By Charles F Carter, BS, MD 12mo of 213 pages, illustrated St. Louis, C. V Mosby Company, 1928 Cloth, \$2.25
- ULTRA-VIOLET RAYS IN THE TREATMENT AND CURE OF DISEASE. By PERCY HALL, M.R.C.S., L.R.C.P. Third Edition Octavo of 236 pages, illustrated St. Louis, C. V. Mosby Company, 1928 Cloth, \$450
- RECENT ADVANCES IN CHEMISTRY IN RELATION TO MEDICAL PRACTICE. By W MCKIM MARRIOTT, BS, MD

- Octavo of 141 pages, illustrated. St Louis, C V Mosby Company, 1928 Cloth, \$2.50
- BLOOD AND URINE CHEMISTRY By R. B. H. GRADWOHL, M.D., and IDA E. GRADWOHL, A.B. Large octavo of 542 pages, illustrated St. Louis, C. V. Mosby Company, 1928 Cloth, \$10.00
- MEDICAL CLINICS OF NORTH AMERICA Vol 12, No 1 July, 1928. (Chicago Number) Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, \$1600, paper, \$1200 net
- A Text-book of Pharmacology and Therapeutics of the Action of Drugs in Health and Disease. By Arthur R. Cushny, M.A., M.D. Ninth Edition, revised by C. W. Edmunds, A.B., M.D., and J. A. Gunn, M.A., M.D. Octavo of 743 pages, illustrated. Philadelphia, Lea & Febiger, 1928. Cloth, \$6.00
- A LABORATORY MANUAL OF PHYSIOLOGICAL CHEMISTRY
 By D WRIGHT WILSON Octavo of 272 pages Baltimore, The Williams & Wilkins Company, 1928
 Cloth, \$3 50
- THE CORONER AND THE MEDICAL EXAMINER. By Oscar T Schultz and E. M. Morgan Octavo of 101 pages. Washington, D. C., The National Research Council of the National Academy of Sciences, 1928 Paper \$1.50 [Forms Bulletin of the National Research Council—Number 64]
- THE DEVELOPMENT OF THE PSYCHO-ANALYTICAL THEORY OF THE PSYCHOSES, 1893-1926. By JOHN RICKMAN, MA, MD Large octavo of 89 pages London, Bailiere, Tindall & Cox, 1928. Paper, 6/ [Forms Supplement No 2 to the International Journal of Psycho-Analysis]
- THE NEW POCKET MEDICAL FORMULARY By WILLIAM EDWARD FITCH, M.D. Fifth Edition. 16mo of 501 pages Philadelphia, F. A. Davis Company, 1928 Flexible leather, \$3.00
- Practical Surgery of the Abdomen By George H.
 JUILLY, M.D. 2 Volumes Octavo of 1275 pages, illustrated Philadelphia, F. A. Davis Company, 1928.
 Cloth, \$1600 net.
- INTERNATIONAL CLINICS Edited by Henry W Cattell, A M, M D Thirty-eighth Series, Volume III Octavo of 310 pages, with illustrations. Philadelphia and London, J B Lippincott Company, 1928
- THE GENESIS OF EPIDEMICS AND THE NATURAL HISTORY OF DISEASE. An Introduction to the Science of Epidemiology Based Upon the Study of Epidemics of Malaria, Influenza & Plague. By CLIFFORD ALLCHIN GILL, MRSC, LRCP Octavo of 550 pages, illustrated New York, William Wood and Company, 1928 Cloth, \$750
- A PRACTICAL MEDICAL DICTIONARY By THOMAS LATHROP STEDMAN, A.M., M.D Tenth revised Edition. Octavo of 1194 pages, illustrated. New York, William Wood and Company, 1928. Flexible leather, \$7.50



BOOK REVIEWS



THE SIMPLE GOITRES. By ROBERT McCARRISON, C.I E., M.D. Octavo of 106 pages, illustrated. New York. William Wood and Company, 1928 Cloth, \$400

The book is divided into two parts. The first part deals almost entirely with what the author terms "parenchymatous or chronic hypertrophic goitre." There is very brief consideration of diffuse colloid goitre and lymph adenoid goitre at the end of this section Part two is devoted to 143 figures illustrating various types of endemic goitre among the natives in certain sections of India. There are also abundant illustrations of the thyroid gland of both man and animals from cases of endemic goitre and cretinism. Of the simple goitres, the parenchymatous or chronic hypertrophic goitre receives almost the entire attention of the author. This is the classical type of endemic goitre occurring in the mountainous regions of India and characterized by a true hypertrophy and hyperplasia, together with the appearance of circumscribed areas of more or less solid glandular tissue, the adenomata. The author endeavors to show how closely the causation of the chronic hypertrophic type of endemic goitre is interwoven with the composition of the food, with infection of the gastro-intestinal tract and with the role of the thyroid gland and of todine in the phenomena of nutrition and oxida-Abundant experimental evidence is offerred to support the views of the author who believes that this type of goitre is caused by a positive toxic agent derived from the gastrointestinal tract. The role of iodine in the causation of the chronic hypertrophic type of gotte, receives mention largely because of its inter-action with the factors mentioned above. The author stresses the great complexity of the goitre problem and warns against the assumption that the only or even predominate factor is the insufficiency of iodine. The illustrations are excellent. The book should be of great value to those interested particularly in public health problems and to students of endocrine diseases and to those interested in experimental phases of the goitre problem EMIL GOETSCH

EAT, DRINK AND BE HEALTHY AN Outline of Rational Dietetics By CLARENCE W LIEB, M.A., M.D. 12mo of 180 pages New York, The John Day Company, 1928 Cloth, \$150

This book aims to present the nature of foods and nutrition in a simple form without the encouragement of fads. It is intended as a guide for normal persons to prevent disease due to faulty eating. Its lively style with short sentences and chapters makes it easy to read.

The three parts discuss the "philosophy of eating," "choosing your diet" and "unfamiliar facts about familiar foods and beverages '

The author believes that spinach is not the very desirable vegetable that it is commonly supposed to be partly because of the high residue undesirable in many patients who should have a smooth diet, and partly because the oxalic acid content is said to chemically unite with the calcium of the blood, thus decalcifying it, with the production of crystals of calcium oxalate which being excreted by the kidney, may contribute to the formation of kidney stones. Another idea which is unusual is that animal proteins and concentrated carbohydrates should be avoided at the same meal unless combined with a liberal amount of vegetables and fruits.

Its absence of technical language, its readability and common sense views, will make it a very useful book for the patient W E McCollom

THE NEW YORK ACADEMY OF MEDICINE LECTURES ON MEDICINE AND SURGERY [First Series, 1927] Octavo of 319 pages, with 39 illustrations New York, Paul B Hoeber, Inc., 1928 Cloth, \$500

In this volume, which closely resembles the "Practical Lectures" delivered under the auspices of the Medical Society of the County of Kings, a wide field of medicine has been efficiently covered. The wealth of chinical experience of the contributors is passed on to the reader in a pleasant and clear cut manner. The lectures on cardio-vascular syphilis and the cutaneous manifestations of the same disease should be welcomed by every practitioner, likewise-the lectures on the treatment of pneumonia and the discussion of various obstetrical problems met with in a general practice. Surgical subjects are treated very sparingly and bone-and-joint surgery including traumopathies are unfortunately not touched upon at all.

Geo Webb.

THE MIND OF THE GROWING CHILD Edited by VIS-COUNTESS ERLEIGH 12mo of 229 pages New York, Oxford University Press, 1928. Cloth, \$1 75

This work is the gathering together, into one volume, of sixteen articles by different British writers. All of these are lectures that were delivered at various courses arranged by the National Society of Day Nurseries. It occurred to the editor, Viscountess Erleigh, that while lectures were available for teachers, welfare workers, and others, no courses of lectures were especially arranged to meet the needs and requirements of the Mothers. The subjects treated in this book have been chosen by the mothers as the ones on which they desired information. Space will not permit the consideration of each of the sixteen articles, yet it is hard to pick out just a few for special mention. At the risk of making a poor choice, it would seem that the first chapter on "Heredity and Environment," by Dr. E. A. Bennet, the eleventh one on "Fear," by Dr. H. Crichton-Miller, and the thirteenth on "The Problems of the School Age," by Dr. Hector C. Cameron, deserve special praise. It is remarkable how much the physician may gather, without having to wade through a lot of scientific data, from the reading of articles which are meant primarily for the laity.

W. H. D.

LES ASSOCIATIONS MICROBIENNES LEURS APPLICATIONS
THÈRAPEUTIQUES By GEORGES PAPACOSTAS and JEAN
GATÉ. 12mo of 438 pages Paris, Gaston Doin et
Cie, 1928 Paper, 20 francs

This is one of a series of books constituting "L'Encyclopedie Scientifique," published under the direction of Dr Toulouse. It deals with microbic associations and their therapeutic applications. This work seems to be primarily intended for the bacteriologist and pathologist, taking up as it does the microbic associations "in vitro" with their two types, stimulation and antibiosis, and their associations "in vivo" with two types, synergy and antagonism. Certain other questions, such as the action of certain bacteria on certain bacterial toxins are also considered by the authors. A chapter is also included on the practical application of these microbic associations including the action of lactic ferments, pyocyanase, yeast, etc. At the end is a very complete bibliography arranged alphabetically.

WHD



OUR NEIGHBORS



SHORTENING THE MEDICAL COURSE OF STUDY

The Council of the Kentucky Medical Association, in its annual report printed in the September issue of the Kentucky Medical Journal, calls attention to the need of more physi-The same issue discians in rural districts cusses the need of physicians in the country, in an article by Dr W G Kinsolving, read before the Southwestern Kentucky Medical Dr Kinsolving is from Eddy-Association ville, a town which he says will have no doctors except quacks when the present physicians die Dr Kinsolving states his plan as follows

"We want our young doctors to have a good practical common school education, a good practical high school education—then four years' training in general medicine. Then have a diploma and the title of M. D. Then after he practices in general practice for at least five years, if he wants to go into a specialty let him prepare himself for the special work of his choice"

"We say six months in a year for four years in a medical course, because this gives a better chance for poor boys and girls to work their way through medical college"

The doctor amplifies his plan as follows

"We must modify the medical practice law so men and women of moderate means can practice medicine. We want a law that will give us more general practitioners. We want a law that will demand a good common school education, a special high school education, that will give the essential knowledge of the branches that a doctor will need in the study of medicine, the essential branches that he will need and leave off the non-essentials."

"Then he wants to study twenty-four months—six months in each year for four years, and be taught in all the common diseases, diagnosis, practice, etiology, materia

medica and therapeutics—how to treat and cure a disease"

"It seems that the present teaching is diagnosis, but they don't pay much attention to therapeutics. The most important part is how to treat your patient and cure the disease."

"The practice of medicine is both a science and an art, but the art is the most important part. You may go to school thirty years, but if you don't practice, you will never be much of a doctor."

"General practice is the foundation of the whole system and no one can be a thorough competent specialist unless he has had at least five years' experience in general practice. We want a law that every young doctor must do at least five years general practice before he goes into a specialty."

Dr Kinsolving thinks that his system will produce men of greater attainment and devotion, and so it will if the medical students chosen under his system are the paragons of ability and character described in the following sentence

"The young doctor with a practical college course of twenty-four months, and is blessed with good common sense and talent, and studies and thinks and reasons all the time while he practices his profession, will rise to eminence and renown, and the people will rise up and call him blessed on account of the joy and happiness he has brought into their homes"

After all it is character and temperament that determine the civic good which a physician, or any other professional man, does. It is not to be expected that Dr Kinsolving's students will be of any higher character than those chosen under the present system.

KENTUCKY STATE MEDICAL ASSOCIATION

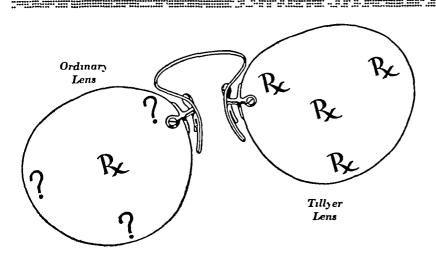
Rural Medical Service—The activities of the Kentucky State Medical Association are well set forth in the report of its Council, printed in the September issue of the Kentucky Medical Iournal It is surprising to read what the Council considers to be the principal issue before the medical profession of the United States

"The paramount issue before the medical profession of Kentucky and of the United

States, is the supply to the people of our country districts and small towns of medical service. It is essential that this issue be thoroughly studied and fairly met. We must no longer permit it to be side-stepped by the false statement that an attack is being made upon the high standards of modern medical education. It must be clearly understood that the

(Continued on page 2061)

to OCULISTS:



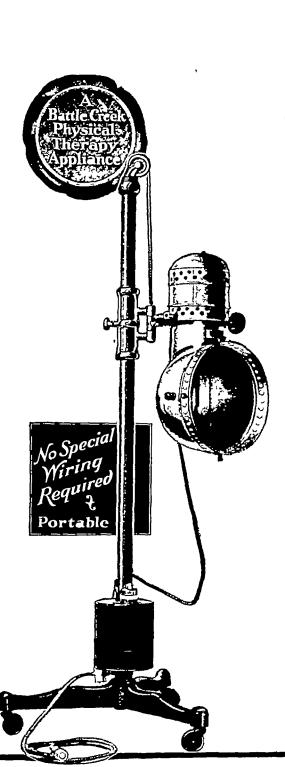
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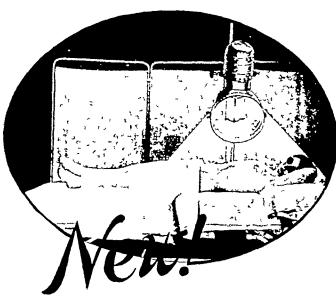
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(Continued from page 2058)

Council on Medical Education of the American Medical Association, has so controlled this whole subject that they have placed its guidance largely in the hands of deans and executive committees composed almost, if not entirely, of all time professors of the fundamental, purely scientific subjects. As valuable as has been the contribution of such men to scientific research, it must be recognized that most of them do not, and never have, engaged in the practice of medicine, and very few of them actually meet classes and teach undergraduate students."

The council gives a table showing the number of physicians in each county society of the State in 1907 and 1928 by Districts and Counties There was a loss of 400 members in six Districts and a gain of 446 in five, making a net gain of 46 members in 21 years Discussing this gain and loss the report says

"These increases are all in the industrial sections, whether urban or in the coal mining districts. In almost every county having a distinctly rural population there has been a marked decrease in the number of physicians. Counties in which this decrease has occurred are in far better economic conditions than they were in 1907. Practically all of them have larger populations. They all have a better educated citizenship that recognizes its dependence upon its profession. Most of the men who are in these counties now were practising there in 1907."

It is also surprising to find that the success of chiropractic legislation is ascribed to the lack of physicians in the rural sections, for

the report reads

"The only arguments that have, or can be presented against the effectiveness of our plan of medical organizations, is its failure to ade quately supply our rural counties with physi-This was the sole argument supported in favor of the chiropractic bill in the last Legislature. For years the Legislature has made it plain that they will be willing to accept our leadership, if we will offer them a solution of the problem If we fail to reform ourselves, the enactment of the chiropractic law gives us an indication that its solution will be brought about by those who are wholly untrained in the entire subject, but this indicates sufficiently that if we fail to provide trained medical men, popular demand will cause itself to be provided with untrained care."

The State Journal -Concerning the Kentucky

Medical Journal the report says

"It will be noted that the income of the Journal was \$10,235 11, and that the entire expense of its publication was \$9,873 22"

(Continued on page 2062-adv xiv)

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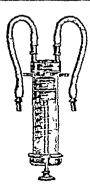
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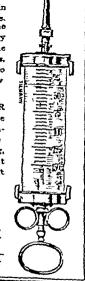
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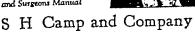
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(Continued from page 2061-adv xm)

"A study of the progress of the profession from year to year, or, even more striking, from decade to decade, as indicated by the pages of the Journal can only afford gratification to our thoughtful members The Journal is intended to be a cross section of professional opinion in Kentucky for the month in which it is printed Viewed from this point, each Journal is a milestone of progress, which indicates that our people today are being given the most effective medical service they have ever had This is not only no reflection upon our predecessors in the profession, but it is indeed proof that our predecessors built wisely the great organization for which we are now responsible."

The Editors of the Journal have a unique arrangement with the printer

"During the year we have received more than usual criticism because of typographical errors Our printers pay \$1000 a day for each day's delay, and it will be noted that these deductions have been made regularly graphical errors are always annoying, but we make a deduction of twenty-five cents for each of them we find, and, while this is no solace to the injury offered, it has been a material aid in creating our surplus. It has been suggested that the Journal be printed by some large metropolitan plant, on the ground that this would increase its typographical excellence and improve its general appearance This has been tried twice in the history of the Journal, and the only notable change was the increase in expense The Council will be glad to have the instructions of the House of Delegates on this subject"

Malpractice Suits -Malpractice suits are discussed as follows

"We regret to report that there is no decrease in the number of such unjust blackmailing malpractice suits against reputable members of the medical profession

"It is very important that physicians, generally, carefully consider the character of such malpractice suits as are being brought To this end they are urged to read thoughtfully the decisions of the courts published currently in the Journal of the American Medical Asso-It is evident from careful study of such cases that there has not been a suit decided against a reputable physician in many years which could not have been prevented, if the legal precautions which should now be known to all of us had been taken at the right time The whole subject of malpractice procedure has become definitely technical, and, in order to avoid becoming victims of injus-

(Continued on page 2063-adv xv)

(Continued from page 2062-adv xiv)

tice from its operation physicians must acquaint themselves with these procedures, as they do with the other complexities of modern medicine."

Narcotic Law -- Prosecutions for violations of the narcotic law are discussed as follows

"Again this year a considerable number of physicians have been convicted in the State or Federal courts for violation of the narcotic or prohibition laws. Acting under court instructions, the Council has, or will, when their penitentiary terms have expired, prefer charges against each of them with the view of revocation of their certificates to practice medicine in Kentucky The Council finds that the administration of these laws, which are approved by a vast majority of the physicians of Kentucky, has been made unnecessarily irksome to the competent, honest, selfrespecting members of the medical profession by their violation by the very small minority who have continued to ignore their plain purposes and provisions Regardless of individual opinion as to the wisdom of such a law, it is now well known by every physician in Kentucky, and in every possible way the pubhe should be taught that, under Federal law, narcotic habitues are not considered as having a disease and that they cannot be treated by providing narcotics under any circumstances

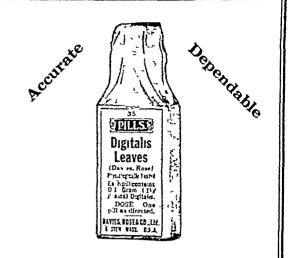
Alcohol Prescriptions—Equally drastic is the condemnation of physicians who prescribe alcoholic drinks for other than strictly medical purposes, the closing sentence reading

"The Council desires to repeat again that the officials charged with the enforcement of these laws cannot relax their strict constructions of its provisions, which seem to most of us frequently unnecessarily harsh, until the people have been protected from the class of negligent or soft-headed and soft-hearted physicians who pander to this trade and practice in violation of the law"

Public Health Responsibility — After a lengthy discussion of the success in securing the legislation for the maintenance of a high educational standard for physicians, the council discusses the responsibility which the success places on physicians and says

"The victory of the profession, however should be realized as squarely placing upon its shoulders the responsibility for improvement in public health. That the death rate from typhoid fever is being reduced, that diphtheria has been robbed of its victims by the use in children of toxin-antitoxin, and by the early and prompt administration of antitoxin to the victims of the disease, that the death rate from

(Continued on page 2064-adv xvi)



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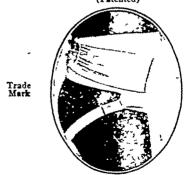
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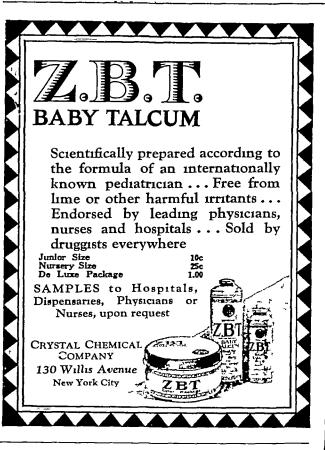
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(Continued from page 2063-adv xv)

tuberculosis has been reduced sixty per cent, that the preventable infectious diseases are constantly decreasing, is a matter in which every worthy physician takes pride Lark and more satisfactory incomes are being received by those members of our profession who are qualifying themselves to, and who are, making systematic physical examinations of the apparently well, who are undertaking the dietetic and hygienic management of their patrons, who are immunizing them biennially from typhoid fever, and permanently immunizing the children in their practice from diphtheria, and who are undertaking the sanitary supervision of the homes of the families in their practice, with a view to seeing that they are securing pure drinking water, and have safe and sanitary methods of sewage disposal, and are effectively protected from flies, mosquitoes and other insects These life saving services, provided by qualified men, are of recognized value to those who secure them, and they are paid for far more gladly and regularly than the purely remedial service of past decades"

Reform in Medical Education—The reduction of the State death rate to one-third the rate of 1888 and the reduction in the amount of quack advertisements in newspapers is made the basis for the following argument for the maintenance of standards of medical education

"These facts are the best answer to those who would reduce the standard of requirements for those practicing the healing art This does not, however, mean that there should be no reform in medical education The Council believes that the under-graduate medical student should be taught both the art and science of medicine For the past two decades too much emphasis has been put on the science, and, too frequently the education in the art of medicine has been almost entirely neglected Too many of our young men are becoming specialists and not being grounded in knowledge of the general practice of medi-These conditions will never be adequately corrected by the all time scientific teachers who now control medical education Our very existence as a profession is threatened unless we assume control and properly regulate medical education so as to insure our people adequate medical service"

Trachoma Hospital—After discussing tuberculosis and crippled children the Council takes up the subject of trachoma and says

"We know the profession will take great pride this year in the Irvine-McDowell Me-

(Continued on page 2065-adv xwi)

(Continued from page 2064—adv xvi)

morial Hospital for Trachoma, which is being so well conducted in Richmond It is noteworthy that this beautiful building and mainds were given to the Kentucky State Medical Association by Mrs Elizabeth Irvine, as a memorial to Ephraim McDowell, the immortal 'Father of Ovariotomy' The State Association has loaned it to the State Board of Health, which is jointly financing the conduct of the hospital with the United States Public Health Service, the latter providing one of its accomplished surgeons as the officer in charge of the institution. It is hoped that every physician in attendance will inspect this splendid institution, and will see Doctor Sory's demonstration of the methods used in the diagnosis and treatment of this disease"

County Departments of Health—After discussing the establishment of four new county departments of health the Council says

"These departments are educating our people so that they will be increasingly dependent upon those physicians who are developing themselves as human engineers, able in their offices to detect the slighter deviations from the normal, and the tendencies toward conditions that will, if left untreated, bring about diseases that will incapacitate or kill. In the past, the major problem of the practitioner

of medicine was to prevent death from acute or chronic illness. In the future it is going to be to prevent the development of disease, or to remove causes and defects that might produce it far earlier. The people are rapidly realizing this. It is far more essential that the profession do so."

The report ends with a brief discussion of the Women's Auxiliary and a post graduate course in the Louisville City Hospital.

TEMPLE UNIVERSITY

The Atlantic Medical Journal for July contains the following item

"The Council on Medical Education and Hospitals of the American Medical Association has announced that the rating of the school of Medicine of Temple University, Philadelphia, has been raised to Class A. This endorsement of its standing should be especially gratifying to its many friends"

It may be added that the endorsement is also gratifying to the physicians of New York State, for Dr Frank C Hammond, the Editor of the Atlantic Medical Journal, is Dean of the Temple Medical School, and Dr E. C. Morgan, professor of therapeutics, is President of the Medical Society of the State of Pennsylvania

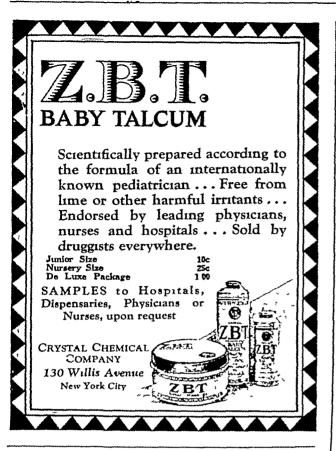
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(Continued from page 2063-adv xv)

tuberculosis has been reduced sixty per cent, that the preventable infectious diseases are constantly decreasing, is a matter in which every worthy physician takes pride and more satisfactory incomes are being re ceived by those members of our profession who are qualifying themselves to, and who are, making systematic physical examinations of the apparently well, who are undertaking the dietetic and hygienic management of their patrons, who are immunizing them biennially from typhoid fever, and permanently immunizing the children in their practice from diphtheria, and who are undertaking the sanitary supervision of the homes of the families in their practice, with a view to seeing that they are securing pure drinking water, and have safe and sanitary methods of sewage disposal, and are effectively protected from flies, mosquitoes and other insects These life saving services, provided by qualified men, are of recognized value to those who secure them. and they are paid for far more gladly and regularly than the purely remedial service of past decades"

Reform in Medical Education—The reduction of the State death rate to one-third the rate of 1888 and the reduction in the amount of quack advertisements in newspapers is made the basis for the following argument for the maintenance of standards of medical education

"These facts are the best answer to those who would reduce the standard of requirements for those practicing the healing art. This does not, however, mean that there should be no reform in medical education The Council believes that the under-graduate medical student should be taught both the art and science of medicine For the past two decades too much emphasis has been put on the science, and, too frequently the education in the art of medicine has been almost entirely Too many of our young men are neglected becoming specialists and not being grounded in knowledge of the general practice of medi-These conditions will never be adequately corrected by the all time scientific teachers who now control medical education Our very existence as a profession is threatened unless we assume control and properly regulate medical education so as to insure our people adequate medical service"

Trachoma Hospital—After discussing tuberculosis and crippled children the Council takes up the subject of trachoma and says

"We know the profession will take great pride this year in the Irvine-McDowell Me-

(Continued on page 2065-adv xxxi)

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REPAIR OF HERNIA WITH FASCIAL SUTURES

CARL GOODWIN BURDICK, MD, NEW YORK, NY

THE repair of hernia with fascia has been advocated by various surgeons or the past twenty-five years. McArthur about that time utilized a strip of the inner leaf of the external oblique, the length of the strip being limited above by the muscular belly leaving it attached at its lower extremity. Free patch transplants of fascia lata sutured into the muscular defect in large inguinal and ventral hernias has been advocated by Kirschner, Neuhof and others.

Gallie and Le Mesurier reported in 1923 their experiments with fascial sutures and the results in nearly one hundred operative cases Briefly their conclusions are as follows uring of fascia to muscle or fascia to fascia with catgut results in healing by means of delicate scar tissue which develops from the areolar membrane investing the surfaces and from the loose connective tissue stroma separating the bundles of fibers. The scar is not strong and if subjected to strain slowly stretches When linen sutures are used the tendency to stretch is not so marked as the sutures assist in holding the edges together In many cases the linen cuts out and the wound stretches exactly the same as when absorbable sutures are used Overlapping the edges of the wound adds little to the solidity of healing. Scarification of the tissues before suturing increase the density and strength of the scar but prolonged and unusual strain results in its stretching Side to side suture as is done in suturing the conjoined tendon to Poupart's ligament never results in permanent adhesions even under the slightest strain

Free transplants of fascia if placed in such a position that they can receive adequate lymph supply continue to live unchanged but when used to fill anatomical defects heal to the structures to which they are sutured in exactly the same manner as described above and the degree of adhesion is only that which is provided by delicate areolar tissue. To overcome tre element of chance which always

"Read at the Annual Meeting of the Medical Society of the State of New York, at Albany N Y., May 22, 1928. attends dependence on the strength and resistance of scar tissue they experimented with transplants of fascia lata as living sutures which night permanently hold the edges of hernial rings together without depending on the natural process of repair They found that these fascial sutures continued to live practically unchanged and their tensile strength remained unimpaired As a result of passing through a needle hole they became folded into round cords which soon became surrounded with a delicate vascular membrane such as is normally on the surface of fascia and on cross section looked like normal tendon In all their experiments the suture was s ccessful in holding the edges of the gaps in the fascia at the same distance from one another as at the time of operation and it was only necessary to make certain that the suture obtained a solid grip of the edges of the opening to assure the success of the repair

Over two years ago Koontz reported a series of experiments on the use of dead fascia preserved in alcohol in the repair of hernia and last year published his results in seventeen hernia operations The fascia is obtained from beeves and Johnson and Johnson soon hope to have it on the market. Koontz feels that the collagen fibers which make up the bulk of fascial transplants are nearly inert bodies that form a part of the living organism and preservation in alcohol does not alter them. The dead cells, that is the dead protoplasm of the alcohol preserved fascial grafts are removed by the invading cells of the host when the graft is implanted because they are dead extraneous matter but the fibers of the graft are left intact because they have the same physical and chemical character as like fibers of the

Through the courtesy of Doctor Koontz we have used some of his sutures and the results have been satisfactory

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The fascial sutures are introduced as follows Insert one finger beneath the muscle and fascia at the lower angle to act as a guide and pass the needle of the fascial suture through these structures of the posterior wall, frequently the edge of the rectus being in-

Fig 4
Threading fascial sutures

cluded in this first suture. After anchoring the suture, clear exposure of the insertion of Poupart's ligament into the pubis is obtained by adequate retractors. The needle is inserted down to the periosteum and the suture passes through the ligament at its insertion into the pubis. Too much emphasis cannot be laid on

satisfactory exposure, for without it proper insertion of this most important stitch is impossible. The fascial suture is continuous and second bite is obtained one-half inch above the first, including internal oblique and transversalis muscles and transversalis fascia. The thighs should be flexed to aid approximation if necessary and after the second suture is in-

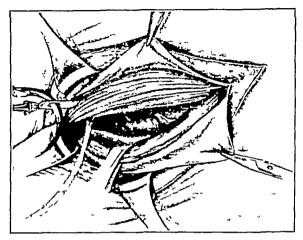
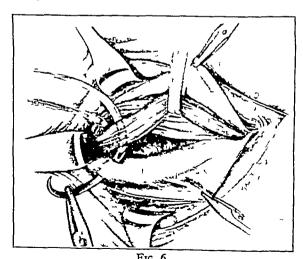


Fig 5
Introduction and fixing first suture

serted into Poupart's ligament one interrupted suture of chromic catgut is passed through all the tissues united including the fascial suture. This step fulfills two purposes—It anchors the fascial suture and helps to hold the structures in approximation until the fascia has become



Passing needle and suture through Poupart's ligament at its insertion

incorporated in the tissues Care must be taken to have the sutures close enough together so that no tabs of properitoneal fat

repair in a case not previously diagnosed as suitable for that type of operation

In the last four years we have done nearly four hundred fascial repairs at the Ruptured and Crippled Hospital and agree with Gallie that the method is indicated in the following conditions

(1) Direct inguinal hernia

(2) Oblique inguinal hernia in patients at or beyond middle life where the canal has lost its obliquity and when the abdomen is becoming pendulous

(3) Femoral hernia in which the suture is used to close the entrance of the femoral ring through the inguinal incision

(4) All forms of recurrent hernia

(5) All ventral hernias including umbilical and epigastric

The sutures are taken from the fascia lata of the thigh, each being a quarter of an inch wide and as long as the particular thigh will allow. These are threaded on a special needle and used as ordinary sutures in doing the plastic repair. The operator having decided upon which side of the patient he will stand, the op-

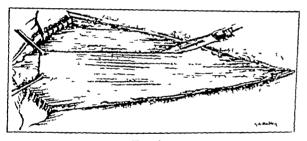


Fig 1
Removing fascia from thigh—start

posite thigh is prepared at the same time as the hernial field While the surgeon is getting the herma ready for the repair, the assistant removes the fascia as follows An incision is made starting at the great trochanter and extending downwards and a little backwards, because the fibers of the fascia lata extend in that direction, to three inches above the knee cision having been carried through the skin subcutaneous tissue to the fascia lata, the former is cleared away from the fascia and an idea as to the number of sutures required is ob-As each suture is tained from the surgeon one-quarter of an inch wide, if four are needed a strip one inch wide is obtained, by first making an incision in the fascia one inch long at right angles to its fibers Two vertical incisions one-half inch long are made at either end of the first incision and the angles thus formed are each grasped with Allis forceps, and it is now a very simple matter to continue the vertical incisions in the direction of the fascial fibers separating the fascia from the underlying muscle as the incisions are extended until a strip of sufficient length is obtained. Care must be taken not to carry the incisions too far posteriorly else one will get into the external intermuscular septum. It is also important never to start removing the fascia from below upwards because as we reach the insertion of the tensor fasciae femoris into the fascia lata we are apt to be led into the wrong plane and find that muscle is attached to our fascial flap. The strip is now ready to cut into sutures. The four corners are grasped with Allis

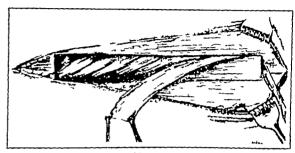


Fig 2
Removing fascia from thigh—finish

forceps and two more applied adjacent to the two on the left side. These are held taut and a strip one-quarter of an inch wide is cut, starting between the two clamps on the left near corner with straight scissors. This is placed in salt solution and a second strip cut by applying two more forceps. Each succeeding one is placed in salt solution until they are all cut. The sutures are now threaded and tied in place with plain catgut, the opposite end also being

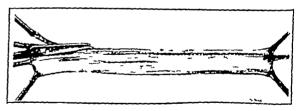


Fig 3
Cutting fascia into strips

ligated to prevent fraying Gallie uses silk Some advocate transfixing to prevent slipping, but it is not essential. The sutures may be left in salt solution or if they show a tendency to swell may be wrapped in gauze wet in salt solution. No attempt is made to close the incision in the fascia lata. Gallie recommends it, but in several hundred operations we have seen no disability resulting, in fact we feel it a decided disadvantage to put so much tension on the fascia.

The operator should now have the hernia ready for the plastic repair while the assistant closes the skin of the thigh

satisfactory Kangaroo tendon has probably had as wide a vogue in use as any but it has the following disadvantages

It may cause sinuses in the wound The sinuses are freely opened or drained by the surgeon I have not seen this result unfavorably but it is an annoying complication For this reason, kangaroo tendon has not been used

The Gallet technique opened up an entirely new field and Kale has followed this up with his work on dead fascial sutures which, if objection to it can be overcome, promises, perhaps, to supersede the living fascial sutures taken from the patient himself to quite an extent.

Ox fascial suture that we have used has not been as satisfactory as the living fascial suture. It is varied in its tensile strength and in its uniformity or size and is very apt to tear. We have relegated it to second place, preferring the living fascial suture.

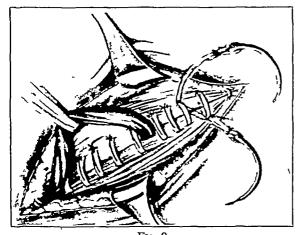


Fig. 9

Second row of sutures completed picking up suture of posterior wall which has transfixed the external oblique

I would like to stress one or two points in the technique Dr Burdick mentioned the importance of exposure. This is important in any hernia operation. It is especially important to get the first suture placed in the peritoneum over the pubic spine and unless proper retraction is made, this will probably be a difficult step. With proper care it becomes an easy step.

It is very important to verify the point where the cord emerges because with the type of operation that we are doing beneath the cord, the obliquity to the inguinal canal is less and the cord emerges in a straight line.

A number of personal failures that I have had with this method can be traced to failure to properly close the region of the emergency of the cord

Anaesthetic We have become very favorably impressed with ethlyn as the choice anaes-

thetic for this type of work. This operation is somewhat prolonged and we find a dimunition in the vomiting and other after effects. I remember at one time I refused to operate on a patient because I did not believe it could be done under a local anaesthetic. I have since done several under local and others have done so and it is feasible to do a living suture operation under local anaesthetic. It takes a little more time and requires care in administering the anaesthetic.

We have also just begun the use of spinal analgesia in isolated cases We see a limited field for it in certain cases. It will probably never be as widely used as the ethlyn anaesthetic for the ordinary case.

In closing, I would like to say that it has been a privilege for me to be associated with Dr Burdick I personally have done 98 fascial suture operations but am not prepared to give you the results today A number of recurrences due to faulty technique in performing the operation have resulted, but on the whole my results have pleased me and I feel the operation is sure to become more widely used. A great many more patients can be operated upon and hernia cured than would be possible with the older method of operation

Dr Barber There are one or two points that the writer of this paper can help us on

1st—Does the operation offer any greater risk to the patient from the standpoint of mortality?

2nd—From the statistics known to date, does it offer a better percentage of good results than obtained by other methods? Facts speak louder than fancy and we would like to know whether there are any definite facts known to make them worthy of comparison with the old figures. I would like the writer of the paper to elaborate on these two points

Dr Warsaw I would like to testify as to the merits of the fascial suture operation. I have not done as many as the writers of the paper have, but in about twelve done, most of them under local anaesthetic, so far no recurrences have resulted. One case which stands out particularly is a man about 35 with a double recurrent inguinal hernia. I was able to repair the three hernias. It is now one year without recurrence and I would like to express my appreciation of the very fine work that Dr Burdick has done and my gratitude for being able to work under him for a year at the Ruptured & Crippled Hospital

Dr Parkis Dr Burdick spoke of one weak stage—bringing the cord through the external oblique. I would like to ask why he says that.

Dr Clinton, Buffalo, N Y At our hospital in Buffalo, we have had opportunity of using this method and after hearing Dr Burdick's

protrude between them The suture is continued up to and around the internal ring anchoring each bite with an interrupted chromic. The upper leaf of the external oblique is now transfixed and the suture left in this position

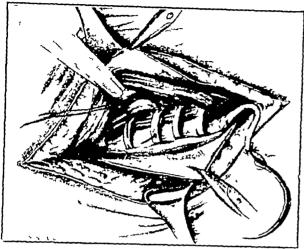


Fig 7

Posterior row of sutures completed Interrupted chronic sutures anchoring each continuous fascial suture

for the moment. A second suture now unites the two layers of the external oblique in a similar manner, care being taken to get a good bite of Poupart's again at its insertion. This structure is sutured as tightly as possible about the cord at the level of the internal ring and the first suture which transfixed the upper leaf is picked up in the closure above the cord and the two united with one or more interrupted chromic sutures.

In ventral and umbilical hernias it is not necessary to overlap the muscle and fascial planes but there is no objection if one prefers. The peritoneum should be closed as a separate layer if possible and muscle and fascial approximated with continuous fascial sutures anchoring every every other one with an interrupted chromic. If the defect is large it is well to weave a second row over the first, getting a good bite of tissue about an inch outside the first row.

Infections We have had perhaps a dozen cases which developed late infections, some about the tenth post-operative day, others after the patient had left the hospital Usually part of the fascial sutures have sloughed and in one case practically all the sutures were extruded and a recurrence developed

Results Personally the author has performed 163 fascial repairs up to January, 1928, in the following groups of cases

Indirect.	•			•	45
Indirect with	direc	t wea	kness		14
Direct	•	-	• •	• •	61

Recurrent Ventral Umbilical Epigastric	•	•		•	29 10 2 2
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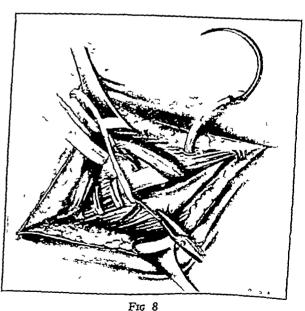
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While we have not been able to successfully follow all the cases we have observed the following recurrences one double oblique with direct weakness recurred at the end of two years, one direct recurred at the end of one year, in one double recurrent one side recurred at the end of fifteen months, one oblique with direct weakness developed an infection on the tenth day with sloughing of most of his fascial sutures recurred at the end of nine months

We feel that the use of fascial sutures in the radical cases of certain types of hernia is the greatest advance since the Bassini operation When dead ox fascia has been properly prepared and cut we believe it will largely supersede autogenous living sutures, but at the present our preference is decidedly for the latter

DISCUSSION

Dr Coley You have heard Dr Burdick's able presentation of this subject and I will suggest stressing a few points that occurred to me in connection with it.



Suturing external obline behind cord Note first suture has transfixed the upper leaf of external oblique

The subject of suture material for use in hernia operations has been threshed about widely and no one material would meet with universal satisfaction. Silver wire, silk, linen thread, catgut and other materials have been used and none of them have proved entirely

ferentiate between those problems which have their origin in disease, and those which simulate disease but which have their origin in problems of behavior Instances are numerous where an infant or child is brought to the physician for a supposed physical ailment which in reality has its root in the environment or the personality of the child Often the problems relating to fatigue, both in infancy and childhood, so color the actions and reactions of the child as to render them readily mistakable for the signs of true organic disease Therefore the physician must be familiar with the signs, symptoms, diagnosis, prophylaxis, and treatment of fatigue, in order to help himself in the solution of many vexed problems of the early years of the child

It is fitting therefore to discuss a few of the problems of the rearing of children, especially in their relationship to the physician who is interested in the care of children. The opportunities for the physician to exert his influence begin almost with the birth of the child. All the questions of maternal nursing, of wet nursing, and of artificial feeding, are intimately bound up with questions of infant behavior.

Care by the Mother—It is scarcely in order to discuss the relative values of maternal and artificial feeding, but it is directly germane to liscussion to point out the value of maternal nursing from the standpoint of the mother-child relauonship The child is not born with an instine ive attachment to his mother, such an attacmnent, if it is desired, must be developed, and this development is best fostered through maternal nursing, and so far as is possible, personal maternal care of the child for a part of its needs at least The child's greatest attachment is developed for the individual who feeds it and looks to its comfort, therefore, the mother who desires the greatest attachment and devotion from her child must herself see to the feeding and some of the care It follows from this that, even where a baby is fed artificially, some if not all of the feedings must be given by the mother also give her child some of his baths, and in many other ways identify herself with contributing to his comfort. The duty of educating the mother in these matters devolves of course upon the physician

The Nurse — This brings up the vexed question of the place of the nurse in the family. The problem is a difficult one, which is too often handled in too diplomatic a manner. Physicians 'ear offending children's nurses as a class, and parents are in fear of giving offence to the particular nurses in their households. This attitude often leads to a want of complete understanding, which is not in the best interests of the child. The place of the nurse in the household must be one which is clearly understood by all persons concerned from the very outset. The nurse is the assistant to the mother, guided by the physi-

cian The mother must at all times and under all normal circumstances be the one who is in charge of the child, and nothing whatever is to be done to the child without her knowledge and consent. This is a simple and straightforward stand, and should be easy to put into effect from the day that the nurse assumes her duties. The arrangement should not be productive of any difficulties, yet it is through the want of definite and complete understanding between mother and nurse that many difficulties arise. Some of these difficulties often involve the physician, but in the end they reflect themselves in the want of proper rearing of the child, who becomes the innocent sufferer

No woman, in applying for a position as nurse to an infant, has the right to demand, as one of the conditions of her employment the complete charge of the baby There are times when the terms include dispensing with the advice of the physician in matters of feeding, periodic exammations, etc Some nurses will refuse to allow the mother to bathe her own baby, or to see it, except at certain times Under such circumstances, the mother, when she submits calmly to such treatment, becomes a virtual stranger to her own child, and the child, as soon as he is old enough, will with perfect childish candor, make it quite clear where his affections lie In my own experience I have encountered all forms of evils arising out of allowing a nurse to retain complete and unsupervised charge of a baby, from the fostering of bad habits, which produced difficult management problems, to more pernicious practices, such as surreptitiously giving drugs and sedatives, or the milder evil of promiscuously administering laxatives In one instance, a nurse who had had practically unsupervised charge of a child for several years, was discovered to have been a sexual pervert, using the child for her purposes

These are strong charges, but they must in no wise be interpreted to mean that children's nurses must be regarded with suspicion. It means only that unless the mother is always in full control of the situation, she has no means of knowing when such evils exist. This is apart from the other consideration of the importance of the mother herself in fostering a normal mother-child relationship

Habits — The training of the child begins with his birth Good and bad habits are developed with equal ease, and in very early infancy are broken without much difficulty. The physician must take full advantage of these facts, and must be at some pains to aid and advise in the cultivation of those habits of life in the infant which will render his later upbringing less difficult. He must stress the importance of a sensible, carefully thought-out regime, carried out with clock-like regularity, and he must discourage any practices which may later lead to behavior difficulties. In earliest infancy the thumb-sucking habit is read-

paper I have been struck by one or two points which might possibly be brought out

In cutting your suture fascia, the Doctor says "cut it with a knife" The fascia splits very easily and with a knife it is like to cross some of the grains. The first time that one attempts to use this method he is surprised at the slipperiness of the fascia. We attach our

needle to one end of that fascia before we cut the other end The only failures that we have seen have been in cases where straps taken from the fascia have not been solidly anchored As far as the wound in the thigh is concerned, we have not as yet, even in compensation cases, who are particularly sensitive to everything, seen any of them complain of any disturbance from that wound

THE ROLE OF THE PHYSICIAN IN THE REARING OF CHILDREN*

By ALTON GOLDBLOOM, M.D., MONTREAL

From the Department of Pediatrics, McGill University

OW, more than ever, must the physician be regarded as the guide of those under his charge not only a guide during illness, but a guide in health as well. The advice of the physician is now sought in matters quite far removed from problems of diagnosis and therapeutics, where a knowledge of physiology, pathology, and anatomy help but little in the solving of his problems. He is not only called upon to relieve physical distress, but he often plays an important part in helping to solve many complex problems of human relationship The well-beloved, useful family physician, now fast disappearing, understood perhaps more than others how far afield from the narrow paths of the medical curriculum his daily contact with human beings often took him His were frequently problems whose solution depended not at all upon a knowledge of medicine in its strictest sense, but rather upon a wide and broadly sympathetic acquaintance with human nature, and upon the practical application of principles learned long after his graduation from the medical school

The Specialty of Pediatrics—It is to be deplored that this age of specialism, which often means the provincializing of the physician, is fast robbing us of a type which could have been developed into one of the greatest assets any country could possess Universal specialism is fast replacing the personal physician by the imper-The intimate familiar friend and sonal one. councillor is being replaced by the virtual stran-In pediatrics it can hardly be said that this intimate and personal element has been lost, or is losing ground The pediatrist is a type of general practitioner who specilizes, not in one type of disease, or in the diseases of special organs, but rather in the type of patient. He is the family physician to the children of the household. and as such is always alive, like the family physician, to all the problems which may arise in con-Like the family nection with these children physician also he must on many occasions travel far beyond his original pediatric grounding in

*Read by invitation before the Fourth District Branch of the Medical Society of the State of New York, in Ogdensburg, September 21, 1928

order to provide proper solutions for the problems which are presented to him. More than any other class of physician, the pediatrist must be in constant touch with the whole life of the child, he must be familiar with all his habits, his normal and abnormal behavior, his reactions to other children, to adults, and to his school work Only in this way can he be of greatest help to the child, not only in matters concerning his relationship with his environment, but also in matters'bearing directly upon the differential diagnosis of organic disease Czerny spoke truly when he said "The pediatrist must also be accomplished in the rearing of children, otherwise he ceases to be a pediatrist."

Child Guidance by the Physician — The pediatrist is not only consulted in matters of illness or indisposition, or difficult problems in the feeding of infants, he is regularly consulted in matters which have no relationship to illness, but which are rather related to health of the healthy infant and child, his daily routine, the proper hours for rest, play and sleep, all come within his province. He becomes, in effect, the regulator of the daily life of the child More than this, all the more difficult and far more complex problems of behavior in infancy, childhood, and during puberty are referred to the pediatrist He is consulted with regard to any bad habit which an infant or child may develop. and his advice is sought about the fostering of good habits. It is not at all uncommon for parents to send their adolescent sons and daughters to him for confidential chats, and for many or all the problems arising out of the period of transition from childhood to adult life

It would be a misplaced trust if we, as physicians, accepted the responsibility of giving advice about the rearing of children, without being adequately prepared to give that advice intelligently, if we agreed to be their guides without knowing whither to lead them

It is important therefore that the physician who undertakes to treat children should be acquainted with all the manifestations of child life from birth to puberty. He must be able to dif-

problem of behavior in an infant was solved through the proper arrangement of a feeding difficulty

Similarly all problems of athrepsia in infants, of over and underfeeding, of the type of sugar, and the quantity of fat in the mixture, of constipation, and diarrhoea, require their proper adjustment in order to prevent the development of problems of behavior which may arise out of these irregularities. A contented baby means a contented parent whose contentment is immediately reflected in the demeanor of the child

The Normal Infant — The normal infant is the one who is well fed, who is of at least average weight, and who sleeps through the night, at least from 10 pm to 6 a.m., without waking He will be quite happy when left alone, and will not cry whenever he is put down He will have no bad habits. He will expect regularity in all things because he will know no other course from the day of his birth Most of the battle of the rearing of children is won or lost in The child is indeed the father of the ınfancv man, particularly in that much of a man's inheritance is derived from his own infancy and childhood rather than from his ancestors Physicians and parents will do well to remember this, and to allow the child's ancestors to rest in peace

The Pre-School Age Period -The period of pre-school childhood, that is, from two until six and a half years of age, also presents its problem of training which, at many points, call for the understanding and advice of the physician It is during this period that the child first comes to the realization that the world does not revolve about him alone. It is then that he begins to learn that he is but one of a very large group of similar beings who have possessions which are flot his, and to which he may lay no claim, and who possess rights which he may not infringe This may give rise to conflicts whose expression may call for the counsel of the physician simplest and perhaps most common manifestations of such conflicts will take the form of the familiar tantrums of young children How to control tantrums has often taxed the ingenuity of both parent and physician We need only consider the significance of the tantrum to appreciate what the proper treatment must be tantrum usually occurs when the child is crossed, particularly when he requests something which he may not have or do The response of the parent may be twofold, the child's request may be granted, or it may be refused, the refusal being accompanied by a slap, or by some other form of punishment, not for making the request, but for having the tantrum If the request is granted, the child comes out the victor, and henceforth knows that he possesses a very powerful means of obtaining what he wants If the child is punished for having the tantrum, he may become conditioned, through fear of further punishments, into controlling his tantrums, or he may continue them as an expression of his desire to draw attention to himself. In any event, the effect is a bad one. On the other hand, when a tantrum is productive of no attention whatever, when the child is left to himself, without comment of any kind, when the tantrum is productive of no response whatever, not even a spanking, it is truly surprising how short-lived they will become, and how eventually they will cease entirely. Here is the crux of the whole question of discipline in the child between the ages of two and six years.

Breath-holding —Breath-holding is a form of tantrum. Here, however, before any disciplinary measures are resorted to, the physician must satisfy himself that no organic basis for the attack exists. Once having cleared up this point, the physician may safely advise an attitude of complete indifference to the attacks. The late Dr John Thomson, however, advised the temperate use of the slipper as a cure for these somewhat terrifying manifestations, and while I can testify to the effectiveness of this method, I believe that

indifference is an equally potent weapon

Obedience - Many of the manifestations of irritability in pre-school children owe their origin to the influence of older children should, whenever possible, be allowed to associate with children of their own age The constant presence of older children, just as the constant association with adults, is apt to place the younger child at a great disadvantage, which may reflect itself in problems of management attempts made at teaching the precocious child may have a similar effect. Too much direction is unhealthy for the child who is not old enough to attend school Yet it will be asked, "How is one to obtain obedience in the young child if direction is interdicted?" It must be answered that the young child must not be expected to obey implicitly Implicit obedience at this age is only attained through fear If you command a child to do a thing, he may respond indifferently. but if you merely wonder how quickly he could do a thing, he will at once proceed to demon-Thus young children may be wheedled into doing all manner of things which we wish them to do for themselves,-dress and undress, get into bed, go up or down stairs, and a thousand and one of the usual routine practices incident to the daily life of the child His interest is thus stimulated, his pride in himself and his abilities is encouraged, and obedience is obtained, but without any of its undesirable by-effects

Poor Appetite—It is at this age, too, owing to the great distractibility of the child, that poor eating habits may lead to chronic poor appetite. This is the most common complaint for which the pre-school child is brought to the physician. The child who is brought to the physician with this complaint is frequently already the victim of many faults of discipline which produce, with

ily broken by simple measures familiar to all physicians, the cuff about the elbow is perhaps the simplest

Crying —The advice of the physician is always sought with regard to crying The question of how long an infant may be allowed to cry is often asked, also the question of the relationship, if any, between crying and the production of herma in boys It is necessary, then, to be familiar with the various types of crying in infants, and to recognize the normal and the abnormal Most healthy infants cry between one and This is normal, healthy, reflex two hours daily crying, which is good for the baby, and calls for no attention If the baby is not spoiled on account of such crying, it will be found that the crying occurs almost at the same time each day, and that it is followed by a prolonged peaceful sleep There are infants, however, who, not knowing the difference between night and day, choose to do their crying in the night, much to everyone's discomfiture. This gives rise to the development of many bad habits in the infant, for it is at such times that rocking and "walking the floor," and sometimes the pacifier, are resorted to The advice of the physician can be of value here infant who sleeps during the day and cries during the night can easily be persuaded to reverse his This does not require jogging him about in the day-time, or making him otherwise uncomfortable in order to be made to cry It is necessary only to remove the infant from his usual Such an infant, if placed on a surroundings large bed, his clothing loosened to allow free play of the limbs, and left there to himself, will soon begin to cry lustily If this is done in the latter part of the afternoon, and the crying allowed to continue until the evening feeding is due, it will be followed by a prolonged sleep Soon the infant will develop the habit of having his cry at that time of day, and will use the night hours for sleep, as originally designed for him and for us by a wise Providence

Amusing the Baby -The influence of excitement requires consideration in some of the management problems of infants The infant, when he attains the age of "noticing," of cooing, and gurgling, and of responding to pleasurable stimulation, is in danger of becoming the plaything and indeed the center of attraction of a host of The infant takes admiring friends and relatives kindly to these adulations, even learns to anticipate them, but the mevitable effect upon his behavior soon becomes evident to his parents Irregularities in sleeping and eating, an undue amount of crying, and other manifestations, may soon lead the child to the physician, who must always be on the alert for causes, such as these, of the child's abnormal behavior

The healthy normal infant is quite sufficient unto himself, left alone, he is happier, most contented, sleeps best, and takes his food All pediatrists, and many mothers, are familiar with the infant who refuses to nurse or to take his bottle shortly after having been played with mothers learn from their own experience that an infant will feed best in a quiet, sometimes even darkened, room Here then is one very simple solution to a feeding difficulty which frequently presents itself, and which has its roots in an irregularity of early training. It will naturally be asked "When, and for how long, may a child be played with without upsetting his good habits?" The answer is never just before a feeding time, and never before sleeping time Perhaps a little gentle stimulation of this type may be given before the bath in the morning, or in the middle of the afternoon, yet it may be truthfully said that the infant who is not played with at all for the first three or four months of his life will be more happy and far more contented than the one who is subjected to however mild a form of stimulation The observer will be struck with the complete self-sufficiency, and absolute happiness, of such an infant. The physician's advice to the mother of a young infant, therefore, should be "Leave your baby alone as much

as possible."

Food and Contentment -A word should be said about the nutrition of the infant in relation to management problems Other things being equal, good nutrition and good behavior go hand in hand The well-nourished infant is contented and happy, the poorly nourished one fretful and sleepless This makes it imperative for all physicians who undertake to handle infants to have a good working knowledge of the food requirements of the infant Such knowledge cannot be obtained from the literature which is distributed by the manufacturers of well-advertised proprietary infants' foods With a good knowledge of the requirements of the infant, no food other than milk, water, and sugar, is necessary for the feeding of the vast majority of infants Without this knowledge, no proprietary food can ever be made to adequately nourish all infants. The individuality of the infant is so important a factor in his feeding requirements that special rules must often be made for a particular infant in order to keep him in a state of contentment An example of this is the hydrolabile infant who requires comparatively enormous quantities at a very young age, in order to be satisfied instance, an infant of four weeks of age was brought to me for excessive crying Despite the fact that he was consuming four and a half ounces at a feeding, it was quite evident that he was far from satisfied A second bottle was offered him immediately following his feeding. whereupon he consumed three and a half ounces more, and forthwith fell fast asleep and slept quietly through until the next feeding time From then on this four weeks' old infant took eight ounce feedings at four hourly intervals, and was a happy and contented infant. Thus a

amount of hunger The child who has teeth requires solid food in order to give his teeth their proper usage, therefore, the quantity of milk allowed is in inverse proportion to the amount of appetite for solid food, and to the degree of use to which the teeth are put

Given, therefore, an adequate quantity of D factor, which is represented by a teaspoonful of cod liver oil daily to the growing child, and given an adequacy of calcium intake as shown by a moderate or diminished quantity of milk plus a moderate quantity of curds or mild cheese daily, the amount of milk consumed per day by any child need give no concern either to the parents or the physician. I firmly believe that the propagation of this knowledge will completely eliminate all eating problems in children who have been sometimes even forced to consume large quantities of milk and cream in their daily food

The School Child—After five years of age we begin to encounter problems associated with The child in kindergarten school attendance rarely presents any problems because here no tax is made upon his brain. The difference between the pre-school and the kindergarten child is merely that play in the latter is directed sure that the kindergarten idea of directed play could be very usefully continued into the earlier school years, the play principle being used for teaching, and that in this way many problems of the young school child could be solved length of the school day impinging, as it does, upon the time necessary for free play and recreation, the archaic practice of piling home work on to young children, the necessary inflexibility of the school curriculum without much regard for individual mental capacity, all these factors play their part in producing difficulties which bring the child under the notice of the physician too, with extras, such as music and other forms of mental activity, which are imposed upon the growing child at a time when he should be using his extra hours for free play

Fatigue—All the factors which tend towards the production of mental over-exertion will express themselves through symptoms of physical fatigue and irritability,—symptoms which rarely point directly to the real cause of the trouble Such a child may manifest inattention at school, defective posture, sleeplessness, poor appetite, and lack of emotional control. The child may be suffering from mental fatigue, but may be brought to the physician for any or all of these complaints It behooves us, therefore, to familiarize ourselves with all the manifestations of fatigue in school children, in order to adequately serve them in some of their behavior difficulties. The subject of fatigue has been admirably handled by the Sehams in their excellent book, "The Tired Child," which should be read by all parents, physicians and teachers

What the physical expressions of fatigue are,

we all know We must be equally aware of the factors which lead to fatigue These are overwork, home studies and extra studies, insufficient time for recreation, and physical defects. The last named frequently come within the ken of the physician through complete physical examination, but the other factors depend for their discovery upon detailed questioning concerning the daily life of the child. Unless this is borne in mind many symptoms in children will remain unexplained. The following is an illustrative example.

A child of eight years was recently brought to me with the complaints poor appetite, restlessness at night, undue irritability, frequent crying spells, headaches, and a little loss of weight. The symptoms were of three months' duration exhaustive physical examination failed to reveal any organic cause for these symptoms tion was then centered on the child's daily life It was found that music had been added to her studies three months previously. She was not a good musician and did not take kindly to her new studies She was made to practice one hour daily after her school hours, time which she had previously spent in free play. In addition, twice a week she was obliged to have her music lesson I advised observing the effect on the child of stopping her music entirely for one week. This was followed by a complete disappearance of all Here was a child who was mentally symptoms ill-equipped to study music, and to whom the extra mental strain acted as the etiological factor in the production of fatigue symptoms. In this child, the ordinary school curriculum was not excessive, but the addition of one extra-mural subject was sufficient to change the entire behavior of the child

In the same connection we have to consider another group of children to whom the ordinary curriculum is excessive and is productive of fatigue symptoms In such children we must advise a shortening of the number of school hours in order to allow greater periods for rest and play If time permitted, a discussion of the relative efficacy of morning school hours alone for all grade school children, and the question of the complete elimination of home work, would not be out of place Suffice it to say that in schools where these arrangements have been made, the children are not one bit less bright, and their general knowledge and their class standing are as good as in those classes where the afternoon hours and home work are the order

It will thus be seen that problems apparently belonging to physical diagnosis may resolve themselves in the school child into problems of behavior and environment. To these, the physician must ever be alive

Sex Education—And now we come to the question of sex education in children, a subject on which there still remains something to be said I am afraid we have gained the impression from

his poor appetite, a vicious circle The usual faults associated with poor eating in children are first, allowing the child to spend too long a time at his meal, second, cajoling the child into eating by telling him stories, third, by allowing him to have toys at the table, and other similar practices, and fourth, by forced feeding Each of these has its bad effect upon the appetite a result of coaxing, the child will deliberately persist in his poor eating habits because of the satisfaction he derives from becoming the center of attraction Forced feeding, on the other hand, may actually develop a fear of food in a young Frequently, too, the only reward the parent may receive from forced feeding will be a prompt vomiting of the entire meal The attitude of the physician in these matters must be very definite. I am afraid that our great fault lies in dismissing these patients with a cursory examination, and a tonic containing tincture of nux vomica to be given before each meal this has a bad psychic effect upon the child, because he may gain the impression that he requires a medicine in order to be made to eat well

The treatment of these problems is not difficult if we but realize the effect of hunger in animal It is only necessary to develop the hunger of the child, unconnected with any un-pleasant associations The child must eat for one reason only, namely, that he is hungry, and this state is not difficult of achievement. The child who is allowed to spend one hour at his meal should have the time reduced to fifteen or twenty minutes Visitors and distractions must be absolutely interdicted The attitude of the parent or attendant must be one of complete indifference The food should be placed before the child, and he should be allowed to do what he will with it At the end of the allotted time it should be removed without any comment, and the child allowed to go hungry until the next meal-time, the intervals between meals being made somewhat longer A refractory child placed on such treatment may be somewhat bewildered at the beginning, and may leave one or two meals entirely untouched, but if this is productive of no apparent solicitude on the part of the parent, the argument of hunger will very soon be found to be extremely effective Frequently, when this procedure is suggested to the mother, she will state that she has already tried it, without effect, but it will be found upon further questioning that the trial lasted for the period of one or two meals must be emphasized that this procedure is one which is invariably productive of good results in the otherwise healthy child, and that it is not to be tried at all, but is to be put into permanent effect, without ever swerving from the attitude When the mother, then, is made to realize that she is not trying a treatment, but instituting a new and permanent régime, she will be willing to allow the changes for a sufficiently long period

to prove their efficacy After this, the battle with both the mother and the child is won

Habitual vomiting, not due to organic disease, but due rather to behavior, is invariably cured by this procedure. The chief weapon the mother possesses in dealing with this and similar problems is the attitude of sublime indifference. The moment the child realizes that he is no longer the center of attraction, he will not attempt to curb his natural hunger instincts.

Quantity of Milk Required—One point with regard to poor eating habits, which requires consideration, is the question of the quantity of milk which may be allowed to a child per day One frequently obtains the following history from the mother of the child who is brought for poor appetite The child refuses most of its solid food. but consumes between 30 and 40 ounces of milk per day, gets cream on porridge, and sometimes he is given top milk to drink These children, in spite of the poor eating history, are usually not underweight, the explanation being the quantity of milk consumed A child who drinks 40 ounces of milk per day consumes about 800 calories, yet a child of 3 years, weighing 31 lbs. does not require more than about 1,200 calories for its proper maintenance This means that milk is supplying such a child with two-thirds of its required calories It cannot be expected, therefore, that such a child would have much appetite left for solid food We have far overestimated the value of milk in the dietary of the older child The vitamines of milk are readily obtainable in a host of other foodstuffs, perhaps in even greater concentration The calcium of milk can be duplicated in many vegetables, or, if you will, in the curds made from milk, or in mild cheese knowledge of these facts immediately minimizes the value of statements, now many years old but still current, that a growing child needs at least one quart of milk per day. If we are to draw any analogies from the lives of lower animals, we might readily conclude that the child, once it has been weaned, actually does not need any milk at all, and I believe that experience will bear this out.

Some years ago, studies made of calcium retention in children on various quantities of milk tended to show that one quart of mulk a day was the amount which gave the optimum calcium retention, but this work did not take into consideration the effect of the vitamine D on calcium retention, and the disregard of this important fact makes the conclusions practically worthless know that in the presence of an adequacy of the D factor, calcium retention will be increased even on a minimum calcium intake, and that in the absence of the factor it may be diminished even with an excess of calcium intake Milk is a liquid of relatively high caloric value ounce given robs the teeth of a certain amount of function, and robs the stomach of a certain

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point not only of physical disorders, but also in their proper relationship to the environmental conditions of the child It is not sufficient for us to know the diseases of childhood, however protean their manifestation. We must know the child himself, in every phase of his existence, in order to serve him best and promote his normal development.

CHRONIC CHOREAS, THEIR DIAGNOSIS AND TREATMENT

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TN the new classification sponsored by the American Neurological Association, chronic choreas would fall chiefly into seven groups, as follows two types of infection, viz, chronic encephalitis, (I) epidemic, and (II) non-epidemic (principally Sydenham's), one exogenous toxemia, (III) chorea gravidarum, and four types of degeneration or sclerosis, chronic progressive chorea, (IV) hereditary and (V) nonhereditary without mental deterioration, and (VI) hereditary (Huntington's) and (VII) nonhereditary with mental deterioration

I. Infection, Chronic, Encephalitis, Epiepidemic, Chorea II Infection, Chronic, Encephalitis, Non-Toxic epidemic Chorea INFECTIONS' III Intoxication, Encephalopathy, Exogen-PROCESSES ous, Toxemia of Pregnancy, Chorea Gravidarum

DEGENERATIVE PROCESSES

IV Degeneration, Brain, Chronic Progressive Chorea, hereditary V Degeneration, Brain, Chronic Pro-

gressive Chorea, non-hereditary
VI Degeneration, Brain, Chronic Propressive Chorea with Mental Deterioration, hereditary (Hunting-

ton's) VII Degeneration, Brain, Chronic Progressive Chorea with Mental Deterioration, non-hereditary

1 Developmental Defect, Brain, Aplasia, local 2 Injury, Brani, (type), (location), (cause)

Mycotic 3 Infection, Chronic, Brain. Syphilitic Granuloma, (location) Tuberculous

4 Neoplasm, Brain, (location), (type)
5 Developmental Defect, Hypothyroidism, with Myxcedema and Chorea

6 Vascular Disease Brain, (Arteriosclerosis)

Hemorrhage Thrombosis Embolism, Thrombosis,

The second of the two encephalitic infections is ordinarily deemed an acute disorder, but if the line between an acute and a chronic duration for this disease be drawn, as Dana suggests, at six months, there will be a few chronic cases About two per cent of the cases in Burr's2 series of 515 had lasted one or two years, and he found it impossible to determine in certain others whether there had been a continuous chronic illness or a series of remissions and re-

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lapses, which were likely to occur at yearly or half-yearly intervals

Together with Sydenham's (although unlike it in not being related to endocarditis and acute articular rheumatism) may be placed the other non-epidemic infectious choreas, often of adult life, which may become chronic while more likely to run an acute course. Choreas following diphtheria, measles, typhoid, sepsis, etc. should they become chronic, would belong here chorea, more liable to chronicity, is included in the non-epidemic infectious group by Dana, Lewy³ classes it with the degenerative choreas Burr found all but four in his series on a rheumatic basis, of these, two followed scarlatina and two diphtheria, though he believed that a causal connection was not established between the chorea and these last two infections

Possibly the third variety, chorea gravidarum is least likely to run a chronic course, being selflimited by the pregnancy If it were to persist after the latter's termination, the predominant etiology would be assumed to be other than the exogenous intoxication

The four groups of chronic progressive chorea comprise the more clearcut chronic types, among which Huntington's is doubtless the best known

It seems probable that there are fairly narrow localizations in the brain that may be affected by various agencies to produce the different All choreiform movements are relatively alike, so that the localization of the responsible disease-processes are thought to be essentially similar. The disease-producing agents may nevertheless differ widely

Burr is inclined to place the principal lesion of Sydenham's chorea in or near the striate Jeliffe and White would add to the rheumatic "a large number of other infections," as "interfering with fiber-carrying capacity

of an insufficient or tardily maturing and integrating motor apparatus, especially in its cerebellar static portion" Babonneix's proposition, that all chorea of the Sydenham type may be simply epidemic encephalitis, has not been generally accepted, Sydenham's chorea is better considered an encephalitis frequently associated with endocarditis and acute rheumatic fever, and ordinarily distinguishable clinically from chorea due to epidemic encephalitis A necropsted case of Sydenham's reported by Greenfield

much current literature that in frankness and in honesty to the child the entire problem of sex education magically solves itself. We are told to be truthful in our answers to the eager questions of the child,—to draw for him analogies between reproduction in plants and reproduction in animals, and to culminate the story that man is an animal and that therefore the processes of reproduction in man are essentially identical with those of the beasts of the field John B Watson goes even further, and suggests that the mother expose herself before her child, in order to completely satisfy all his curiosity at once Perhaps he hopes in this way to have the child completely jaded by the time he reaches puberty For myself, I have never been able to see the relationship between giving complete and truthful information on matters of sex to young children on the one hand, and the development of sex control on the other We must not forget that the pre-puberty and the puberty child are two different individ-It is true that sex knowledge may be imparted with impunity to the sexually immature individual, for on such a child it has no stimulating effect whatever He accepts what is told him as truth, and in a matter of fact manner questions concerning matters of sex should be answered truthfully and intelligently, merely because it is proper to be truthful to a child, but not because these truthful answers will in the slightest degree mitigate any of the problems which arise in adolescence In the adolescent, all knowledge concerning sex and all curiosity concerning matters of sex are colored by the development of sex consciousness, and in the presence of this development mere explanation, however intelligent, will in no way help a young man out of difficulties

We are faced rather with the question of proper sublimation rather than of suppression of the sex instinct. Here questions of associations, friendships, intellectual and physical activities all have their functions. We must aim to build up a high moral sense in the child, and arrange for him a life full of healthful activities. Here the clergyman, the teacher, the parent, the social worker and the physician all must play their part. Hobbies and preoccupations must be encouraged, personal independence must be fostered and the development of fears and anxieties incident to this age carefully avoided.

One potent cause of the development of anxiety neuroses in adolescents results from the fear instilled into them concerning the dangers from masturbation. It should be recognized by parents and physicians that this practice is all but universal to a greater or lesser degree in adolescents. To tell a young lad that he is in danger of becoming insane or of permanently undermining his health through a continuance of the practice, is to pave the way for an anxiety neurosis particularly if the warning has not produced any

control in the youth Far less drastic methods must be employed. He must never be told that he is in danger of anything. It must be explained to him that the practice is unnatural and not consistent with purity of mind. The appeal should be to his moral sense, but control may be attained through the encouragement of healthy physical and intellectual pursuits.

Anxieties often develop through fears instilled or developed from the occasional occurrence of nocturnal emissions. These, however, must be considered as perfectly natural phenomena and

dismissed without further comment

Adolescence - The subject of adolescence and its problems is so vast that one could hardly begin to deal with any of their complexities in one short hour Suffice it to say that, of all the ages of childhood, this is the one which requires the greatest sympathy and understanding from everyone associated with the adolescent child age, not only the child, but the parents too, require careful guidance. It is at this time that the child, with his growing intelligence, revaluates his entire environment. The child's parents, no less than others, are appraised by the child, and in the numerous conflicts incident to the age, the parents must look to it that they do not suffer through this appraisal, for then all the love and respect built up through the years of earlier childhood are in danger of destruction These are indeed the most eventful and most important years in the entire life of the individual

Punishments—I wish to say a final word concerning punishment, only in so far as it comes within the ken of the physician It is not my intention to discuss this subject from the stand-point of the parents The physician is often told of instances in which a child is punished for occurrences over which he has no control One notable example is bed wetting. This is not an uncommon admission from the parent in the consulting room Again we often learn of children who are frequently punished for the crime of being too exact a replica of one or other parent The influence of the physician can here be brought to bear, first in indicating the general futility, if not the dangers of most forms of punishment, and the cruelty of punishing a child for acts which are not at all volitional The greater our understanding of children, the less will be our tendencies or desires to punish them

Know Children—You have honored me by listening to this poor attempt to glance over a vast subject in the twinkling of an eye. It is like the story of the heathen who came to the sage Hillel and asked him to teach him the whole of the law in the time that he could stand on one foot. However, I hope I have succeeded in indicating some of the points of contact between the training of the infant and child in the home, and the work of the physician. We must ever be on the alert to properly evaluate all symptoms, physical, emotional, and behavioristic, from the stand-

genital syphilis Its claims have been urged chiefly by French authorities Babonneix13 suspects that it determines particularly the chronic, severe, and refractory cases of chorea minor Whether a chorea is rheumatic and simply complicated by syphilis, or non-rheumatic and caused by the latter, may be questionable in any given case where chorea and syphilis are concurrent Blood and spinal fluid findings might corroborate the syphilis without excluding a rheumaticcardiac-choreic or an epidemic encephalitis syndrome Camp notes two cases, clinically congenital syphilis, in which recovery from chorea followed antiluetic therapy, although the serology had been quite negative Armand-Dehlle and Vibert¹⁴ report a case of eight months' duration in a four-year-old child whose movements were suggestive but not quite typical of rheumatic chorea there was hyperglycorrhachia (087 gm) but no ocular signs, while the blood showed a slightly positive Wassermann This was a case probably of epidemic encephalitis, and possibly complicated by syphilis (cf infra, Richon and Cornil)

In the borderland between true chorea minor and various types of myoclonic spasm are found such cases as the one recently reported by Van Bogaert and Sweerts ¹⁵ This they classed as an example of the "electric chorea of Henoch-Bergeron" Beginning at the age of five, it was still persistent and practically unchanged at nine, exhibiting three types of abnormal spontaneous movement electric clonic movements of wide extent, small choreoathetoid movements resembling chorea minor, and clonic movements like those of Unverricht's myoclonus-epilepsy "Electric choreas," either of the Hénoch-Bergeron or the Dubin (acute only) type, are considered myoclonias rather than true choreas

Chorea of pregnancy, though separated from chorea minor in the classification as an exogenous toxemia rather than an infection, seems particularly likely to occur in individuals who have had one or more previous attacks of the infectious type. There is a tendency in the literature to combine the psychogenic with the organic choreas of pregnancy, so that conclusions regarding the latter are difficult to draw. Whitmore in finds that choreas in pregnancy do not predispose to spontaneous abortion, also that relatively few become chronic—3 percent in Buist's series which he quotes

The possibility of choreogenic exogenous toxins outside of pregnancy has been suggested by Fuchs (quoted by Herman), who produced choreic movements in cats by the use of guandine Urechia and Elekes mention a claim that similar movements had been produced by iodoform

Hereditary chronic chorea without mental deterioration is uncommon, assuming that one does not include those members of Huntington's chorea families who develop its choreiform movements some years before the mental signs, and may therefore die without having shown the typical mental picture. Sachs and Hausman¹⁸ separate a hereditary chronic type beginning at about puberty and persisting through life, with choreic movements affecting the face and hands but sparing the lower extremities, there are no acute attacks, no remissions or relapses, there may be mental depression but not deterioration

Non-hereditary chronic chorea without mental deterioration is less uncommon, and seems often enough to have been complicated if not caused by syphilis In a sixty-year-old individual recently cited by Richon and Cornil,10 a chancre was acquired at the age of thirty, chorea (its movements identical with those of Huntington's but unaccompanied by the latter's mental picture) appeared at fifty-four, and a gumma at fifty-eight. This chorea was unaltered by antisyphilitic treatment Another chronic non-hereditary chorea reported by Daday, Abely and Bauer20 began at forty-six after syphilis in youth, and was complicated by a chronic manic state with agitation and elation from about the age of fifty, this was not a case of paresis

Quite a different type of non-hereditary chronic chorea was described by Urechia and Mihalescu²¹ in a twelve-year-old child, no actite infection except icterus neonatorum (which they emphasize) occurred previously to the onset of moderate choreiform movements of limbs and trunks at about the age of two months. There were various stigmata of degeneracy, general weakness and hypotonia, and diminution of both ankle jerks Enunciation of speech was in a monotone.

A case seen at Bellevue Hospital may be included here.

S K, a Russian Jewish barber, aged 50, was admitted to the Neurological Service of Bellevue Hospital under the care of Dr Foster Kennedy, May 15, 1928, complaining of inability to control movements of the arms and legs

The family history was negative for nervous, mental, or other familial diseases. In the personal history, from 1913 to 1925, i.e., over a period of 12 years, he suffered from chronic osteomyelitis of the right humerus, for which he underwent 17 operations under ether anesthesia. He also had two operations for stones in the bladder

The present illness began gradually one year after the operations, or two years ago, with involuntary movements of all the extremities. He cannot say whether one or another was affected first, but thinks that the face was involved last. The movements have always become worse on emotion and ceased at night.

The physical picture in the gross suggests something between Sydenham's and Huntington's chorea. The twitchings are not so coarse, there is less grimacing, and the gait is better than gen-

and Wolfsohn⁶, showed an accompanying endocarditis, with cerebral vascular changes (many small vessels thrombosed) and small-celled infiltration of the brain substance outside the perivascular lymph-spaces, almost confined to the brain (exclusive of the brain-stem) and quite as marked in the white matter as in the gray These changes were particularly intense in the head of the caudate nucleus and in the internal capsule

Chorea minor, as is well known, is evidenced by irregular, non-purposeful, relatively quick twitching movements, with incoordination and hypotonia, and with or without appreciable weakness of voluntary movements, grimacing not following a constant pattern, possibly indistinct or confused speech, irregular jerking of the head and shoulders, stumbling at times, either the incoordination during movement or the twitching during rest may predominate Asynergia and adiadokokinesis may be readily elicited, hypotonia is evidenced by signs such as the "choreic" posture of the hand (flexion at the wrist and hyperextension at the metacarpo-phalangeal joints) The speech-defect is a dysarthma, not an aphasia, a choreic "bark" has been described, differing from an hysterical "bark"

Muscular weakness may appear a short time before the choreic movements. Chronic minor choreas with weakness and hypotonia but without choreic movements would not be expected, and would be diagnosed with difficulty. In the acute stage, a severely paralytic Sydenham's with the minimum of twitching might be mistaken for an acute anterior poliomyelitis, but there could be no error in the chronic stage of such a chorea, when no trophic or electrical changes in the muscles would be expected.

With a chorea lasting over six months as one symptom, an epidemic encephalitis should at least have shown previous lethargy or excitement, disturbances in extra-ocular movements and in pupillary reactions, if not myoclonic signs as Pupils in Sydenham's may be dilated or normal, but react well, they are more likely to react poorly in epidemic encephalitis The typical cardio-arthritic association of Sydenham's chorea would be absent in the epidemic disorder, similarly the former's occasional rheumatic sub-The form of the chorea cutaneous nodules itself should be of some diagnostic value Movements of the tongue are particularly typical in Burr states that the movements in Sydenham's epidemic encephalitis where Sydnham's chorea is suspected, are likely to take the form of a local myoclonus rather than a chorea They are prone to shift in location and vary in quality Sydenham's chorea, when chronic as well as acute, shows movements of fairly constant quality and of comparatively slower changes in distribution, although changes in intensity may be more rapid The possibility of a sequence like that in a casereport by Urechia and Elekes' should be kept in mind first the picture of chorea minor, later a more definite myoclonic syndrome, and finally a typical post-encephalitic parkinsonism

The mental condition of chronic encephalitic choreics is not a constant one Emotional depres-The well-known consion has been mentioned duct-disorders in young post-encephalities though rare with parkinsonism, may or may not accompany hyperkinetic disturbances of choreiform (Borthwick) ⁸ Sydenham's chorea (and this applies to its chronic forms) is said to have a distinct facies-Burr calls this a "look of wistfulness," though he suggests that it is probably due to changed tone of the facial and ocular muscles rather than to a particular mental attitude. He does insist on "mental symptoms in every case," and finds emotional instability an essential Whether a patient with part of the disease Sydenham's chorea should characteristically show a neurotic makeup is a disputed point, so that the fact of its presence or absence cannot be used in differential diagnosis among the choreas Ebaugh emphasizes the emotional lability, extreme fatigue, and intellectual incoordination seen in his series of minor choreas, but these were mainly acute cases and it is not certain to what extent the mental characteristics would tend to persist into chronicity pars passu with the physical Ebaugh also notes the frequent occurrence of mental apathy and restlessness fifth of the individuals in his series showed delinquency in addition, this finding is scarcely mentioned by other writers, and what connection it may have with the better known conduct disorders of epidemic encephalitis is not clear. One possible explanation may be tentatively offered, recalling that Ebaugh's cases were often related to fatigue and but rarely to rheumatism, and that they were prone to show disturbances in sleep a number of them might have been due to epidemic rather than to non-epidemic encephalitis, an hypothesis which would be compatible with his findings taken together

Serologic findings may be diagnostically help-The cerebrospinal fluid in either Sydenham's or epidemic encephalitic chorea may show a lymphocytosis and slightly increased globulincontent and pressure, down to a total absence of abnormal findings as in Mestrezat's 10 example of Sydenham's Camp¹¹ found the spinal fluid normal to all tests in a series of Sydenham's chorea An increased fluid-sugar (in the absence of increased blood-sugar) would be evidence in favor of the epidemic encephalitic variety crease was found in Urechia and Elekes' case A colloidal gold reaction in the form of a syphilitic or paretic curve (together with negative fluid-Wassermann) is quite compatible with an epidemic encephalitis (Davis and Kraus12)

There is another prominently possible etiology for non-epidemic infectious chorea, namely con

and adjacent tracts Voudouris27 suspected tubercle in his case of hemichorea of two years'

standing

Involuntary movements succeeding a localized cerebral vascular insult may be choreic, athetosic, or mixed, and will be limited to one side of the body unless there should chance to be analogous (Athetosis consists in slower bilateral lesions movements of abduction and adduction, flexion and extension, most marked in fingers and toes, and less widespread over the extremity than are choreic movements) Vascular cases in which chronic hemichorea has been preceded by transitory hemiballismus (violent throwing about of the extremities) not accompanied by hemiplegia, have been observed by Goodhart, Wechsler and Brock,28 and by Martin 29 Hemichorea with hemiplegia in early infancy is more likely to be post-hemiplegic than Sydenham's, the history of a cerebral birth-injury and a tendency of the movements to be choreic-athetosic would establish the diagnosis Sachs and Hausman found posthemiplegic chorea occurring in six per cent of infantile cerebral palsies, although rarer than posthemiplegic athetosis

Since we have taken choreas to be organic diseases, a psychoneurotic form is ruled out a conversion hysteria simulating chorea minor may be difficult of differentiation. In the functional disorder there are likely to be more definite and longer free intervals than in the organic, between the occasions when choreic movements are The so-called chorea of hysterics is more sudden in onset, more rhythmical in type, and other hysterical characteristics or sensory stigmata should be found Traumatic neuroses exhibiting functional choreiform movements are not well-known though not impossible Among other functional conditions, "chorea major" is really major hysteria and quite unlikely to be confounded with chorea minor Tics and habit spasms are distinguishable by their purposive character and fixed pattern They are also quicker, more closely localized and less incoordinate It has been said that "tics are unconscious and voluntary and do not destroy function, choreic movements are conscious and involuntary and do destroy function"

In the treatment of a chronic infectious chorea with signs of congenital syphilis, specific antisyphilitic treatment should of course be tried For chronic chorea in epidemic encephalitis, salicylates or non-specific protein therapy may be used as described below for chronic cardioarthritic chorea Arsenicals are not recommended in the epidemic-encephalitic type Good results may follow the use of sedatives like phenobarbital and bromides Hyoscine hydrobromid (gr 1/100) or less), is sometimes useful against choreatic symptoms The hygiene and habit training to be mentioned under rheumatic chorea would require modifications for adaptation to epidemic encephalitis on account of the latter's changeability

and greater chronicity

Chronic chorea minor of the Sydenham cardioarthritic type-often enough improper handling has prolonged the acute into the chronic stage—is treated much the same as acute chorea, by rest in bed with more or less isolation, followed for some time by gradually lessening restrictions of physical activity, by warm baths or packs, daily to less often as needed, by diet, lacto-vegetarian with gradual expansion, by medication, and on this point authorities differ Sedatives may be needed temporarily Arsenical preparations have been longest in use against the symptoms of the acute stage, and may still be used in the chronic if neuritis or other evidence of intoxication from too great an accumulation of the drug Fowler's solution up to tolerance is avoided (m II to X t 1 d) is probably in commonest use, but arsphenamine intravenously, or sulpharsphenamine or sodium cacodylate intramuscularly may be tried Sulpharsphenamine gave good results in Moffet's series, three doses of 2 to 3 gm were injected at five day intervals Ebaugh recommends a short series (6) of weekly injections of tryparsamide, gm 1 to 3 Whatever the mechanism, less is to be expected of arsenicals in chronic than in acute cases of chorea minor, the same is true of salicylates, which may also be used either by mouth or intravenously and preferably in large doses to tolerance

Dwyer's⁵¹ recommendation of intravenous killed typhoid bacilli (20 to 40 million per weekly dose) for acute chorea minor, might well be adopted in chronic cases, as non-specific protein treatment of this sort has sometimes been useful in other chronic neurological conditions chief difference between the drug therapies of these acute and chronic cases is seen in the use of codliver oil, iron (particularly syrup of ferrous iodide), and other tonics, also a more stimulating diet, in the chronics Certain choreics, like some epileptics, seem to have been benefited by calcium and parathyroid, but this method is by no means well worked out Finally, many of the chronic therapeutic problems differ widely from the acute in requiring active re-education and social readjustment. Fatigue is still to be avoided Movements that remain as habits must be eradicated wholly or partly by psychotherapy individual and his family must be brought back from the idea and the adjustments of invalidism, whereas in the acute stage it often requires considerable effort on the physician's part to persuade them, particularly the family, in the opposite direction toward considering the symptoms as those of physical ailment and not simply of a nervous habit

Although the advisability of eliminating sources of possible infection, as carrous teeth, is clear enough, it is notable that tonsillectomy has not given uniformly good results in infectious chorea

erally seen in Huntington's; there is less evident hypotonia than usual in Sydenham's. On walking, as on any other muscular effort, the twitching of the face, arms, and legs are all lessened, on attending to questioning they are increased. Movements are wider and more numerous of the left side of the body than of the right, and are practically constant during examination. Just a suspicion of athetoid movements are occasionally seen in the left hand and foot. There is an occasional movement of inward rotation of the right arm, which tends to be held with hand on thigh and in inward rotation at the shoulder and wrist. No similar tendency is seen in the other extremities.

The tongue twitches as in Sydenham's, and there is occasional smacking of the lips. Speech is practically normal. Except for choreiform twitchings of the face and a little inconstant external strabismus of the left eye, the cranial nerves are negative.

The upper extremities show some asynergia and dysdiadochokinesis (more of the left), but the finger-nose test can be done well. There is no voluntary weakness and little hypotonia. The deep reflexes are moderately increased, and equal on the two sides. There is slight hypæsthesia of the right arm distal to the scars (of the operations noted in history).

The epigastric, abdominal and cremasteric reflexes are normal. There are no sensory dis-

turbances of the trunk or legs

The lower extremities show equally increased reflexes on the two sides, no Babinski or other abnormal reflex, and no ataxia. There is no

swaying in the Romberg position

The general condition tends toward a moderate emaciation The viscera are normal, blood pressure is 140/60, there are no signs of syphilis and the blood Wassermann test is negative. There is a little glycosuria (sp. gr. 1032), a trace of albumin and a few hyaline casts. Mentally the patient is of medium intelligence and shows nothing psychopathic.

The etiology of this chorea might depend upon the prolonged sepsis from the osteomyelitic infection, or possibly upon the repeated exposure to ether in anesthesia. It is not clear what connection, if any, may exist between the chorea and

the disturbance in sugar metabolism

Huntington's chorea, the hereditary type with mental deterioration, is characterized chiefly by the form of the movements, which are coarse and grimacing, and less localized than in infectious chorea, comparatively violent jerks of the legs cause a difficult and grotesque gait, the choreic movements are more easily inhibited voluntarily, and motor power is generally undiminished. As a rule the reflexes are unchanged. The usual late age of onset in Huntington's (thirty to forty years) aids in the differentiation, as does the heredofamilial character of the disease. Physical

and mental signs do not necessarily appear simultaneously, and it is probable that the one symptom-complex may be inherited without the other Owensby²² describes a case unusual in its early onset in a girl at the age of four, when choreic movements began in the head and neck, physical development slowed, and mental sluggishness soon appeared, at seven, the patient's age when reported, no psychosis could yet be determined, but was to be expected since the progenitors of three preceding generations had become psychotic, there were general Huntington's choreic movements, a stumbling gait, sluggish and indistinct speech, the reflexes were normal and there were no paralyses

The cardiac rheumatic picture is not seen in Huntington's as in Sydenham's, although an exception to this rule has been reported (Clancy²⁸) Jakob describes two cases of non-hereditary chronic degenerative chorea following articular

rheumatism

Turning from the generally recognized causes of chorea to others theoretically possible, we may allude again to Jeliffe and White's conception (quoted above) which suggests that there should be choreas based upon one or more forms of developmental defect Lewy points out that some such defect is not an unreasonable postulate for the hereditary types Certain of the nonhereditary congenital cases may have a similar etiology, although our present knowledge seems insufficient for diagnosing a chronic chorea as due to a local aplasia. It might be suspected in one of the cases reported by Babonneix and Lévy 25 this patient, then 51 years of age, had had unchanged choreic movements since the first mont! of infancy, not preceded by any known infection, the chorea had not been complicated by athetosis, sensory changes, altered reflexes or pyramidal signs, or cerebeller symptoms, but there was hypotonicity The speech was nasal, irregular, almost incomprehensible at times There hac also been periods of violent anger and unreasoning fear (psychometric findings were not reported)

In an individual possessing an insufficiently intergrating motor apparatus, some physical trauma might conceivably precipitate a choreic response which could become chronic. However, one must recall that the vast number of cerebral injuries observed during and after the great war, while they furnished enough post-traumatic epilepsies were not productive of choreas (except an occasional choreiform hysteria). Choreic movements appearing after cerebral injury would certainly arouse suspicion of their probably functional origin as part of a post-traumatic psychoneurosis.

A case of chronic hemichorea apparently due to pressure was reported by Bignami and Nazari, in which a solitary tubercle was found in the region of the cerebral peduncle, affecting the superior cerebellar peduncle the red nucleus,

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ARTERIOSCLEROSIS in the legs and in the coronary arteries is increasingly manifest in the great mass of diabetic patients over 45 years of age, and constitutes one of the chief problems for the future of younger patients

Evidence of the existence of arteriosclerosis in diabetics comes first from autopsies. In 55 autopsies arteriosclerosis was present in the aorta, coronaries or kidneys in all but 7 cases. Of these 7 cases 5 were patients less than 30 years of age whose diabetes was of less than 2 years' duration. In one case only the kidneys and pancreas were examined and in the last case a woman of 42 years, diabetes was of but 6 months' duration. Every case with diabetes of 5 years duration has shown arteriosclerosis including a boy of 16 years.

X-ray examination of the legs by Drs Mornson¹ and Bogan have demonstrated calcification of the arteries in increasing amount with increasing duration of the disease. Thus the percentage of the total number with duration of 5 years was 40, during the 2nd five years 56, and 92% after 20 years. With rare exceptions every patient with diabetes of 10 years duration has shown calcification in the vessels of the legs, and it was found present in cases as young as 16 years.

Ophthalmoscopic examination of the eyegrounds showed arteriosclerosis in 20 per cent of 307 cases reported by Drs Spaulding and Curtis²

What distinctive features are found in the arteriosclerosis of diabetes? Clinically the predominance of gangrene and coronary disease as compared with uremia and cerebral hemorrhage as a cause of death is striking, and in over 55 autopsies not a single death from cerebral hemorrhage or uremia occurred

Coronary Disease and Angina Pectoris

In reviewing the records of 4676 cases of diabetes 122 cases of angina pectoris or coronary occlusion were found, their frequency increasing with the duration of diabetes. The incidence of angina pectoris trebled in the second 10 years of the disease as compared with the first

In the 122 cases of coronary disease the onset of diabetes definitely preceded that of angina in 106 cases. The males numbered 71 and females 51 in contrast to the usually much greater preponderance of males. Is the more equal sex incidence of angina pectoris in diabetes due to the levelling influence of diabetes in curtailing physical activity and the development of arteriosclerosis? Hypertension was more common in the females. In fatal cases the duration of diabetes averaged 95 years in the males and 104 years.

in the females The duration of angina was 21 years in the males and 14 years in the females. The apparently short duration of life was due in part to the mildness of the early symptoms. Careful questioning is often necessary to elicit a characteristic history in the diabetic.

The varying manifestations of coronary disease often puzzle surgeon and internist alike. Case No 1794 aged 33 years, with diabetes of 8 years duration was sugar free at 3 p m. At midnight she waked with pain in the left shoulder and vomited. By noon the next day acidosis was extreme. Pain over the sternum, vomiting and Stokes Adams seizures were followed by death and at autopsy coronary calcification and occlusion with infraction of the interventricular septum and left ventricle were found. Similarly Case No 4721 aged 62 years died in coma not affected by insulin. At autopsy a large area of infarction of the left ventricle was found.

In 15 cases the combination of gall stones and

angina pectoris was present.

Hypoglycemia and coronary occlusion occurred in Case No 1520 who entered the Hospital at midnight with a blood sugar of 04 03 per cent. At least 3 other cases of fatal coronary disease during or just after a lowering of the blood sugar have been observed.

In 55 autopsies coronary sclerosis was present in 33 cases Changes in the coronary arteries as in other elastic arteries such as the aorta and the splenic, are of the same type as in non-diabetics They consist of a thickening of the intima or inner coat with the invasion of fat-filled endothelial leucocytes and deposition of fat especially as cholesteum esters at first chiefly at the branching of arteries and later the deposit of lime salts and sometimes the formation of bone. With necrosis of superficial layers, ulceration occurs and we then find the typical calcified placques in the aorta with ulcerated areas containing soft amorphous chalky material which occasionally may be the source of an embolus Medial degeneration and calcification may also be present but the intimal change is characteristic In the coronary arteries of diabetics the process appears accelerated, and intensified in degree.

In the muscular arteries of the extremities the typical arteriosclerosis of the non-diabetic is medial, as best described by Monckeberg. Here there may be slight thickening of the intima with some fat deposition, but in the media are found swollen and necrotic muscle fibres, large deposits of calcium and even bone formation.

In diabetic patients a somewhat different picture is presented. I have attempted to analyze the records and pathologic findings in the leg arteries of 33 diabetic legs amputated for gangrene or infection to determine whether these findings have

^{*}Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y, May 23, 1928

Ebaugh doubts its value, Gerstley and Wilhelmi³² found that it influenced neither the course of the disease nor the development of recurrences (in 27 cases)

In the choreas of pregnancy, therapeutic abortion is to be considered in addition to other treatment—but in the chronic case this operation will either have been decided against or already performed In one of Urechia and Elekes' cases, considered by them to be of the infectious group though possibly aggravated by pregnancy, therapeutic aborption was followed by exacerbation The value of abortion is also guestioned by Kaffesieder,38 who prefers sedatives in most cases

In the chronic group characterized pathologically by degeneration or sclerosis, little is available by way of therapy, but the sedatives useful in the other choreas may afford some symptomatic relief here Prophylaxis via eugenics seems the most effective attack Huntington's at least tends to commence and terminate earlier in successive

In other organic brain diseases accompanied by chorea, there is no specific therapy generally accepted outside of whatever may be appropriate to the predominant pathological condition tives (as phenobarbital) may be used

In psychoneuroses, the treatment of choreiform movements will be that of any type of conversion hysteria

SUMMARY

Pathologically, different choreic pictures are apparently referable to lesions in closely related Clinical diflocalizations of the striate system ferentiation remains important since treatment still appears to depend more upon the exciting cause than upon the focus

The choice of medication for chronic infectious choreas (non-epidemic) lies among arsphenamine derivatives intravenously or intramuscularly, non-specific protein intravenously, and salicylates intravenously Hygiene must play an The same treatment, with the important rôle exception of arsphenamines, applies to choreas with epidemic encephalitis

Chronic degenerative choreas derive little benefit from medication, except some symptomatic

relief from sedative treatment

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In the muscular arteries of the extremities the typical arteriosclerosis of the non-diabetic is medial, as best described by Monckeberg. Here there may be slight thickening of the intima with some fat deposition, but in the media are found swollen and necrotic muscle fibres, large deposits of calcium and even bone formation.

In diabetic patients a somewhat different picture is presented. I have attempted to analyze the records and pathologic findings in the leg arteries of 33 diabetic legs amputated for gangrene or infection to determine whether these findings have

any relation to the types of gangrene, and the development of accessory collateral circulation. The amputations were performed by Dr L S McKittrick and I am indebted to Drs L W Smith and Shields Warren for the pathologic data

In these 33 cases, sections from anterior and posterior tibial, dorsalis pedis and popliteal arteries at various levels were obtained instances we also injected the amoutated legs with barium sulphate through the popliteal artery in order to obtain Roentgenograms of the circulation The group consisted of 12 females and 21 males ranging in age from 52 to 75 years with diabetes varying in duration from a few weeks to 24 years The Wassermann test was negative in all cases Treatment of the diabetes had been very slight in nearly all cases In two instances insulin had been used for 1 year but in the remaining cases insulin had only been used for periods varying from 2 days to 3 months before operation Hypertension was present in 26 of the 33 cases, but it was not possible to determine from histories whether hypertension had preceded the diabetes or not The lesions in 29 cases began in a toe or an infected callus on the sole of the foot In 6 cases only was pulsation felt in the dorsalis pedis artery cases the obliteration of circulation was unaccompanied by a precipitating trauma and amputation was done to relieve pain. In 4 cases the lesion was primarily due to infection so severe and extensive that in spite of fair circulation amputation was necessary in the attempt to avert death from In 25 cases gangrene was present septicemia with infection

Two types of lesion were found differing chiefly in the degree of intimal as compared with medial involvement, and exemplified in the following descriptions

1 Endothelial proliferation and fatty deposi-

"The lumen is reduced to 1/6 normal size. Numerous endothelial leucocytes filled with hemosiderin are seen in the lumen, but the bulk of the lumen is occluded by huge lipoid-filled endothelial leucocytes, some connective tissue ingrowth and moderate infiltration with endothelial leucocytes and lymphocytes"

In the media there is a small focus of necrosis, infiltrated by lymphocytes, polymorphonuclears and endothelial leucocytes with occasional calcified granules and necrotic muscle fibres

2 Medial calcification with intimal change

"There is marked calcification of the media with some bone formation. The lumen is reduced to 1/5 normal size. Marked thickening of the intima with large deposits of atheromatous material and toward the media, infiltration with endothelial leucocytes and lymphocytes."

Criteria of scleratic change Intimal changes in the least degree consist merely of hyaline thickening With more advanced changes hyaline and loose fibrous tissue thickening is present, infiltrated by endothelial leucocytes containing fat Cholesterin crystals are frequently present. The varying degrees of change are shown as follows

+ = Reduction of the lumen to at least 2/3 of the original size.

++ = Reduction of the lumen to from 1/3 to 2/3 its original size

+++ = Reduction of the lumen to less than 1/3 or to obliteration

The varying degrees of change in the media are classified as follows

+ = Hyalinization, swelling or necrosis of some muscle fibres

++ = Slight to moderate calcification with little if any distortion

+++ = Marked calcification or bone formation with considerable distortion of the medial boundaries

Sections from each artery were classified according to this schedule with respect to intimal and medial change. The totals for each vessel are shown in the following table

Relative Incidence of Intimal and Medial Sclerosis in Arteries of the Legs

Cases	Po	pliteal			Posterior Tibial		Dorsalıs Pedis	
Diabetes 33	Int	Med.	Int. 72	Med. 50	Int. 59		Int.	Med 21
Non-diabeti	c ,	1	1	0	2	_	1	4

Thrombo-angitis obliterans was not found in this series. Medial sclerosis of the Monckberg type is found in varying degrees in most cases, but the characteristic feature is the predominance of intimal changes. In the diabetic, therefore, the pronounced intimal fatty change found in non-diabetics usually in the elastic arteries extends early to the muscular arteries of the extremities.

This type may develop fairly rapidly as shown by its presence in cases with diabetes of but a few months' duration. That it may be present for long periods before the onset of gangrene is shown by the long duration of diabetes in certain cases, but especially by the existence of calcification and even bone formation within the intima. In cases with diabetes of long duration the best development of collateral circulation was found, but in cases of short duration, advanced intimal change and absence of compensatory collateral circulation obtained. The occurrence of gangrene seemed to depend upon the presence of infection before the development of adequate collateral circulation.

What clinical bearing have these pathological variations? The most valuable circulatory asset for a diabetic with sclerosis of the main arteries is a good collateral circulation and in certain cases we were able to make special studies of the colla-

teral circulation by means of barium injections and X-rays From them as well as from the group as a whole it appeared that the cases with longstanding medial sclerosis had developed the best collateral circulation, whereas cases with relatively little medial sclerosis and marked intimal change Tentatively the had little collateral circulation conclusions seem justified that, (1) diabetes encourages the early extension into the arteries of the feet of the intimal type of atheromatosis usually found chiefly in the elastic arteries of the trunk, (2) that a good collateral circulation is best developed when the medial type of sclerosis has been present for some time, (3) that as soon as diabetes is discovered in a person over 50 years of age it is advisable to attempt by means of exercises similar to those of Buerger or by other means to stimulate the development of collateral circulation

Etiology

(1) Essential hypertension cannot be established in any considerable number of cases since the cases were not under observation long enough. The fact that cerebral hemorrhage is becoming less frequent as a cause of death suggests that the type of arteriosclerosis ordinarily found is not that produced by essential hypertension.

(2) Alcohol is used but little by diabetics and

hardly needs to be considered

(3) Syphilis is no more common among diabetics than among non-diabetics

(4) Diet—(a) Carbohydrate is the food of choice for patients developing arteriosclerosis. It could only cause it by producing obesity

b) Protein—everyone agrees that an excess of protein favors rather than prevents arteriosclerosis and a limitation to 1 gram per kilogram body

weight is generally accepted for an adult.

c) Fat—Deposits of fat in the arteries chiefly as cholesterin and cholesterin esters characterize arteriosclerosis Schonheimer by chemical analysis has shown the striking increase in content of cholesterin of arteriosclerotis as compared with normal aortal. Until the discovery of insulin the diabetic diet made up in fat what it lacked in carbohydrate and most diabetics of that period were subjected to a diet relatively high in fat Is its effect upon the arteries to be explained by the imbibition theory of Virchow and Aschoff?

According to Aschoff⁵ arteriosclerosis begins as a swelling of the ground substance of the intima due to physiological strain and followed by imbibition of plasma. This atheromatous process can begin at any age but proceeds more rapidly in the aged arteries. An excess of fat and especially cholesterin in the blood is not the initial cause but it determines the character of the process. Aschoff should be quoted in full

"There is a second factor that must be present before these atheromatous spots may appear This, it seems to me, is a sufficient concentration of lipoids, especially of cholesterin esters in the plasma. From plasma of low cholesterin content no deposition of lipoids will occur, even though mechanical conditions are favorable. The greater the concentration of the cholesterin esters in the plasma, the more surely will the areas of the aorta subject to the greatest mechanical strain show this fatty deposition even microscopically

This may, however, entirely disappear in malnutration, especially when there is a deficiency of lipoids in the diet. This accounts for the decrease in atheromatosis in the later years of the war and in the post-war period in Germany.

While in youth a reversibility of the process through a reabsorption of the lipoid substances is doubtless possible, such an involution of the atheromatous patch in the period of senescence is absolutely excluded. Resolution of the marked process of swelling and the fatty change, which is usually considerable, is all the less likely, since the organism in this period tends to develop precipitation processes. That is why in the senile period the atheromatous process not only reaches an extraordinary degree but undergoes further transformations that are entirely absent in youth necrosis occurs. In the necrotic tissue there is

progressive splitting-up of the lipoid elements in particular. The cholesterin is freed and crystallizes out in the familiar crystals. As has been described by Klotz, the fatty acids form the usual soaps, the most important of which is the calcium soap, since this leads to incrustration and calcification of the atheromatous deposit and the tissue surrounding it. In this way there develops the peculiar impregnation of the atheromatous patches with their placques of calcareous and bony hardness, which completes the picture of athersclerosis. The character of the diet remains the most important factor."

The well known disturbance of fat metabolism in diabetes produces an increased concentration of fat and especially cholesterin in the blood. Deposits of cholesterin occur not only in the diabetic arteries but in the gall-bladder with the result that in our autopsies 31% of cases over 25 years of age have gall stones. Cholesterin deposits in the skin as Xanthoma are common. Whether Aschoff's theory is proven correct or not, at present it seems to fit the diabetic.

What a hopeful prospect it gives! The arteriosclerotic change reversible in its early stage. If this be true, by better use of dietary treatment and insulin we should be able to postpone arteriosclerosis in the diabetic until his age entitles him to it.

Treatment

Formerly a diet as low as 10 to 40 grams of carbohydrate and relatively high in fat was necessary to ward off coma or starvation. Now with insulin no such limitations are imposed. Remem-

ber that the diabetic's best defence against acidoses is a store of glycogen in the liver and that the muscles burn only sugar When carbohydrate burns then fat is completely burned more than brief periods should the supply of carbohydrate in the diet be less than 50 grams per In general we should aim to provide a diet of 100 grams of carbohydrate or more and especially in the arteriosclerotic, arranging his insulin, exercise, and other components of his diet so they will surely be burned

The arteriosclerotic heart seems to be especially dependent upon an adequate supply of sugar Hypogylcemia occurs when least expected and is most fatal in the aged arteriosclerotic. Van den Bergh, Nicely, and Edmondson and Budinger have also commented upon the dangers of a low blood sugar when coronary disease is present. Therefore be slow to make sudden and marked reductions in the diet of a diabetic with angina Insulin should be used cautiously and in small doses

In summary, Arteriosclerosis, sometimes premature, and its consequences are becoming the chief cause of death in diabetics

(2) Examination of the arteries of diabetic legs suggest that the specific effect of diabetes is

to produce an acceleration and extension to the muscular arteries of the fatty intimal change usually found in the elastic arteries, which may occur rapidly

(3) Consideration of the antecedent obesity, of the disturbance of fat metabolism, of the types of diet used in the past tend to support the Aschoff theory of arteriosclerosis as it develops in the diabetic.

(4) It appears probable that in its early stages the premature arteriosclerosis is reversible and preventable

- (5)The diet of the arteriosclerotic should contain 100 or more grams of carbohydrate with sufficient insulin to insure its utilization but with a constant watch for hypoglycemia
- (6) In any diabetic over 40 years of age exercises to stimulate the development of collateral circulation in the feet and legs should be begun immediately

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BILATERAL VASECTOMY FOR THE PREVENTION OF EPIDIDYMITIS IN PROS-TATISM

By MAURICE MELTZER, MD, NEW YORK, NY

THE occurrence of epididymitis some time during the course of a prostatectomy is a most distressing and undesirable com-This complication occurs in 20-40% of cases, whether the operation is done perineally or suprapubically and it is interesting to note that not only does it occur in ward cases, but on the contrary, the incidence seems to be greater among private patients occur even without any instrumentation of the urethra, after the insertion of a retention urethral catheter, after a first stage cystotomy, soon after the enucleation of the prostate or when the patient makes the first effort to void The complication naturafter the operation ally causes the patient much pain and precludes any necessary instrumer ation of the urethra The patient's stay in the hospital is prolonged, an unwelcome situation from a psychological point of view Very often, palliative measures against this condition are unsuccessful and orchidectomy with drainage of the scrotum must be done The physical and mental condition of older men is such that everything should be done to prevent a drain on their resistance from complications Is there anything that can prevent such a complication as epi-

didymitis? The author feels that there is and recommends bilateral vasectomy, a minor surgical procedure, as a definite prophylactic measure against epididymitis

A vasectomy can prevent epididymitis by closing the communicating channels that exist between the prostatic urethra and the epididymis through the lumen of the vasæ deferentiæ When a section of the vas (about 3% of an inch) is cut away and the ends tied, there is practically no chance for the ligated ends to anastomase with each other. It therefore seems to the writer more advisable to do vasectomy, than vaso-ligation, as is practised at Johns Hopkins Hospital (Brady Urological Institution) If the vas is merely tied in two places, communication between the two ligated ends may be renewed after removal of the silk worm Bilateral vasectomy, when properly done is almost never followed by epididymitis. though epididymitis has followed vasectomy. in these instances the scrotal contents may have been handled rather roughly

It has been noted above that epididymitis may occur even without instrumentation of the urethra It should not be overlooked that a small amount of debris, blood clot or granulating tissue, can be aspirated through either orifice of the ejaculatory ducts (situated in the prostatic urethra on the verumontanum) The foreign material is carried downwards through the lumen of the vas deferens and deposited usually at the lower pole of the epididymis Either a mild inflammation sets in or pyogenic organisms invade the epididymis, pus forms in it and the process soon spreads to the testicle Like all other inflammations of the epididymis, an inflammatory hydrocele accompanies it, and a purulent condition ensues if the serous fluid in the hydrocele sac becomes In some instances the infection is severe enough to break through and spread to the scrotal sac Should this condition persist longer than four or five days and there is increased swelling, pain and temperature-orchidectomy and drainage of the scrotal sac must be done Prompt relief should follow

In the past thirty years urological surgeons have reduced the operative mortality in prostatic surgery markedly. The mortality rate is now as low as 3% to 4% in the hands of trained urologists This low mortality rate is due not so much to improved operative technique, but rather because careful preliminary "check up" is made of these older men by various clinical The potential and laboratory examinations resistance of middle-aged and older men is well determined by the following routine Urine analyses and specific gravity tests, estimation of residual urine, palpation of the prostate and microscopic examination of its secretion, cystoscopic study of the urinary tract, x-ray of the genito-urinary tract, kidney function tests by the total estimation of dye output in the urine and by examining the blood for retention products (blood urea, creatinine and sugar), and by careful examination of the cardio-vascular system (including blood pressure and electrocardiogram) The urologists' operative mortality is lowered and the end results improve almost in direct ratio to the care with which these pre-operative studies are It is the purpose of this paper to emphasize the importance of bilateral vasectimy as an addition to the urologist's armamentarium for the prevention of a most undesirable and weakening complication

When should vasectomy be done? If a patient is sent to the hospital with acute retention, vasectomy should be done before the emergency cystotomy. If a patient is sent in for a two-stage supra-pubic operation, vasectomy should be done just before and simultaneously with the cystotomy. If a one-stage supra-pubic or perineal prostatectomy, preceded by a urethral retention catheter, is contemplated,—vasectomy should be done on admission to the hospital and before the urethral retention catheter is inserted. Inasmuch as

epididymitis may develop at any time in the course of surgical operations for the relief of prostatic obstructions—vasectomy should be done as soon as the patient enters the hospital

Vasectomy has also been utilized by the writer in major surgical operations on the lower urinary tract in men who are 50 years or older Carcinoma of the bladder, carcinoma of the prostate, cases of vesical calculi with varying degree of bladder neck obstruction in all these the question of procreation is of no It is however of the utmost importance rather to save these patients from such a complication as epididymitis. In such cases the vasectomy should be done simultaneously with and just before the cystotomy the lithotrite is to be used for crushing vesical stones, the indication for vasectomy still exists, because of trauma possible to the posterior urethra by this instrument

The following table details the type of cases in which vasectomy was done

Two stage prostatectomies for adenoma	28	times	
Cystotomy for Carcinoma of the bladder	20	"	
	ુ		
" " Vesical Calculi	- 5	"	
" Carcinoma of the prostate	5	cc	
" large median bar, excised with			
Young's forceps under direct vision	1	41	
One stage prostatectomies (preceded by reten-			
tion catheter)	2	"	
First Stage Prostatectomies (preliminary cys-			
totomy Too weak to have second operation			
or awaiting second stage operation)	7	"	
For impotency	10	"	
1.01 importately	10		

HistoricalEarly urologists sectioned vasæ deferentiæ not to prevent epididymitis, but on the theory that the hyperplastic gland would diminish in size and thus relieve the urinary obstruction Between 1885 and 1896 Guyon, Birket and Hilton and Harrison did this operation to reduce the size of the gland. Vasoligation was advised as a prophylactic against enididymitis by Proust in 1904 and later in 1909 by Albarran Some time ago E Beer tried out vaso-ligation in altogether different types of cases In conjunction with epididymectomy for genital tuberculosis, he practised vaso-ligation on the opposite and apparently healthy side in the hope of preventing tuberculosis of this side This did not prevent the tuberculous formation because the tubercle bacilli are carried to the epididymis via the blood stream In the past two or three years urologists have become interested in the relative frequency and importanc of epididymitis in private as well as in ward cases and vasoligation and vasectomy are now done more extensively

Technique of the Operation After trying out various methods of approach to the vasæ deferentiæ, the following procedure has been adopted About ½ inch below the external abdominal ring, a one inch incision is made on

the anterior aspect of the scrotum clamps are placed on either edge of the wound and the subcutaneous tissues are spread with a clamp or scissors The entire spermatic cord is then lifted out of the wound with an Allis clamp In this way the vas deferens can definitely be felt and differentiated from the other cord structures The hard, cord-like vas deferens is then picked up with an Allis clamp and is dissected free from its connective tissue It is clamped in two places, about 1/2 inch apart, about 36 inch of vas deferens is cut away, the ends ligated and the entire spermatic cord is then dropped back into the wound There is usually no bleeding As a precaution against a hematoma forming from a tiny bleeder, a small rubber drain is inserted and usually one silk worm gut is used for the scrotal tissue Bilateral vasectomy takes from 10-15 minutes time and is done under local or spinal anæsthesia. The scrotum is kept elevated for the next week or so The sutures are usually removed in two to four days and the healing is entirely uneventful This is really the only reliable method of performing vasectomy The palpation through the uncut scrotum is very misleading and deceptive

E P Alyea writing on this subject, in an article in the Journal of Urology, January 1928, advocates a different technique. Frontz, Colston and Alyea, all of the Baltimore Brady Urological Department, feel for the vasæ through the uncut scrotum, pick up the vasæ with a special vas clamp, traction is put on the vas and a special needle with two strands of silk worm gut is passed through the skin, under the vas and the vas is thus tied the time of their writing, this method was effective in their 50 cases While this method may be a very good one in their hands-it is not all as simple and easy as it reads Certainly this method should not be recommended Any one who has handled many to tyros spermatic cords, must know how difficult it is to definitely feel and isolate the vas in some Even with the open method described above, time and again, a cord-like structure that feels absolutely like a vas, is on careful inspection and further palpation found to be a sclerotic and thickened blood vessel very simple by the open method to graciously

drop back this wrong structure and pick up and ligate the vas If experienced operators meet such thickened vessels, which to the outside sense of touch, feels just like a vas-how easy it is for the inexperienced to tie off the wrong structure and thus frustrate the very purpose of preventing epididymitis Because the vas can easily slip from one's grasp regardless of the type of clamp used, because even in the open operation it is often a delicate thing to find and isolate the vas, because the open operation on both sides can be done in ten to fifteen minutes under local anæsthesia, and because by combining the sense of touch and vision the wrong structure is never ligated, it is inconceivable why any one should grope blindly and uncertainly for a thin cord-like structure, that is often as slippery and as elusive as the proverbial eel. The few extra minutes are entirely well spent-for in truth it can be said that 15 minutes spent in doing bilateral vasectomy may save the patient two weeks and most often more of invalidism with the most distressing pain and the likelihood of additional surgery to drain the infected epididymis

Conclusions

- 1—Bilateral vasectomy, rather than vaso-ligation, is a definite prophylactic measure against the painful complication of epididymitis
- 2—The operation is best done by the open method Both vasæ can be ligated in about 15 minutes under local anæthesia
- 3—Vasectomy should be done when the patient is admitted to the hospital, even before inserting a retention catheter
- 4—Epididymitis occurs in 20-40% of cases, both in private and ward cases and whether the perineal or suprapubic operation is done
- 5—Vasectomy should also be employed in men over 50 in operations of the lower urinary tract such as carcinoma of the bladder, carcinoma of the prostate, etc
- 6—Vasectomy should be added to the urologists armamentorium in conjunction with the preliminary routine studies to determine when or whether the patient is fit to undergo major surgical procedures





EDITORIAL



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A CORRECTION

We wonder how many of our readers discovered an error in the numbering of the pages of the October fifteenth Journal. The last reading page of the October first Journal was 1204 and the first page of the October fifteenth issue is numbered 2005 and the error was carried through the entire number

We assume that we are permitted to make three major typographical errors in the course of the year, and a dozen minor ones, and we have not exhausted our allowance in either class We trust our readers are as kind as President Roosevelt. who said he would excuse an error provided it was not repeated

THE FRATERNITY OF THE MEDICAL PROFESSION

HE healing art is as old as the human race It was born in the maternal instincts of the higher animals, and the need for its practice has existed as long as accidents and sickness have It was recognized as a profession when men of power and sympathy became known for their special knowledge and skill in detecting the hidden cause of disease and sickness, and were sought out because of their ability to adjust defective parts of the human mechanism These men were held in honor because they knew the living forces which to all other persons were hidden and mysterious Hence a practitioner of medicine was called a "Doctor," a word which means taught or learned The physician was especially accorded the title of Doctor because his learning enabled him to control the most important characteristics of a human being-his health and life The most practical boon a man could bestow on another, was to restore a helpless one to strength and usefulness and happiness

The practice of medicine has always been surrounded with a halo of mystery which it did not deserve. The mystery of medicine has consisted in the fact that a learned few have possessed knowledge which the great majority of the people in their ignorance could not grasp or appreciate. The physician was a miracle man in the estimation of other persons, including princes and kings. But while politicians capitalized the alleged mystery of healing rites yet the medical profession has always been ready to impart its secrets to men of ability and character who could be trusted to use their knowledge for the benefit of humanity

The first hospitals were temples, and the first medical records were the votive tablets donated by grateful convalescent patients in order to record their symptoms and treatment for the benefit of other sufferers Hippocrates gained his extensive knowledge of the art of medicine by copying case records from tablets which were publicly exposed in the temple for the benefit of those who would study them It was only the quacks and pretenders who capitalized the mysteries of medical practice and the credulity of the people early physicians were pictured as old men with flowing grey beards studying long scrolls or copying clinical records in the temples There was nothing mysterious about the physician or his

surroundings, but the whole picture suggested hard study and deep research, and experience which comes only with years. These men were the progenitors of modern practitioners of medicine who traced their scientific lineage back to devoted students and research men in the ancient temples of Greece and Egypt.

The attitude of the medical profession in ancient times, as at present, is that the practice of medicine is founded on scientific facts. Sometimes experience in a long series of cases has indicated a successful method of treatment, long before its scientific basis has been discovered, and sometimes a scientific fact has been applied in the healing art years after it was discovered by scientific research, but always the attitude of the medical profession has been to publish the facts and describe the methods of their application, whether in the public tablets on the temple walls, or in medical journals, or even in its latest development in the field—newspapers—by means of articles written by representative physicians

The mystery of the unknown has always been in the practice of medicine, and the medical man will always appear to be "Doctor" or "learned" to his brother citizens The practitioner of medicine today must spend eight years in hard study before his lay brethren, the people, will permit him to be known as "Doctor", and he must spend as many more years before his medical confreres will accede to him a reputation for special learning But to those who have passed the necessary test of medical knowledge and experience, the medical profession is the fraternity of things hidden from the uninitiated Medical men have no fear that secrets acquired only by years of work may be appropriated by one who listens casually to a medical paper, or skims through Osler's "Practice of Medicine" as if it were a modern, light novel The ancient landmarks of the medical profession go back to the dawn of history, but the golden age of medicine hes not in the distant past, during which scientific secrets were lost through the unworthiness of weak signs of demigod discoveries, the greatest opportunity that medicine has ever known lies with the present generation of physicians whose medical societies are both schools and fraternities, and who seek to follow the advice of St Paul-"Prove all things, hold fast that which is good"

RESULTS OF THE ANTI-DIPHTHERIA CAMPAIGN

The physicians of New York State have conducted an anti-diphtheria campaign for over three years. That in New York City has been largely centralized in the City Department of Health, with the advice of representatives of the County

Medical Societies (see page 1308)

The campaign up-State like that in the City of New York has been conducted by the trinity of public health workers, the physicians, the departments of health, and the lay health societies, each doing its part. The Medical Society of the State of New York has a special committee on diphtheria immunization, whose Chairman is Dr N B Van Etten, past-president of the State Society (See this JOURNAL October 15, page1249) This Journal of May 15, page 604, contains a record of the immunizations so far as they were reported to the State Department of Health immunization of children has been the work of physicians and they have done their duty so well that the reduction in diphtheria has been marked The State Department of Health announced that during August 146 cases of diphtheria were reported from New York State, exclusive of New York City Among these 146 cases there were six This record may be compared with that of July 1908, when 31 deaths occurred out of 108 cases reported, but obviously many more cases existed besides those reported While the willingness of physicians to give toxin-antitoxin was the greatest factor in securing the immunizations, the education of the people was also essential,

and in this education great credit is due to the newspapers Not only did they publish accounts of clinics and print them in a form that made the administration of the immunizations attractive to the children and their parents, but also they printed educational articles prepared by health officials and members of publicity committees of county medical societies Most remarkable and creditable was the response of the newspapers to statements issued by the Commissioners of Health of the State of New York, and of New York For example, an appeal issued by Health Commissioner, Dr Shirley W Wynne, during the second week in September resulted within a week in the publication of editorials and articles in at least fourteen leading newspapers of New York City and State.

New York State is to be congratulated on the willingness of its physicians to perform their civic duties in protecting the people against diphtheria and other contagious diseases. However, the following thoughts are pertinent

A pastor who converts a sinner from the error of his way adds a financial contributor to his congregation

A physician who immunizes a person against a disease would bring on his own financial ruin if he were able and willing to prevent all diseases

Moral The physician who conducts an immunization clinic is worthy of his hire and deserves remuneration from public funds

LOOKING BACKWARD

This Journal Twenty-Five Years Ago

Prescribing Proprietary Remedies—Physicians twenty-five years ago were not protected by the efficient food and drugs act which requires that the composition of foods and drugs shall be printed on the container. The question of prescribing remedies of unknown composition was often discussed a quarter of a century ago, and appeals were made to physicians to prescribe remedies according to their composition rather than their trade names and the claims of the manufacturers

This Journal of November, 1903, contains the president's address given on October 21, 1903, by Dr F H Wiggin, President of the New York State Medical Association, from which the fol-

lowing extract is taken

"Among the many abuses by individual members of our profession which must be rectified is that of freely prescribing medicine of unknown composition, a practice which is frequently indulged in at the present time. In an article on this subject, entitled "The Objections to Prescribing Medicines of Unknown Composition," by

Professor A A. Eshner, of Philadelphia, the following statement is made

"From the foregoing considerations it must be clear that the prescription of medicines of unknown or concealed composition is unscientific, unprofessional, unfair if not prejudicial to the sick, unprogressive and unstimulating, and, most of all, unnecessary

"'The remedy for the existing state of affairs is in the hands of the medical profession. The manufacturing pharmacists will not make preparations that they cannot sell, and if physicians will not permit the creation of an artificial demand for illegitimate preparations, and will cease to prescribe them, the manufacturers will soon discontinue their production. To this end it is the duty of all medical men having the interests of their profession and their patients at heart to confine themselves to the employment only of such drugs or combinations of drugs whose composition is of public knowledge, and, further, is vouched for by some recognized authority."



MEDICAL PROGRESS



The Gelatinous Disease -Under this title Prof Kummer, surgeon at the University of Geneva, describes the condition commonly called pseudomyxoma of the peritoneum, which has been known since the time of Cruvelhier (1848), who however confused it with colloid cancer, although impressed by the points of dissimilarity with malignant disease scription as we know it today was the work of Péan in 1871 The author shows that it may take its departure from the ovary, the ascend-In the author's ing colon, the appendix, etc personal case which he gives in full, the patient was a man of 76 with chronic suppuration of the right flank from two fistulous tracts The pus was mixed with a gelatinous substance Despite the drainage a tumorous mass was seen to be forming No diagnosis was made, although a cold psoas abscess from vertebral disease was the first thought occurred from intercurrent uremia Only at the autopsy was the condition cleared up and found to have developed on the basis of an appendical abscess in the retroperitoneal re-The conclusion of the author is that the condition in question is not a clinical entity but is always secondary to some primary The lesion is originally cystic and perforation of the cyst wall gives rise to the The gelatinous so-called gelatinous ascites matter may be seated within or without the peritoneal cavity In some of the cases which originate in the ovary and intestine there is a malignant element, but the appendicular cases have always been benign -Schweiserische medizimsche Wochenschrift, July 7, 1928

The Heart During Anesthesia and Operative Procedures-H M Marvin is of the opinion that far too much has been said of the stress and strain that fall upon the heart as the result of anesthesia and operation, and that unquestionably many patients have been deprived of the benefits that might have followed operation because of a baseless fear that the heart would be seriously, or even fatally, damaged by the procedure No matter what size the heart may be, no matter what thrills or murmurs may be present over the precordium, or how far they may be transmitted, if the patient has been leading a life of moderate activity and has been without symptoms, the heart may be regarded as the equivalent of a normal one, and it may be safely assumed that it will behave properly during anesthesia and operation To this statement there is one exception—the syphilitic heart If the history

indicates early heart failure of the congestive type, physical examination becomes a matter of importance If symptoms of heart failure are absent while the patient is at rest, and physical examination shows no evidence of visceral engorgement, the heart will do perfectly well In such patients, perhaps the safest single guide is the presence or absence of râles at the lung bases The only important arrhythmias are auricular fibrillation and heart block Patients with heart failure and those with auricular fibrillation should receive digitalis before operation if possible Digitalis should not, however, be given as a routine preoperative measure When it is employed it should be administered in therapeutic doses The results of a comparison of two similar groups of surgical patients, one of which had been completely digitalized before operation, indicate that digitalis does no good whatever. but actually does harm Of the available general anesthetics, ethylene is probably the one that has most to commend it for use in patients Possibly the most imporwith heart failure tant factor of all is that it is far more essential to select the proper anesthetist than it is to select the proper anesthetic -New England Journal of Medicine, September, 1928, excix, 12

The Use of Sulphocyanate of Sodium in Cases of High Blood Pressure -In an investigation into the action of the sulphocyanates on blood pressure, Arthur D Smith and R D Rudolf studied individuals with normal blood pressure and those with heightened pressure Normal persons, after receiving 5 grain doses of sodium sulphocyanate in water, three times daily after meals, reacted by a fall in systolic pressure of from 15 to 30 mm Hg in the period of one week Some 70 cases in which the main feature was high blood pressure were divided into three groups according to the dosage employed In the first group the dosage was 5 grains of sodium sulphocyanate three times daily in water after food, in the second group 5 grains twice daily, and in the third group a dose of 21/2 grains twice daily was used It was found that this small dose was sufficient to obtain the effect, the pressure having been lowered in every case in the latter It usually required from eight days to two weeks before the systolic pressure fell to any extent. In patients showing much kidney damage or arteriosclerosis the effect is least evident, but usually occurs to some ex-The best results were obtained in the cases coming under the heading of "essential

hyperpiesis" In the sulphocyanates the authors believe we have a symptomatic remedy which may often be of value in chronic hyperpiesis. They have been observed to have a sedative effect and are often mildly hypnotic. They are easy to administer and not unpleasant to take in aromatic mixture—Canadian Medical Association Journal, September, 1928, xix, 3

Treatment of Circulatory Failure in Acute Infections, Especially Croupous Pneumonia -Professor Schottmüller of Hamburg states that we are often helpless against the vasomotor paralysis of acute labor pneumonia, which is mostly responsible for the 20 per cent mortality of this affection We have some good remedies and it is astonishing, he says, how little use is made by the profession of intravenous strophanthin, which in his experience is far superior to any of the preparations It is true, of course, that many of digitalis fear to make use of strophanthin, in part because of the strictures of certain writers, although the fact should not be overlooked that these same men do sometimes make use of the drug To raise the tension of the peripheral vessels we have a group of drugs of which adrenalin, used by the intravenous drip method, is one of the best, but here also there may be some untoward drug action. The author advocates the initial use of intravenous strophanthin and if this fails or if untoward action develops he adds or substitutes the permanent adrenalin-saline intravenous drip The author takes the case of 20 patients in whom the sometimes magical action of strophanthin intravenously was not realized and who were then placed under adrenalin as above mentioned Ten of these patients recovered and 10 died One of the recovered group and two of those who died were moribund at the time of injection, one was 78 years old and an alcoholic, one already suffered from mitral stenosis, and another from pernicious anemia, two children suffered at the same time from scarlatinal sepsis Of the three others one is unaccounted for in the table and one had reached the age of 49 The remaining decedent, a man of 30, died on the fourth or fifth day of the disease The duration of the infusion was from 6 to 772 hours -Deutsche medizinsche Wochenschrift, September 14, 1928

The Wheal Test and Predisposition to Edema—Drs Eisner and Kallner, of the internist clinic of Prof H Strauss of Berlin, refer to the test of McClure and Aldrich which was published during 1927 and which they have applied to a study of 75 cases They, however, varied the saline solution in using the full 09 per cent solution in place of the 08 per cent employed by McClure and Aldrich

The test was made in cases of venous stasis, natural and artificial edema, etc, and the duration of the wheal was noted. Some patients tested were due to develop edema while others had recovered from the same It was also sought to determine the average duration in the normal subject and this was found to be about 55 minutes, the limits being 40 and 85 minutes In testing in venous stasis the position of the limb was varied from the horizontal to the hanging and in determining normal values the former was selected In the hanging and elevated positions there was some variation but the duration could be shortened as well as lengthened In addition to the hanging posture Bier's method was also used to produce venous stass of a higher degree, but in no instance was the duration increasedusually the reverse In edema the duration was diminished in both hanging and horizontal In what the authors style preedema the duration was much shortened for the most part-from 10 to 40 minutes-while in post-edema this also held good. This tendency to abridge the duration the authors regard as the result of injury to the capillary network, whether seen in stasis or in edema, as indicated by the use of the capillary micro-The chief practical use for the test is in pre-edema and to some extent in post-edema -Klinische Wochenschrift, Sept 2, 1928

Clinical Studies of Adrenalectomy and Sympathectomy -George W Crile, writing in the Annals of Surgery, September, 1928, lxxxviii, 3, reports a series of 29 cases in which an attempt was made to treat certain diseases which are apparently related to adrenal activity by adrenalectomy alone, by adrenalectomy associated with thyroidectomy and sympathectomy, or by sympathectomy alone (in two cases) The series includes 13 cases of epilepsy, 4 cases of neurasthenia, 2 of endarteritis obliterans, 5 of hypertension and 4 cases of hyperthyroidectomy with hypertension study of the end-results in the cases of epilepsy shows that adrenalectomy alone is practically without effect, the combination of adrenalectomy, thyroidectomy, and sympathectomy, however, has modified the course of the disease in certain cases, four out of five cases having shown definite improvement and one having been completely cured In the cases of endarteritis and of hypertension the results were negligible, and they were inconclusive so far as neurasthenia is concerned cases of hyperthyroidism and hypertension there was an immediate but not permanent effect upon the hypertension and in every case the basal metabolism was reduced operations, however, have been performed too recently for the results to be considered as

end-results Adrenalectomy is performed through a left oblique lumbar incision, with the patient in the "kidney position" There is usually a marked fall in blood pressure during and immediately after operation, this lasts for some hours, sometimes for days, and the fall is greater at the radial pulse on the side on which operation is performed. No pigmentary change was observed in any case, and the removal of a single gland apparently does not even approach the margin of safety Excision of the cervical sympathetic is made through the usual incision employed for thyroidectomy There was no operative mortality in this group of cases

Diabetes Secondary to Disease of the Gall-Bladder-Professor G Katsch of Frankfort on-the-Main begins with the statement that there is nothing novel or surprising about this association because the pancreas is often involved in gall-stone disease, nevertheless the actual literature is scanty and the case reports are widely scattered. The author mentions a few personal cases It is evident that these may come to attention when a gallbladder patient has his urine tested, but the opposite condition may also occur, in which a patient with known diabetes complains of acute pains in the pit of the stomach French author actually described a so-called "painful diabetes" as a clinical type of the disease Among systematic writers the association of the two affections is sufficiently recognized-thus Wohrmann found in 24 per cent of diabetics either old or actual cholecystitis, but this author has only recently made this report public and Katsch is mostly silent about the older authorities. This percentage was not obtained by autopsies but as a result of surgical diagnosis, followed or not by cholecystectomy Owing to the fact that both of these affections are extremely common one wonders to what extent the association is a mere coin-This obtains especially when there is a conjunction of an old gall-bladder trouble with a recent diabetes The percentage of gallbladder disease in diabetics was once given by von Noorden as but 21/2 and this might have been regarded as for the most part comcidence, but the much greater figure of Wohrmann is far too large to be explained in this manner The question also comes up as to the severity of the diabetes, for in the statistics there is no distinction between severe and relatively mild forms It may be that gall-bladder disease is occasionally responsible for a special type of mild diabetes, while cholecystectomy, which in theory might arrest this form of diabetes, has been itself accused of setting up a mild type of the same - Deutsche medizinische Wochenschrift, Sept. 7, 1928

Insulin in Undernutrition.-Prof R Bauer of Vienna, one of the first to test the injection of insulin for emaciation, contributes a new paper after three years of further trial His optimism is retained although there is an allowance to be made for the proper choice of cases and suitable dosage The original single dose of 20 units cannot well be increased while the frequency has been somewhat reduced In place of 2 to 3 in 24 hours he now does not exceed 2 doses These precautions are for the prevention of hypoglycosemia Incidentally the author has tested the treatment upon himself, probably less with the aim of putting on weight than to experience the collateral action of the remedy, although during the three weeks period of treatment he gained nearly The most striking subjective experience was the unusual increase in the appetite He found he could blunt this unpleasant craving for foor by eating any kind of carbohydrate There were a few other unpleasant sensations from the drug, such as formication and a sense of insecurity Asthenics and enteroptotics seem to profit especially from the treatment, while psychopathic cases may prove refractory and indeed become worse. If benefit is not apparent by the third or fourth day. he would break off the treatment. Of numerous symptoms complained of by the patients under treatment many are attributed to the unusual consumption of food As for the tuberculosis only the latent cases benefit and the treatment is of no value in senile atrophy It has been the exception for a hyperthyroid patient to benefit As for the theory which underlies this treatment and the striking results in favorable cases, much has been written and most of the paper is devoted to this angle of the subject. The rationale may differ somewhat with the type of patient. The author seems inclined to consider the possibility of a psychical factor in the asthenic, who often has the feeling of inferiority While the body is the first to benefit the mind shares in the improvement at a later period and the morale is raised -Klinische Wochenschrift, September 9, 1928

Report of a Case—Agranulocytic Angina With Recovery—Tyree C Wyatt finds 80 cases of so-called agranulocytic angina recorded in the literature. As one goes over some of these reports he meets cases of throat infection and atypical blood pictures which suggest the probable relationship of agranulocytic angina to so-called monocytic angina or infectious mononucleosis. The cases reported seem to warrant no conclusion as to the etiology. Most writers are agreed that the disease is primarily an infectious one, though they are not in accord as to whether the throat

infection is primary or whether it is secondary to a low grade blood-infection Wyatt's case belongs definitely to the agranulocytic group The patient, a woman, aged 43 years, was indisposed for about three weeks before coming under observation There was involvement of the tonsils and the whole pharynx, together with a firm tender mass in the left submillary region Later localized infection appeared in the infraclavicular and left axillary regions The bacteriological findings in all these areas were inconclusive The blood culture was negative. The leucocyte count, which was 1,800 when the blood was first examined, reached 700 five days later, the differential count at this time showed 5 per cent polymorphonu-As at the end of eleven days the patient's condition was not at all hopeful abcesses were drained, and following this procedure the temperature fell to normal within three days, the blood picture gradually returned to normal, and recovery was complete in six weeks -New England Journal of Medicine, September 13, 1928, excix, 11

Allergic Phenomena and Their Consequences -Dr A Mühling writes with particular reference to a single case reported by him at great length The patient was a robust man of 59 of untainted stock, who was first attacked with a swelling of the left leg with a weeping dermatosis which healed after nine months leaving behind a pigmented skin From this time on there was frequent recurrence in various localities of the condition known as Quincke's disease or angioneurotic edema, which was in part hemorrhagic This in turn was succeeded by a marked enlargement of the liver with ascites, although singular to relate this last complication underwent a rapid involution without trace Upon its subsidence the areas of edema again asserted themselves, although only temporarily A period of freedom from all symptoms now followed, but the hepatic swelling and ascites returned and were this time accompanied by vomiting and diarrhea with rapid failure of health and fatal issue, the terminal symptoms, confirmed by partial autopsy, being those of atrophic cirrhosis of the liver In discussing this paradovical case the author seeks the primary seat of the disease in abnormal capillaries which readily permitted the escape of serum and blood corpuscies, although the point of departure may likewise have been an abnormal liver The alternative would ascribe the swelling of the liver and ascites to the same permeability of the capillaries. In angioneurotic edema the nervous system, and especially the autonomous portion, is usually accused, but in the present case a satisfactory mechanism is not evident. The author can only suggest a sensitiveness to certain kinds of allergens and the presence of one of the latter which should have been an active chemical substance of nature quite unsurmised. It does not appear that the patient was tested for sensitiveness to various allergens—Munchener medianische Wochenschrift, Aug. 31, 1928

Nature of Landry's Paralysis -L Hollaender and L Karoliny of the First Medical Clinic and Institute for Pathological Anatomy respectively of Budapest University state that after an analysis of the known material there is doubt as to whether the spinal cord or peripheral nerves are more at fault They then describe two personal cases of which the first, in a man of 26 ran a very acute course, the patient living but 16 days after presenting the first symptoms of the disease This case appeared to correspond fully to a severe ascending polyneuritis which conformed to the Landry syndrome The second case was in a man of about the same age as the first and the patient survived but 13 days A complete neuro-logical examination could not be carried out, but the picture was also that of a polyneuritis The histological examination of the two cases led to the same finds notably, the presence of pneumococci in abundance within the substance of the affected peripheral nerves There were changes in the cord in both cases but these were clearly due to extension from the nerves As far as the authors are aware this is the first time in which virulent microorganisms have been demonstrated in the nerves. whether in Landry's disease or any other kind Associated with these nerve of neuritis lesions in the structures examined were evidences of persarteritis nodosa, although this seems to have plaved a subordinate role. This affection, as is well known, is general but bears considerable resemblance to the cases above cited occurring chiefly in young males and pursuing an acute and fatal course neuritis is an incidental lesion in perariteritis The mechanism of infection is obnodosa In certain cases the polyneuritis appears to be a sequel or complication of influenza, while in a few others encephalitis seems to have been the forerunner - Münchener medızınısche Wochenschrift, September 27, 1928



LEGAL



By LLOYD PAUL STRYKER, Esq. Counsel, Medical Society of the State of New York

THE DOCTOR AND THE LAW*

The title of this paper indicates a topic as broad as history, as extensive as science and as wide as Would that my capacity to dishuman nature cuss it were coextensive with the theme Twice during each month I pause in the midst of the preparation or the trial of cases involving doctors' rights and their good names, to fill two or more pages of the New York STATE JOURNAL OF MEDICINE with an editorial upon some subject designed to be helpful to the medical profes-Especially in a series now running I have been endeavoring to discuss a considerable variety of topics in the domain of medico-legal To my surprise, I am told by iurisprudence physicians that these editorials are read, I shall, therefore, here endeavor to avoid, among other faults, the error of repetition

To me, as perhaps to no other layman in this state, is accorded the opportunity of a close and intimate contact with the problems, the triumphs, the disappointments, the discouragements, the satisfactions and especially the ideals of the medical profession The doctor in our modern civilization plays a part all too little understood and He is the appreciated by the general public friend and the wise counsellor of man in his hour of pain and need Despite the unprecedented advances of science within the past half century, the doctor still practices not only a profession, but an art,-the healing art Despite all the new scientific equipment, both of knowledge and of apparatus now at the doctor's disposal, it is probably as true now as in the days of Hippocrates that doctors are born and not made yet, no doctor however marked his natural talent, can serve the patient of this day without the knowledge and ability, the industry and the inclination to place at his patient's disposal the benefits which our recent science has conferred upon mankind

I would be repeating that which you already know far better, were I to enter into a prolonged discussion (assuming that I were able to do so) of the progress of medicine since George Washington became President of the United States And yet as a humble onlooker and a sincere admirer of your profession, I can never speak of the doctor without recalling what he and his brother scientists have accomplished within the brief span compassed by not more than three normal lives

* Delivered before the Sixth District Branch of the Medical Society of the State of New York, on September 25 1928

In 1796 vaccination for smallpox was discovered, fifty years later came anaesthesia, while within the past fifty years Pasteur performed his immortal work. It was he who discovered that fermentation and all other decomposition processes in organic matter are the result of micro-But not only did he discover the organism as a cause for these conditions, he devised effective measures for their control From the suppression of anthrax that had waged its unrestricted warfare against both man and beast, he passed on to hydrophobia, and only thirty years ago brought forth the means of controlling that disease "Pasteur's work," said Dr William Allen Pusey, a former President of the American Medical Association, in a paper recently delivered before the American Bar Association, "converted a germ theory of disease into a germ knowledge of disease The part played by bacteria in wound infections and in infectious disease is now no more a theory than is the part played by steam in the steam engine"

As I stood a few weeks ago on the banks of the Seine and entered with uncovered head the mausoleum of Napoleon the First, and as I gazed down into the crypt at the marble sarcophagus containing all that was mortal of the greatest of all soldiers, enveloped in the almost theatric yellow radiance that shines through the stained glass windows, I experienced the emotions which so many Americans and all Frenchmen have there felt As I looked about the tomb I saw inscribed upon a wall the dying wish of Bonaparte that he might lie on the banks of the Seine among the French people whom he loved so well

From the tomb I passed on to the museum where rest the battle flags of the Great Emperor and the batons of his marshals Gazing at these and other relics of the wars that devastated Europe for two decades, I reflected again upon Napoleon's dying words, they seemed now to have been written as with some strange irony people that he loved so well! Napoleon died a captive at St Helena and all his empire and his conquests became as dust and ashes,—as dead as the remains of the man for whom Louis Phillippe erected this great sanctuary of France Frenchmen under Bonaparte rallied in innumerable battalions to the roll of his drums and the call of his bugles, and died by the thousands in forgotten graves, while the women of France shed their tears and put on their mourning These Frenchmen died a hero's death, the death

of the martyr, and yet the cause of mankind, the real progress of the people whom Napoleon said he loved so well was not advanced at all

To the warriors and to the statesmen of France and other nations the highest tribute of their fellows has been paid. But the real friends of the human race, the men who spend their lives within the laboratories, without battle flags or martial music, waging war against the unseen enemies of mankind, have, in comparison with soldiers, statesmen and kings, received scant reward either in the hearts or the monuments of the people

A thousand thousand times more valuable to mankind than all the warriors and emperors of time are the researches and the discoveries of Pasteur and countless other scientists before and From Pasteur's work has come asepsis and modern surgery, as well as the stimulation to new research "The whole world of disease," says Dr Pusey, "is now open to accurate study, and men have taken advantage of it with a zeal equal to that for the conquest of the surface of the earth which the discovery of aviation has aroused Where it will all end no one can foresee, but the results already gained are beyond Yellow fever, cholera, plague, typhoid fever, hook worm, malaria, are all within our capacity to control and most of them are already effectively controlled. We are witnessing now a unique spectacle in the history of civilization—the extinction of one of the world's most deadly diseases Within forty years yellow fever was endemic in many parts of the tropics and from these seats it spread in epidemics to other parts of the earth Its constant presence in Havana made it a menace to us each summer and required a cruel and costly quarantine to give us even partial protection now been driven entirely from the whole Western Hemisphere, its last refuge is a pest ridden, small part of the west coast of tropical Africa, where there seems every reason to believe it has made its last stand and will soon surrender Cholera, that as recently as 1893 scourged some of the best parts of northern Europe and has visited us repeatedly, is no longer a problem in civilized communities The bubonic plague the black death—that has spread over the earth in waves of pestilence, such as Defoe so vividly described in his Journal of the Plague Year, started recently on one of its death-dealing journeys around the world Occurring fifty years ago-or twenty-five years ago-this last epidemic would almost certainly have ravaged the United It crossed our borders, but was confined to a few flickering outbreaks on the coasts and these were snuffed out almost as soon as found Even as late as our Spanish-American War, through the stupidity of the military authorities, typhoid fever among our troops was the enemy

that we had to fight rather than the Spamards, it was the great Captain of Death One in seven of our soldiers had it. The military learned its lesson then, in the World War, typhoid fever was prevented-one in a thousand of our sol-The occurrence now of typhoid diers had it fever in any community is a disgrace to it Hook worm, that within ten years, made useless derehcts out of a large part of the population of great areas even of this fortunate country is, through the munificence of one of our great philanthropies, being eradicated " Diphtheria was once the great killer of children The toxins and the anti-toxins have struck a blow at this dread destroyer as dramatic and as effective as the advance of the American army through the Argonne.

Nor is the warfare of these scientists less thrilling if less sung than that of their fellows who, since the dawn of time, have answered to the command "Forward!" There are no finer heroes in our whole American story than Walter Reed and his colleagues who took on and conquered almost single-handed the scourge of yellow fever in the years following our war with Spain They were volunteers, some of them were private soldiers of the United States army They subjected themselves to the dangers of infection, some of them contracted the disease and suffering all its horrors terminated their heroic enterprise in death

But the war against disease is not over, it has only begun We know that the mosquito is the purveyor of yellow fever, yet we do not know the organism which he carries The army of the scientists is advancing on this enemy now Some of them, like the great Noguchi in the little town of Akkra on the west coast of tropical Africa, have laid down their lives in this new war There remain vast fields to conquer There are the degenerative diseases of old age. Despite the increase in the normal expectancy of life brought about by science within the past half century, no real key to the mastery of degenerative diseases. -the wear and tear upon the machinery of the body itself,-has yet been found There is the great domain of cancer, about which science as yet knows practically nothing. Insulin has come to us within the past decade dealing a bodyblow to diabetes That man or group of men who finally achieve the control of carcinoma and carcoma will deserve a monument higher and more lasting than that that marks the grave of any statesman, conqueror or king

The men like Pasteur, Lister, Walter Reed, Noguchi, Banting and their followers are the shock troops in this great warfare. The rank and file of the medical profession follow in their lead. The concentrated waves that follow up these new advances mop up what has been left behind, consolidate and hold the gains. The doc-

tor is or should be the purveyor to his patient of all the discoveries of the test tube and the laboratory,—of all the riches science has unearthed I say the doctor is or should be the purveyor of these things. Unhappily this is not always true.

"We are conscious," said ex-President Sadlier in his address at the last State Meeting of your Society, "that there is an ever-increasing recognition upon the part of the intelligent public that the art of preventive medicine has not kept pace with the known scientific advances and it is for the physician of the present and future to so conduct his activities as to bring preventive medicine to that increasingly high standard as an art that curative medicine now enjoys" Dr Sadlier then quoted these somewhat gloomy words of Dr William H Welch "When a Koch discovers the tubercle bacilli, a Banting discovers insulin for the relief of diabetes, or a Von Behring an antitoxin for the cure of diphtheria, or a Park demonstrates the value of the toxin-antitoxin for the prevention of diphtheria, the world draws a long breath as if saying to itself, 'Now we are rid of that terror which has haunted the human race for centuries' It then straightway forgets and goes on its way comfortably assuming that of course the great discovery, or invention, is being carried into effect. The actual facts are quite different A few people, those of unusual initiative, or ample means, or who happen to be under the care of exceptionally alert physicians, or within the jurisdiction of exceptionally competent health officers, receive the benefits of the new discoveries, but the great mass of the human race goes on as before, and the death rate from these diseases is reduced slowly and over long periods of time. In fact, the health field has a woefully ineffective distribution service, as compared with the laboratories of the world We know how to do a lot of things which we do not do, or do on a wretchedly small scale Few of the great discoveries of preventive medicine, except the prevention of yellow fever, are anywhere nearly fully applied" This discussion brings me a little closer to another branch of my topic.

The law relating to a physician's duty to his patient is clear and well settled. It lays down a reasonable and fair rule of conduct. So often in editorials, in addresses and in private conversations have I had occasion to state what this is, that it would seem here almost supererogation to repeat it, and yet this legal duty is one which cannot be too often restated or reaffirmed. Perhaps there is no more essential legal obligation resting upon the physician than that comprised within these words of our own Court of Appeals. "A physician and surgeon * * * is bound to keep abreast of the times, and a departure from approved methods in general use, if it injures the patient, will render him liable, however good his

intentions may have been * * * The law holds him liable for an injury to his patient resulting from want of the requisite knowledge and skill, or the omission to exercise reasonable care, or the failure to use his best judgment" Approved methods in general use! By these words the law takes notice of the progress of scientific discov-Whatever are the approved methods in general use at any particular time must be the methods which the doctor uses He fails to use them at his peril. A physician who in this year of grace were to employ the "approved methods in general use" in say the year 1878 would, it is safe to say, be guilty of malpractice in 70% of the cases which he treated. The theory and the practice of asepsis a half a century ago if now employed in operative procedure would be regarded almost as barbarism "The approved methods in general use" by our grandfathers and great-grandfathers were the best that science had But these methods up to that time devised change in proportion to the unprecedented advance in discovery and experimentation

The lay public now is better generally educated than it was fifty years ago Even the layman is not unacquainted with scientific progress Such books as "The Story of Science" and "Microbe Hunters" and many other similar works, as well as the lav press and the magazine, have acquainted the man in the street, at least in a rudimentary way, with some of the major points of scientific The result is that the layman increasingly expects his doctor to give him the benefits at least of those new discoveries whose worth has been scientifically established The layman knows now the purpose, the value and the need, for example, of X-rays in fracture work some knowledge of the symptoms of appendicatis He has heard about the toxins and the antitox-Many of the physicians' cases which I have had to defend have arisen from the fact that the doctor did not use the "approved methods in general use" In some instances the failure to employ such methods has been so mexcusable that I have found it necessary, with the physician's consent and approval, to make a settle-This applies in every branch of medicine I remember one instance in obstetrics where the question involved was as to the nature of the method used The physician was an old man In preparing the case I asked him what authority he followed He mentioned some well known work, but when I asked him what edition he was using, he said the one he had studied in medical school,-he graduated in the early eighties The case was settled

There is then a definite legal obligation resting upon every physician to "keep abreast of the times" and to employ only "those methods in general use" He cannot employ those methods if he does not keep abreast of the times But the

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law is reasonable. It imposes a less severe obligation than that which the physician should impose upon himself The law says that he must not depart "from approved methods in general use," but if the medical profession as a whole does not promptly adopt and generally use the proven discoveries of science, the individual physician is not legally responsible for not using The law in the last analysis imposes a rather low standard of duty If the discoveries of science are not "in general use," an individual physician is not liable for not using them standard then is set by the medical profession, not by the lay public or the courts The standard is as high or as low as the medical profession itself makes it. It behooves then the practitioners of the healing art and especially you leaders of the profession, to see to it that as rapidly as new methods have been scientifically established, they should become of "general use."

From other aspects of the legal rules concerning the physician's duty it is revealed how liberal and fair is the judicial concept of this obligation It does not demand that the individual practitioner shall be an exceptional man, it only requires him to have the average attainments "A physician and surgeon," says our highest court, "by taking charge of a case, impliedly represents that he possesses, and the law places upon him the duty of possessing, that reasonable degree of learning and skill that is ordinarily possessed by physicians and surgeons in the locality where he practices, and which is ordinarily regarded by those conversant with the employment as necessary to qualify him to engage in the business of practicing medicine and surgery * * * The rule in relation to learning and skill does not require the surgeon to possess that extraordinary learning and skill which belong only to a few men of rare endowments, but such as is possessed by the average member of the medical profession in good standing" No physician who is competent to practice his profession should find it difficult to meet this not too exacting requirement. Here again his standard of duty is a professional standard of his own brethren, rather than some standard which the layman may impose He is required only to have that skill and learning possessed by the "average" member of his protession, and even this requirement is qualified because the rule says that his skill and learning need be only such as is "ordinarily possessed by physicians and surgeons in the locality where he practices" How high or how low this degree of learning and skill may be, depends upon the medical profession itself. If in any locality the standard is low, the individual physician is legally obligated only to comply with that standard What the standard is is within the hands of the medical profession of his "locality" should be understood that while he is required only to possess that learning and skill ordinarily possessed by the surgeons in his locality, the methods which he employs must be those "in general use," irrespective of whether or not the physicians of his locality may have failed to employ those "approved methods"

No physician worthy of the honored title "doctor," no physician fit to have a patient, will be content with the minimum requirements of the legal rule of duty, any more than a conscientious man of affairs would be satisfied to conduct his business in such a way as to just barely escape the clutches of the criminal law No physician will be satisfied to continue merely as "an average member" of his profession. He will seek to attain a far higher standard of learning, skill and competency and to give to his patient, insofar as he can, all of the discoveries which recent science has placed at his disposal. And yet in this connection a note of warning should be uttered No physician is justified in using any new procedure or method despite his own belief in its merit, unless it has been scientifically demonstrated to be of value. No matter what his motives, he may not experiment with his patient. Indeed, were he to adopt a new procedure not thoroughly accepted or, as the law says "in general use, he would do so at his peril. Thus, while the physician must keep abreast of the times in his individual practice, he has no right to go ahead of His standard is the standard of the the times medical profession in vogue at the time of his treatment It is difficult then for the individual physician to blaze out new trails, at least insofar as his treatment of an individual patient is concerned He is a member of an army, he cannot lag behind, neither can he be too far in The duty to advance then rests upon the whole army, not upon any individual

The problem of the physician is a difficult one. No two cases are exactly alike Judgment must always be brought into play Yet no physician who keeps abreast of the times and who uses his best judgment need have cause to fear The law says that he is under the obligation "to use his best judgment in exercising his skill and applying his knowledge" It is not the judgment of some other man that he must use, but "HIS" best judgment But the law in this as in other things, takes a rational and common-sense point of view, because it says that this rule does not hold the physician "liable for a mere error of judgment, provided he does what he thinks is best after careful examination" Furthermore, recognizing the fact that some diseases do not yield to treatment no matter what the treatment 1s, and that some men must die no matter what is done for them, the law says that the physician is not held to "guarantee a good result," but he merely promises "by implication to use the skill and learning of the average physician, to exercise reason1304 LEGAL

able care and to exert his best judgment in the effort to bring about a good result"

It is sometimes said by physicians that all malpractice suits are blackmail. This is not correct Many cases would appear to have features of this kind, but not all. Some of the malpractice suits are cases with real merit. Cases of this kind are settled, thereby doing justice both to the physician and the patient. Those of the physicians who have taken advantage of the excellent provisions of our group insurance plan in such instances breathe a deep sigh of relief with realization that the settlements, where they are necessary, are paid for by the insurance carrier and not by them

So much for the specific application of the law to the physician But the title of this paper suggests implications more far-reaching than

those already discussed

This is a government of laws and not of men Our laws are made by the people through their representatives in the legislatures These laws and the individual rights and duties of all citizens, including doctors, are administered and construed by the courts Our laws are in the hands of the people They choose their legislators and they elect or provide for the appointment of their Every citizen has a direct, personal interest in the law and in its administration. There is no class of men to whom this should be more interesting or important than the members of the medical profession Every doctor is a man of influence in his community. He has a right and he owes the duty to assist in seeing to it that fit men are nominated and elected to office, and that adequate laws are passed and improper legislation is prevented. From time to time organized medicine has exhibited a great influence in this state Its notable achievement was the enactment of the present Medical Practice Act and its assistance in preventing the licensing of chiropractors and other charlatans, fakers and unfit men

The doctor should not only keep abreast of the times with respect to his chosen calling, but in general he should be alert to all that is going on The great problems of public health are now coming rapidly to the fore. The physician should take the position of leadership. If he is too absorbed with his own private affairs, he will find that that leadership has been taken from him. "In developing the art of preventive medicine," said Dr. Sadher in his paper previously quoted, "we must ever recognize the duty and responsibility of the medical man to assume the initiative and to lead along correct lines of procedure which

will insure unity of action and harmonious agreement between the various agencies which work, and should cooperate, in this field of endeavor Medical men have been so preoccupied with curative medicine that they have failed in many instances to take over this newer activity and hence lay organizations have appropriated the field and often indeed with the consent of the physicians Every physician must concede the vital need of lay organizations in public health work * * * But in accepting the assistance of lay agencies we should be ever mindful of the fact that by reason of his particular type of education the physician is basically trained to be the leader in such health work, and in those communities where we find the physicians exercising a gentle and friendly leadership over lay organizations and directing the health activities of their community we note a more advanced public health condition and better progress in preventive medicine * * * Individual physicians and organized medical bodies should recognize the close relationship existing between our activities and those of our State Department of Health with its ramifications into the various counties and its working force consisting largely of medical men, mostly members of our State Medical Society, who, in their capacity as health officers, are responsible for the public health in their community, in so far as applies to communicable disease * * * there should be a very close alliance between the Department of Health and the County Medical Society"

Every physician then has a direct, personal interest in and contact with the law. He has the opportunity and the duty to assist in devising scientific legislation and to prevent the passage of unwise or unjust enactments There should be a closer understanding between the doctor and the lawyer Each in his own way should be a leader for all that is good in his community Into the ranks of these professions no one should come who is not in sympathy with their ideals and sincerely willing and eager to uphold them Unfit doctors and lawyers bring discredit not only upon themselves, but upon their high call-Despite the recent disclosures which have revealed in New York City at least, the existence of many objectionable practices on the part of both lawyers and doctors, it is believed that the rank and file of both professions may be looked to now as of old as the faithful servants of their communities, of their day and generation, the pillars of your government and the leaders of true

progress



NEWS NOTES



THIRD DISTRICT BRANCH

The Twenty-second Annual Meeting of the Third District Branch of the Medical Society of the State of New York was held on October 4 in the Columbia County Club House, between Hudson and Philmont, with the President, Dr E A Vandeer Veer in the chair and the Secretary, Dr William Rapp, recording

About 150 members were present out of a total

membership of 518 of the entire district

The day was perfect, and the arrangements for the meeting were well perfected and carried out The meeting was held in three sessions

1 A morning scientific session

2 A social clam bake on the veranda of the Club House, through the courtesy of the Columbia County Medical Society

3 After-dinner addresses by State officers on

the work of the State Society

The first scientific paper was on the "Medical Inspection of Schools," by Dr Lewis Van Hoesen of Hudson, who brought out the objects of medical inspections. He spoke of the difficulties of making the inspections, especially those of following up these children, and of securing the correction of their diseases. He also spoke of the indifference of school authorities to the spirit of the law and their frequent adoption of minimum standards of legal requirements.

The paper was discussed by Dr Franklin Barrows, Assistant Medical Inspector of the State Department of Education, who pointed out some of the ways in which physicians could improve their medical inspections. He suggested that if a physician's only interest in making inspections is the money which he gets, then the inspections

will always be poor

Other speakers brought out the failure of physical trainers to cooperate with the physicians in the correction of physical defects, especially those of the feet, which are readily susceptible to improvement by proper exercise. From the point of view of the physicians and of the educational authorities, the work of physical training is not the turning out of "winning teams" in foot ball and basket ball but to correct physical defects of the children and to conduct exercises for the correction of physical defects and the development of strong bodies among all the children and not merely a few athletes

The second number on the program was "Undulant Fever," by Dr Charles M Carpenter, formerly of Ithaca, but now of the Albany Medical College Dr Carpenter said that while undulant fever was often ascribed to the bacilli of malta fever, it was actually a different disease. He

discussed the diagnosis of the sickness, and the value of a serum which has been developed by the Mulford Laboratories

Doctor Steuart B Blakeley, of Binghamton, discussed the causitive factors in maternal mortality and the methods of preventing disease from child birth Doctor Blakeley emphasized the need of educating prospective mothers to consult their doctors during the pre-natal period speakers during the discussion gave instances of the "red tape" administration of the regulations of the State Department of Health regarding puerperal diseases and deaths The explanation of the misunderstandings and dissatisfaction seemed to be that several divisions handled the The field work of investigating cases is handled wisely by the Division of Communicable Diseases, and afterwards the Division of Nursing reports on the conditions, and the Division of Vital Statistics sends out form letters and blanks which are sometimes irritating and If the Division of Comeven threatening municable Diseases were the only division that investigates the diseases, the doctors would cooperate with the Department freely and gladly

A study of the causes of deaths following gall bladder operations was presented by Dr E MacD Stanton of Schenectady, and was discussed by Dr George F Chandler of Kingston It is expected that the paper and the discussion will be published in an early issue of this JOURNAL

The after-dinner speeches were made by officers of the State Society Dr Harry R. Trick, President, described the benefit which the State Society brought to the individual members, and the deepening interest which the physicians were showing in the State activities of the State Societies

Dr D S Dougherty, Secretary, referred to the present attendance of thirty per cent of the members of the Third District Branch as evidence of the interest which physicians are taking in medical society affairs

Dr James E Sadlier, Past-President and Chairman of the Committee on Public Relations asked the doctors to assume the leadership in public health work, and as an example of what they can do, he yielded the greater part of his time to Dr W H Ross of Brentwood, a Trustee of the State Society and a leader in public health work in Suffolk County

Doctor Ross said that the Medical Societies of the counties and the State worked along two lines

1 Scientific medicine, and

2 The newer duties which doctors owe to the public.

Doctor Ross said that when the Public Relations Committee was formed in 1926, its attitude was to "assist" lay agencies in public health work The present attitude was frequently stated by Doctor Sadlier to be that doctors should assume such a leadership The difficulty is that physicians generally do not know how to assume that leadership, for it is a new conception, and the methods of its practice are still in the process of evolution and development Yet there is a solid foundation of experience on which to build a system of leadership The Stote Society has over one hundred officers and committeemen listed in its Directory, the District Bronches have 50 officers. while 300 physicians are officers of county medical societies Add to these the 800 local health officers in New York State, and there are over 1,000 physicians trained to leadership in the fields of public health, civic medicine, and preventive work Ten per cent of the members of the State Society are therefore potential leaders whom the other 90 per cent will follow, providing plans of work are developed along practical lines

Doctor Ross called attention to the fact that the New York State Journal of Medicine carried a considerable number of reports of the activities of county societies in some line of public health endeavor. The doctor said that out of 46 articles

indexed in the October first issue of the Journal, 15 were on the civic duties which the medical profession owe to the public. He had asked one physician how many such articles were in the Journal, and the reply was, "Possibly five or six" Dr Ross urged the physicians to read the news items in the Journal and the department called "Our Neighbors" to see how the medical profession of New York State was discharging its civic duties

Doctor Ross closed by describing the civic activities of the Suffolk County Medical Society in securing the establishment of a County Department of Health While other organizations in the County had cooperated and approved the plan, yet the leadership from beginning to end of the two-year campaign was in the hands of the physicians, and no one else (See this JOURNAL, September 15, page 1127)

Dr John A Card described the plan of indemnity insurance adopted by the State Medical Society (See this JOURNAL, Oct 15, page 1244)

The meeting of the Third District Branch, like that of the other branches which have been held this fall, was eminently inspiring and well calculated to arouse and maintain the interest of the members in regard to the duties which they owe to the people

THE FIFTH DISTRICT BRANCH

The Fifth District Branch of the Medical Society of the State of New York held its Twenty-second Annual Meeting on Tuesday, October 9, 1928, in the Hotel Utica, at Ithaca, New York, with Dr Paige E Thornhill, President of the Branch, in the Chair Ninety-four members were registered for the morning session out of a total of 748 members for the District

The program of the morning was on scientific topics. A luncheon was served at 12 30 by the Oneida County Medical Society. After-dinner addresses were made by officers of the State Society, and the scientific session was resumed in the afternoon.

The first speaker on the scientific program was Dr James E McAskill, of Watertown, whose subject was "Ear Infections in Children"

He said that statistics from some clinics showed that about seventy-five per cent of gastro-intestinal troubles in infants were due to infections in the ears or nasal sinuses. And other speakers seemed to agree that the proportion of cases having these complications was very high

In typical cases of middle ear trouble, the infectious material drains externally, and so does not produce systemic infection. But there are a considerable number of atypical cases in which the drainage is through the Eustachian tube and the infectious material is retained in the body

These are the cases which produce vague symptoms of gastro-intestinal disturbances. The diagnosis depends largely on systemic and focal reactions in other parts of the body, and to a less extent on local manifestations in the ear

The doctor's paper elicited considerable discussion, and all agreed that the relation of ear troubles to upset stomachs in children should be brought forcefully to the attention of general practitioners of medicine

The second paper was on the "Standards of Pre-Natal Care" as prepared by the National Joint Committee on Maternal Welfare This subject was presented by Dr James A Harrar, of the Lying-in Hospital, New York City The National Committee issues leaflets intended as guides for making pre-natal examinations These leaflets are valuable to general practitioners The speaker emphasized the fact that family doctors were capable of making pre-natal examinations and urged that they do so

Dr Harrar's paper was discussed by several general practitioners who had studied the leaflet for a couple of months, and all agreed that the outline was a perfectly practical one to follow

Dr Howard Fox, of New York City, spoke on the "Diagnosis and Treatment of Common Skin Diseases' and illustrated his remarks with lantern slides of cases Dr Fox discussed a considerable number of common diseases, and described the treatment of each of those, making his paper prac-

tical as well as interesting

The after-dinner speaking was by Drs Trick, Sadlier, Card, and Ross, who described the work of the State Medical Society and the unification of the State's program through the county societies. All the speakers emphasized the fact that the county society was the unit in which the details of the work of the State Society were carried out. In fact, one of the great objects of the State Society is to promote the activities of the County Societies and the individual members. The speakers offered the services of the State Society to the local leaders in the organization of their

work, and for inspiring and instructing them in their programs and activities

The first speaker in the afternoon session was Dr L Whittington Gorham, of Albany, who spoke on the "Liver Treatment of Pernicious Anemia" He said that relapse was likely to occur unless the liver treatment was continued

The last speaker of the afternoon was Dr Harry E Burdick, of Syracuse, who spoke on the "Non-Surgical Treatment of Abortions," especially emphasizing the avoidance of curettage because of the danger of spreading the infections

The program of the Utica meeting was intensely practical, and well adapted to an audience of general practitioners

THE EIGHTH DISTRICT BRANCH

The twenty-third annual meeting of the Eighth District Branch was held at the Buffalo City Hospital on October 2, 1928 There was a large attendance. The clinics, held from eleven to one o'clock, showed that the medical profession is appreciative of this form of teaching. The laboratory demonstrations and group clinics were held as follows.

Pathology, including Post Mortem William F

Jacobs, M.D., Buffalo

Metabolism and Chemistry Alvin G Foord, MD, Buffalo

X-ray Clifford R. Orr, M.D., Buffalo

Psychiatric Clinic Herman G Matzinger, M D, Buffalo

Transfusions Francis D Leopold, MD,

Buffalo

Goitre Clinic Alfred H Noehren, M D, Buffalo, and associates

A cafeteria lunch was served at one pm in the

auditorium of the City Hospital

The afternoon session was called to order at

two pm with the President, Dr Thomas J Walsh in the chair

The first address was by Dr Harry R Trick, President of the Medical Society of the State of New York, who spoke on Organized Medicine at Work He discussed the past, present and future problems of the State Society

Dr James E Sadlier, of Poughkeepsie, discussed the work of the Public Relations Committee Dr John H Card, of Poughkeepsie, spoke on Group Insurance and showed why the rate was slightly increased in the Aetna Company this

year

Dr William D Johnson, of Batavia, spoke in his inimitable way on "Evolution in Medicine" Dr J Henry Dowd, of Buffalo, gave an interesting paper on the "Coming Generation" Dr Charles B Handel, of Buffalo, discussed

Dr Charles B Handel, of Buffalo, discussed "Modern Plastic Operations for Correction of Deformities of the Nose and Face" and illustrat-

ed his talk with motion pictures

W WARREN BRITT

THE FIRST DISTRICT BRANCH

The 22nd Annual Meeting of the First District Branch was held on Thursday, October 18th, 1928, in the Briarchiff Lodge, Briarchiff Manor, Westchester County

The members gathered at the Hotel in the late morning and enjoyed the beautiful scenery from the verandas and parlors. The day was perfect and the views across the golf links and to the

Hudson River were splendid

A business session was held in the morning, at which the subordinate officers were advanced, the First Vice-President, Dr George B Stanwix of Yonkers being the President, Dr Charles D Kline of Nyack, First Vice-President, Dr I J Landsman of the Bronx, Secretary Dr C

Knight Deyo of Poughkeepsie was elected Third Vice-President.

The delegates present enjoyed a social luncheon at noon in the Hotel dining room. After luncheon a scientific session was held, which was attended by about fifty members. The numbers on the program were largely illustrated with lantern slides, and were particularly interesting and practical.

The complete scientific program was as follows Diagnosis of Oesophageal Lesions, with Lantern Slides, Pol Coryllos, M.D., New York City

Painful Scars and Their Treatment, Frederic W Bancroft, M D, New York City

Diagnosis and Treatment of Infections of the

Hand (Motion Picture), Henry W Cave, MD, New York City

Serum Treatment of Pneumonia, with Lantern Slides, Henry T Chickering, M.D., New York City

Oxygen Tent Therapy in Pneumonia, with Lantern Slides, Alvin L Barach, M.D., New York City

The State officers were present and discussed

affairs of the State Society

Dr Harry R Trick, President, spoke of the benefits which the State Society afforded to the members, especially in the way of graduate education

Dr James E Sadlier, Past-President, and now Chairman of the Committee on Public Relations, described the practice of civic medicine by the various county societies

Dr John A Card, Speaker of the House of Delegates, and Chairman of the Committee on Group Insurance, appealed to the doctors to uphold the insurance plan which had been adopted by the State Medical Society, and he especially warned the doctors against offers of insurance companies who are not legally qualified to maintain offices in New York State but have to depend on advertising and mail orders to secure patrons and do business

THE PRACTICE OF DIPHTHERIA IMMUNIZATION IN NEW YORK CITY

A conference of representatives of the medical societies of the five counties of Greater New York, and the Department of Health of New York City, was held in February, 1927, for the purpose of discussing means for promoting the practice of diphtheria immunization by family doctors. One result of the conference was the preparation of a four-page pamphlet entitled "The practice of diphtheria immunization as recommended by the five County Medical Societies of the City of New York"

The first page of the pamphlet carries the statement "The Five County Medical Societies, the Health Department and other organizations interested in the public health are undertaking an intensive compaign to eliminate diphtheria in our

City"

The pamphlet also bears the statement "This leaflet is printed through the courtesy of the Brooklyn, the New York and the Queensboro Tuberculosis and Health Associations"

The pamphlet, a second edition of which has recently been issued, was written for the benefit of the practising physicians of the City and was as follows

Diptheria

"Modern diphtheria prevention has acquired a weapon which has already proven powerful and effective in the battle against this disease

"This is toxin-antitoxin, which enables us to immunize and to protect all susceptible persons

"The control of the disease is in our hands Let us not delay in adopting this method of proven value It is simple, easily applied and without danger. The greatest obstruction today to diphtheria elimination is the delay in using this means of prevention

Toxin-Antitoxin

"Toxin-antitoxin is a mixture of diphtheria toxin and diphtheria antitoxin. The composition is such that the toxin present produces no harm-

ful effects on the body and yet is effective in producing immunity to the disease

"Toxin-antitoxin is a clear, transparent fluid A good preparation is never cloudy. The mixture is stable for at least six months and during that time does not deteriorate, if properly kept in a cool place. It has been found that the amount sufficient to produce immunity is three doses of 1 c.cm each, given at intervals, using the standard preparation on the market originated by the Health Department of the City of New York. Toxin-antitoxin is obtainable from the Health Department of the City of New York.

Dosage

"1 c cm of the mixture is the dose given at each injection for all ages

Interval Between Injections

"Not less than seven nor more than fourteen days The simplest procedure is to have the patient report on the same day of the week for three consecutive weeks

Technique of Injection

"Like an ordinary hypodermic—Sterilize the syringe and needle, fill with 1 ccm of toxinantitoxin, prepare the skin at site of injection (as the deltoid region of the arm, the upper gluteal region), and give the injection preferably subcutaneously

Reactions

"In many cases there are no reactions, either local or general In susceptibles a local reaction characterized by redness and a certain degree of tenderness and a little swelling may appear at the site of injection This reaches its height in two or three days and gradually subsides

"General reaction rarely appears in young children In older children malaise and slight fever may be seen Permanent harmful effects are never observed after the use of toxin-antitoxin

Period Required for Immunity to Develop

"The immunity begins to develop a few weeks after the third injection but requires from three to six months to reach its height in all immunized persons. The immunity has been shown to last for two years and in all probability remains for life.

Immunization Procedure

"Give toxin-antitoxin to all children under ten years of age without doing a Schick test

'In children over ten years one may do a Schick test and then give toxin-antitoxin to all those found to be susceptible. But even here a Schick test is not imperative.

"Irrespective of the history of previous immunizations or clinical diphtheria, a positive Scrick test indicates that the individual needs toxin-antitoxin

Susceptibility to Diphtheria

"Up to six months of age 80 per cent of infants are immune. This immunity is conferred upon the child by the mother

"From nine months to three years, practically all children are susceptible Give Every Child Toxin-Antitoxin

"From three to ten years, about half of all chil-

dren are susceptible Every Child Should Be

"From ten to fifteen years, less than one-quarter of the children are susceptible. For this age group it is advisable to give the Schick test to detect susceptibility, but toxin-antitoxin may be given without a Schick test.

Schick Test

"One can determine whether or not the toxinantitoxin injections have conferred immunity on the children by making a Schick test five or six months later

'Physicians who desire to have a Schick test made by the Department of Health can refer the children to one of the special Schick clinics maintained by the Department. In all such cases a report giving the result of the test will be sent directly to the attending physician

Diphtheria

"In any case where a suspicion of diptheria ex-

ists antitoxin should be given"

Since the physicians of New York City are in full accord with Commissioner Wynne in his anti-diphtheria plans, the coming winter will doubtless see a record number of diphtheria immunizations done in the City

QUEENS COUNTY

A stated meeting of the Medical Society of the County of Queens was held at the Oakland Golf Club, Bayside, on Tuesday, September 25th, 1928, at 8 30 P M, following the Ninth Annual Informal Dinner of the Queensboro Tuberculosis and Health Association, President F G Riley, M D, in the chair

In the Executive Session the report of the Censors was received recommending for election to active membership the following Clarence J Cohen, M D, 7th Avenue and 11th Street, Whitestone, C H Ellard, Jr, M D, Storm Street, Bayside, Martin W Jurkowitz, M D, 9-43 122nd Street, College Point, Henry D Niles, M D, 23 Victor Avenue, Elmhurst

They were duly elected by ballot cast by the Secretary The following transfer was announced

I L Nascher, M D, 3507 90th Street, Jackson Heights, by transfer from the Medical Society of the County of New York, under date of September 22nd, 1927

The following statement was made by Dr Edward J Buxbaum, Chairman of the Committee on Public Health and Public Relations

"It is reported that the Board of Education is considering the adoption of a regulation requiring all children entering school for the first time to furnish a record of their physical condition. If

such a regulation is adopted and adhered to it would tend to educate the oncoming generation as to the value and need of periodic health examinations. It would also no doubt stimulate many parents of children now hampered in their school progress by correctable physical defects to secure medical care for such children.

"The Board of Education would not be warranted in adopting such a regulation without assurance that every child can secure a physical examination at a cost within its means. Many children of poor parents can pay little or nothing for such an examination. These children must be examined either by family physicians at little charge or by physicians employed by the city.

"If the latter procedure were adopted it would mean placing upon the City payroll a large number of additional physicians who would hold examining clinics in the school buildings or elsewhere. Such a program would tend toward State Medicine—If this method of examination were adopted and became an accepted procedure it might be extended from time to time to other fields

"Family physicians are qualified and prepared to do such work. We should not give ground for the city or the public to charge us with being unsympathetic to such protective measures. Most parents would prefer to have their children examined by their family physician. The more we cooperate in health measures the greater will be the confidence of the public in our efforts and the more they will turn to us for advice in all health and sickness needs. It would be well for us to indicate our cooperation and support by an appropriate resolution urging the cooperation of all physicians in this important matter."

Thereupon Dr Buxbaum moved the adoption of the following resolution

WHEREAS All children entering school should have a physical examination for the purpose of discovering any physical defects which, if not corrected, might retard them in their school work, and

Whereas Such examinations can be most efficiently and conveniently performed by family physicians, and

WHEREAS The Physicians of Queens Borough heartily approve of such precautionary work and desire to further it as far as practicable

Therefore Be It Resolved That this Society urge all its member physicians to examine all entering school children applying to them for an examination, at a fee each can afford to pay, and refuse none because of inability to pay, and

Be It Further Resolved That the Secretary be and hereby is directed to advise the Secretary of each of the other County Medical Societies of the City of the passage of this resolution by this Society and urge its consideration by their Societies favorably, and

Be It Further Resolved That the Secretary be and hereby is directed to notify the President of the Board of Education of the passage of this resolution and its transmissal to the other Medical Societies of the City, and to urge the adoption of the regulation mentioned by the Board of Education to take effect as of January, 1, 1929

The resolution having been duly seconded was unanimously passed by the Society and the chair directed the Secretary to make the notifications indicated in the resolution

Scientific Session

A—"Education of the Public in Cancer Control,"

John O A Gerster, MD, FACS,

Chairman, New York City Committee,

American Society for the Control of

Cancer

B-"Education of the Physician in Cancer Control,"

Francis Carter Wood, M.D., Director, Institute of Cancer Research, Columbia University

C—Discussion opened by Dr Carl Boettiger, continued by Drs Flemming Thomas, E E Smith, F G Riley, Szekely, and closed by Drs Gerster and Wood

Adjourned Attendance 47

E E Smith, Secretary

WASHINGTON COUNTY

The annual meeting of the Medical Society of the County of Washington was held in Hudson Falls October 3, 1928, at 4 o'clock, with Vice-President Bennett in the chair Members present Drs Cuthbert, Stillman, Pashley, McArthur, Paris, Bennett, Banker, LaGrange, Park, Casey, Prescott and Oatman, visitors, Roy E Borrowman, Samuel Pashley, Elliott, Bowen, Jensen, Dr Joseph S Lawrence, Executive Officer, and Dr Harry R Trick, President of the State

The President appointed Drs Stillman, Cuthbert and MacArthur as nominating committee and the following were nominated and duly elected officers President, W S Bennett, Vice-President, R E LaGrange, Secretary, S J Banker, Treasurer, R C Paris, Censors, B C Tillotson, L M White and J E Armstrong, Committee on Legislation, W A Leonard, B M Vickers, and D F MacArthur

The name of Dr Roy E Borrowman was presented for membership and he was duly elected

A resolution was adopted "That we go on record as approving the resolution of the State

Sanitary Association regarding the special automobile license for physicians' cars''

After much discussion of the subject the fol-

lowing resolution was adopted

WHEREAS, the members of this society have had difficulty in collecting their bills for caring for injured employees insured under the State Insurance fund.

Therefore be it resolved, that we protest against the business methods of the State Insurance Fund, and unless said State Insurance Fund is more prompt in meeting its obligations, the members feel that they will be obliged to demand a guarantee from the employer

And be it further resolved, that a copy of this resolution be transmitted to the State Insurance

Dr Cuthbert gave a very instructive talk illustrated by the x-ray of cases of fracture at or near the elbow joint

The Society took a recess for dinner Dr LaGrange, President pro tem, presided at

the after dinner session
Dr Harry R Trick, President of the Medical

are it among

Society of the State of New York, gave a very interesting address on what had been accomplished by organized medicine in this state, especially for the public, and also as an advance toward more efficient work for the profession

Dr Joseph S Lawrence spoke at length on the subject of maternal mortality, giving the statistics on that subject. This subject was discussed by nearly every member of the society and by Dr Elliott of Glens Falls

Dr W C Jensen, Superintendent of the Warren County Tuberculosis Sanatorium, spoke on the subject of "The Tuberculosis Problem for Rural Communities" He thought that Washington County was very well provided for with the exception that it had no Sanatorium He urged the physicians to assume the leadership in conducting clinics for the delection of cases

Adjournment

S J Banker, Secretary

CHAUTAUQUA COUNTY

The regular fall meeting of the Medical Society of the County of Chautauqua was held on October 3, 1928, at the Newton Memorial Hospital at Cassadaga, N Y, with Dr Walter D Rathbun, Superintendent, as host

Dinner was served at 1 P M with about 40 members in attendance At the business meeting preceding the dinner the Society voted to petition the Board of Supervisors to establish a County Department of Health in our County

Scientific Session followed the dinner with the following program

Correlation of Clinical and Pathological Find-

ings in Chronic Pulmonary Tuberculosis, Dr Harry A Bray, Raybrook

Treatment of Pulmonary Tuberculosis by Artificial Pneumothorax with Exhibition and Demonstration of Technique, Dr R. F Zimmerman, Newton Hospital

Juvenile Tuberculosis, Its Significance and Relation to the Control of Tuberculosis, Dr Walter D Rathbun, of the County Hospital

After the meeting the new Children's Building which is to be formally opened on the 7th of October, was inspected by the members of the Society

Edgar Bieber, Secretary

MONROE COUNTY

A meeting of the Medical Society of Monroe County was held on the evening of October 16, in Rochester The subject of the meeting was the purity of the water supplies of the county, especially that of Rochester The City takes it water from Lake Ontario which is subject to sewage pollution from the Genesee River The point under discussion was the adequacy of the sewage disposal plants of Rochester Dr C M McCay, Assistant Professor at the Animal Nutrition Laboratory of Cornell University led in criticizing the disposal plants, while the sewage systems were

defended by Stanhope Bayne-Jones, Professor of Bacteriology in the Rochester Medical School, Dr George W Goler, City Health Officer, and Mr Harold O Baker, Commissioner of Public Works The three defenders of the City authorities demonstrated their familiarity with all phases of sewage disposal and showed that they had plans adequate for dealing with the sewage for years to come The Society commended the sanitary authorities for their active interest in the sewage and water problems of the City of Rochester

J M HENRY, Secretary

THREE GENERATIONS OF PHYSICIANS

Dr Elizabeth I Adamson of New York City is the daughter and granddaughter of physicians Her grandfather, Dr M F Adamson, was a practicing physician for sixty years in Maryville,

Kentucky Her father, H K Adamson, graduated from Bellevue Hospital Medical College and lived in Maryville where he practiced general medicine until his death in 1912



MEDICAL WARES



COD LIVER OIL

Cod liver oil is one of the oldest of all the standard remedies in present use. It was known to the ancient Vikings, and their country is still its greatest producer. Norway supplies about 80,000 barrels of the oil in a normal year, with Newfoundland the second largest, but yet a much smaller producer.

The peculiar virtue of cod liver oil is that it contains enormous quantities of vitamines A and D. Vitamine A is the growth-promoting and resistance-building factor, while vitamine D, or the anti-rachitic vitamin, promotes the building of bone and teeth by its influence on the metabolism of calcium salts. Both vitamines A and D are of great importance to life and health and in the complete absence of either one death occurs.

The vitamin-bearing fat in a codfish lies entirely in its liver, which represents about five per cent of the weight of the fish. Thirty to fifty per cent of the liver consists of oil, the proportion varying in different seasons and years. The methods of preparing and standardizing the oil have been perfected within a decade, and today the potency of the vitamines of oil is known and guaranteeed by reliable makers.

The former methods of extracting the oil were crude, and much of the product was low in vita-The original method was that the livers were thrown into a barrel and left to de-The exposure incident compose in the sunlight to the process of decomposition destroyed much of its vitamines The process of rendering by heat in the presence of air subjected the vitamines to oxidation which also destroyed their po-The modern method followed by one manufacturer is that of extracting the oil by heat in an atmosphere of carbon dioxide The principle of keeping the oil free from oxygen by its saturation with carbon dioxide is observed through the entire course of its manufacture and The barrels in which the oil is transported, the tanks in which it is stored, and the bottles in which it is finally sold to retail customers all contain an excess of carbon dioxide

Cod liver oil, like other animal oils, consists of a mixture of olein and stearine. The stearine solidifies at the temperature of an ordinary ice box, and causes a bottle of the crude oil to become cloudy. The oil is therefore refined by the removal of the stearine, which is accomplished by cooling it to a point at which the stearine solidifies while the olein remains liquid, and then separating the two fats by pressure. The stearine is as potent as the purified oil, and the only

objections to it are the appearance of the oil and also its taste, as the presence of stearing increases the viscosity of the oil, thereby making it less satisfactory to the taste

A great deal of cod liver oil is used in animal husbandry. The stearine and the oil of lower grades finds a ready sale for feeding poultry and other farm animals. Much oil of the lower grades, so far as appearance is concerned, is produced owing to such conditions as storms at sea delaying the delivery of the livers to the rendering plants, but all grades find a market owing to the greatly increased demand for the oil in recent years following the demonstration of the potency of its vitamines.

Reliable firms test the potency of their cod liver oil by feeding it to growing white rats. A sample from a shipment of oil is sent to a biological laboratory for feeding tests, and a period of six weeks, or the growing time of a young rat, must elapse before the result of the test is known and the oil released for the market. Few physicians are aware of the great amount of scientific research of the highest class that is maintained by manufacturers of medical wares, or of the great public health value of those researches and tests

The removal of the fishy taste of cod liver oil has been the object of much study. A mint flavor added to the oil has been found most effective for masking the taste, and does not effect the potency of the vitamines.

The most common means for eliminating the objection some patients have to taking oil is that of emulsifying the oil. But the processes of emulsification often introduce the element of oxidation which is likely to occur from the agitation with water during its manufacture. Also the shaking of the bottle when it is administered adds more oxygen with a reduction of the potency of the vitamines. The usual emulsions require a dose not merely double that of the pure oil, but often four times that in order to equal the vitamin potency of good oil

Manufacturers are conducting expensive researches in order to discover and isolate the active vitamines of cod liver oil. The artificial activation of the oil by rays of light has been discarded, because the light destroys the vitamines. Cod liver oil remains by far the most potent source of vitamines A and D, and there is no prospect that it will be displaced in the near future. The medical demand at present is for the natural oil, owing to the standardization and permanence of its vitamine value.



THE DAILY PRESS



TYPHOID IN NEW YORK CITY

The New York Herald-Tribune of October 7 describes an outbreak of twenty-three cases of typhoid in the vicinity of Washington Square—the Greenwich Village section of the City Dr Shirley W Wynne, Commissioner of Health is quoted as saying

"As soon as we discovered numerous cases of typhoid in the section between Bank and Eleventh Streets we suspected a 'carrier' lived there. We traced most of the patients as having been customers of the candy store and there we found Morsch, who was recognized as a carrier held responsible for fifty-nine cases in Brooklyn in 1914."

The account continues "Morsch, according to health officials, was out of work as a plumber and

went to live with relatives in Bleecker Street The relatives kept a candy store on the ground floor and the plumber served ice cream cones and candy to children The children and others who were afflicted were said to be those who visited the candy store frequently

"As soon as the outbreak of typhoid in Greenwich Village was traced to him, Morsch was removed to Riverside Hospital, where he was isolated along with the famous "Typhoid Mary" Mallon, who since 1903 has been held responsible for seven epidemics. Like "Typhoid Mary," Morsch is said to be the innocent carrier of millions of virulent germs, with which, while himself remaining in good health, he spreads sickness among others"

TYPHOID IN CATTARAUGUS COUNTY

A typhoid epidemic has developed in the City of Olean, Cattaragus County, according to newspaper reports carried by numerous publications throughout the State. The New York Herald-Tribune of October 7 says

"Typhoid fever cases in Olean to-day totaled ninety-six, with twenty-six additional cases suspected and under observation. The epidemic, which has taken one life, began several days ago and is believed to have been caused by impure water taken from wells in the southern section of the city.

"The American Red Cross has ordered seven nurses to proceed immediately to Olean, N Y, from which reports of typhoid fever have been received. Miss Marie Whipple, secretary of the Olean chapter, told national headquarters that she had been requested to take charge of an emergency hospital established by the city."

The story of the outbreak is one of lack of cooperation between the water supply authorities and those of the health department. The City of Olean filters and chlorinates its main supply of water, but it only chlorinates an auxiliary supply which is drawn from open wells. Reports are that even the chlorination was done irregularly and without exact adjustments and tests

Moreover, a rule of the State Department of Health is that any change in a public water supply shall be reported to the health authorities at once. The auxiliary supply was used at intervals for over six months without being reported or being properly tested and chlorinated

A further point is that outbreaks of diarrhea have developed in Olean during the summer, and have involved hundreds of people at a time—an almost sure sign that polluted water has been used. Finally came the typhoid infection. The explanation is that sewage was reaching the wells, and the chemical toxins in it caused the diarrheas. Finally, however, live typhoid germs reached the wells and produced typhoid fever in many of those who drank the water.

Water companies have frequently changed their source of supplies without reporting the change to the health authorities The best way to guard against the unauthorized changes is that the departments of health shall inspect the water plants often, and shall determine for themselves whether or not the companies are taking the proper pre-Water companies are commercial organizations and are likely to plead poverty when they are asked to make regular tests and to install filtration and chlorination apparatus people are prone to excuse the water companies for neglect to safeguard the water, and to charge the health authorities with meddlesomeness when they inspect the plants The danger from waterborne infection seems to be in inverse proportion to the size of the place A big city like New York has a pure water supply, it is the small city, like Olean that draws its water from an infected source

Olean is located in Cattaragus County whose health department has often been cited as a model in health protection

CIVILITY-A POEM WITH A MORAL

James J Montague frequently supplies the New York Herald-Tribunc with verses which are exceedingly attractive though they end with a moral The following poem in the issue of October 11th illustrates the virtue of civility, even if it is at

"The bee is neither good nor kind,
His disposition's far from sunny,
And when he dies he leaves behind
A fortune in the form of honey
And so, while he abides on earth,
In spite of all the deuce he raises,
We ardently extol his worth
And chant his praises

The wasp is no more prone to rage
Than is his grim but affluent neighbor,
But he refuses to engage
In any sort of useful labor
No riches leaves he in his hive
To titillate our expectations,
And so we greet him, while alive,
With objurations

the expense of scientific accuracy, but then one does not expect entire accuracy in a poem, especially in one printed in a department which has for its heading the suggestive title "More truth than poetry"

It must be pleasant to be rude
To persons whom we do not fancy,
But people who are not endued
With fame or fortune find it chancy
The bee the right to use his sting
On prince or pauper is allotted,
The wasp that tries the self-same thing
Gets swiftly swatted

If you, dear reader, have the power
Upon the world largesse to scatter,
You may be cross, or mean or sour—
Your disposition will not matter
But if by penury's grim thrall
You find that you are held in fetter,
Civility to one and all
Will pay you better"

THE SERVANT PROBLEM

The more prosperous an American doctor is, the more he feels the acuteness of the servant problem in his household. The New York Times of October 17 discusses the servant problem in Germany and refers to new legislation for the protection of servants.

"Under the law they may not be required to work 'more than fifteen hours a day' Once each week they have an afternoon off, and alternate Sundays are theirs They must have a comfortable room and 'one warm meal daily,' although hausfraus are not required to feed them what the family eats and they do not venture to demand

It They may not use electric light in their rooms, candle light being held sufficient for their purposes, and a monthly wage of forty-eight marks plus the tax of twenty is now the minimum

"Some of the younger servants, particularly those in the employ of young mistresses, have taken to bobbing their hair and wearing silk stockings on their off days. This is looked upon by the older women as the beginning of the social ruin of Germany. The next time a New York servant complains of her lot it might be wise to acquaint her with the terms of what is considered a good job in Berlin."

CHILDREN THE FASHION

The small number of children in well-to-do American families is a subject of frequent articles in newspapers and magazines. France and England have their problems of birth control Whatever be the reasons assigned, the principal reason of all is that of conformity to the prevailing style, and who shall deny the possibility of a return of the style of the large family? This subject is discussed in the following editorial from the New York Herald Tribine of October

"'We in London,' says Dr George F Buchan, its medical officer, 'find there have been cycles in which the one or no child fashion prevailed, but the big-family idea returned, and present indi-

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"It has been noticed over here, too, by those who observe closely the habits of the fashionable world, that children are becoming the style, that the really smart thing for milady now is to become a mother and carry about a little darling of the human rather than of the canine species. Possibly it is due to a realization that the one is hardly more trouble in the long run than the other, but more probably it is the long campaign of jokes at the expense of the lapdog and of his mistress, and also of the nominal head of such a household, that has turned the tide. Wives are beginning to understand that they cut a more becoming figure as mothers"



BOOK REVIEWS



RECENT ADVANCES IN MEDICINE CLINICAL—LABORATORY—THERAPEUTIC. By G E. BEAUMONT, M.A., D M, and E. C Dodds, M.D Fourth Edition 12mo of 426 pages, illustrated. Philadelphia, P Blakiston's Son & Company, 1928 Cloth, \$3 50

The reviewer recommends that every physician, who is unfamiliar with this little book, make its acquaintance. In the course of four years the medical public has created a demand for it which has necessitated the publication of four editions And justly so The book may well be given a place in the physician's library near Osler's text-book, to supplement the latter in matters to which Osler gives brief or no mention—for instance pancreatic insufficiency (non-diabetic), methods and in-terpretation of blood chemistry, cholecystography, newer methods of treating diabetes mellitus, van den Bergh's and other tests of liver function, Dick test, lipiodol, sedimentation test, artificial pneumothorax, etc. An especial virtue of this book is that the authors possess the faculty of giving, in easily readable language, great detail on a subject with the use of but few words In space, in which most authors could give but intro-ductory knowledge of a subject, they have been able to give detailed information. To mention but a single to give detailed information example, a man knowing nothing of electrocardiography can acquire a good working knowledge thereof by reading the thirteen pages of the book devoted to that topic. This book can be recommended to him who would read it from cover to cover in a series of sittings and to him who would use it as a work of reference. ISRAEL H MARCUS

NUTRITION By WALTER H EDDY, Ph.D 12mo of 237 pages Baltimore, The Williams and Wilkins Company, 1928 Cloth, 2 50

The author needs no introduction to students of Nutrition, whether they be medical practitioners or laymen. Some of the most valuable work done in this country on the subject of nutrition has been done in Dr Eddy's laboratory under his supervision. The text of the book is divided into two main parts, about equal in size. The first is on General Food Requirements, and the second, on Vitamin Requirements.

In the first part, some of the questions taken up are The Requirements of a Complete Food, Energy Requirements, and The Requirements of Fat, Carbohydrates, and Proteins Next are considered, The Inorganic or Muneral Requirements, and The Digestibility Eartor

Mineral Requirements, and The Digestibility Factor
In the second half, The Vitamin Requirements are
taken up, showing how the vitamin value of food is
determined, how cooking affects the vitamin, and how
the vitamins function in the body. While apparently
intended for the use of the physician, the style is so
beautifully clear that it can easily be read and understood by the laity.

WM HENRY DONNELLY

GYNECOLOGY By WILLIAM P GRAVES, A.B., M.D. Fourth Edition, revised. Octavo of 1,016 pages, illustrated. Philadelphia and London, W. B. Saunders Company, 1928. Cloth, \$10.50

This work is designed both as a text-book and general reference book of Gynecology To meet these two requirements, a special classification has been adopted, dividing the subject matter into three distinct parts

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Part I deals with the physiology of the pelvic organs,
and with the relationship of gynecology to the general
organism.

organism.

Part II is designed for the undergraduate who is taking his initial course in gynecology. It includes a description of diseases which are essentially gynecologic.

In the description of each disease, the pathologic process is illustrated by beautiful drawings from microscopic sections, with full descriptive legends

Part III is devoted entirely to the technic of gynecologic surgery. Gynecologic operations are innumerable, and Dr Graves has limited the operations presented in his book to those which he himself considers best suited for the special requirements

The author is to be congratulated on his painstaking date, and beautifully illustrated. It is a monument to Dr Graves standing as a gynecologic surgeon, and as an author

The volume will be most helpful to the student, the general practitioner, and the gynecologist, for it ranks as one of the very best books on diseases of women

The author is to be congratulated on his painstaking work, which has brought this fourth edition to its present high standard WSS

CLINICAL MEDICINE. By OSCAR W BETHEA, M D Octavo of 700 pages Philadelphia and London, W B Saunders Company, 1928 Cloth, \$750

This book is designed for the use of those practitioners who are obliged to treat their patients without the aid of precision. It is written by a teacher of therapeutics. About two-thirds of its pages are devoted to treatment. The rest is apparently designed to enable the reader to label his patients so that he can turn to the proper page to find out what to do for them. After reading the description of a clinical picture and of the therapeutic measures advised for its treatment, one is left with a feeling that he knows nothing of what is supposed to be happening, or how what is happening is supposed to be modified by its treatment. Perhaps this is inevitable in a work of this size, but it does seem as though the men who are handicapped by lack of facilities need even more than others to employ reason rather than rote so far as it is possible in their work.

A HANDBOOK OF CLINICAL GYNECOLOGY AND OBSTETRICS. By RAE THORNTON LA VAKE, A.B., M.D. Octavo of 281 pages, illustrated. St. Lows, The C. V. Mosby Company, 1928. Cloth, \$4.00

This volume is designed for the student who is organizing his knowledge of many gynecologic and obstetric methods, facts and opinions for the purposes of practical application

The author has covered a great deal of ground in a short space, and he has skillfully brought out, and touched upon only major topics.

The book is not one for reference, nor is it valuable to the general practitioner, because it is too brief. It is however, very valuable for students who wish to get a short, brief survey of these two subjects, and who wish to fix in their minds the main points in examination, technique and treatment.

We S. S.

BED-SIDE MEDICINE. A Hand-Book of Medical Diagnosis—Symptoms, Physical Signs, and Laboratory Methods—From Indian Standpoint. By Akhil Ranjan Majumdar, MB 12mo of 443 pages illustrated. Calcutta The Book Company, Limited, 1928 Cloth, Rs 6-8

This book will meet but a poor reception in the United States Containing nothing but the elementary facts of medicine, facts of which every physician is already fully cognizant, it can serve no useful purpose. If the physicians of India can derive benefit from such a book, then the state of Medicine in that land is to be lamented.

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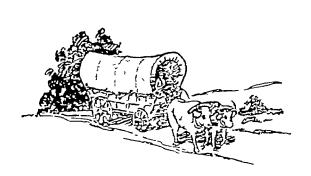
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- 3. Thousands of physicians know from experience that it can be depended upon for good results.

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OUR NEIGHBORS



PUBLIC ACTIVITIES COMMITTEE OF NEBRASKA

The relation of the physician to volunteer health organizations is a vital problem in Nebraska as well as in New York. What the Public Activities Committee of the Nebraska State Medical Association is trying to do is told in the following extracts from an editorial in the September issue of the Nebraska State Journal.

"The purpose of the Public Activities Committee is to improve the relations between the public and the profession—to bring them closer together by telling the public what we have in our catalogue. The purpose of it is not to damn the cults or talk about them or consider them at all, but simply to tell the public what we have to offer, because it is in a receptive mood and anxious to hear these things. It will receive the news we give with open arms

"Why is this thing necessary? Because the charletans and quacks and 'ism's and cults are giving misinformation of all sorts to the people. It is our duty to the public to protect it from fraud in matters pertaining to health. A wave going over the country rapidly from east to west is socialized medicine. We may think it does not confront us now, but it does confront us, and seriously, too

"It isn't by choice our organization takes up this matter of health education of the public. It is because the people have a right to know how to live. It is a social problem. They have a right to know how to improve their living. If you do not give the information to them, somebody else will. These lay organizations carry to the public the knowledge the scientific men have developed in their laboratories.

"At the National Health Conference which I attended last month, the representatives from the social workers were very much in the majority. When a dispute arose as to whether the medical profession should help the social laymen in health education, a lay worker said 'As far as we are concerned, the medical profession can go to the devil! We can hire all the doctors we want for \$150 a month. We are putting on this program and will continue to do it, because the doctors will not, and have not.'

"There is not a state that does not have state medicine to some extent now. It is simply our failure to get the things done we know should be done that put state medicine and socialized medicine in the foreground

The cults and 'ism's knew enough to do it The thing for us to do is to present to the public what we have in our storehouse, and they will accept it because they inherently believe in us

"The only thing we have to do is to improve our relationships with ourselves, and carry the things we know how to do to the public It takes a long time to do these things. We have made a few demonstrations. I shall refer to three

"Last year we attempted to put on a demonstration at the State Fair, which we know is a group of lay people. We put on a pathological exhibit and a display of Paleopathological specimens Dr. Young had furnished, and wondered what we were going to do with them. The crowd came in and asked, 'What are these things? How can we prevent having this disease?'

"We started to tell the people how gallbladder disease might possibly be stopped and how the various diseases these specimens represented might be prevented, with the result the demonstration evolved itself into a series of short lectures which continued throughout the day We had a little pamphlet called 'Keep Well' which the nurses passed out to the people who had heard the lecture When we counted the pamphlets to find how many people we had talked to, we found over five thousand people had heard the lectures on the first day That was the biggest day, but we can safely say over fifteen thousand people from the rural districts heard the simple messages of long life

"The question brought to us most often was, 'Why haven't the doctors been doing this thing before?'

"This has opened our eyes and the eyes of the State Board of Agriculture This year when we asked for space, they gave us an entire building in a desirable location

"What will we do? Our idea is to carry on these lectures by displaying a pathological specimen which means nothing to the lay man until it is explained, and follow it with a health message "This is a cancer Long before the person has reached this stage, the time has passed when the disease can be cured'

"Besides the display and talks which we will have continuously throughout the afternoon, we have arranged for a suite of offices in the

(Continued on page 1318—adv xw)

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The management of every hospital that has X-Ray apparatus of this type is well aware of how its neighbors feel about it, and of the disappointment in the convalescent ward and the nurses' home because of radio interference. But many think there is no way of avoiding it. Few know the real facts about X-Ray interference with radio

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City

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(Continued from page 1316)

Woman's building where we will carry on a periodic health examination to one applicant. from each county in the state, this applicant to be selected by the county secretary and his history written at home. He is to be a representative citizen and apparently well We have arranged that these men will pass through the hands of a group of physicians who are trained to make these examinations and who are honest and uninterested in that particular patient. An opinion as to his pres-Why? For the ent condition will be given purpose of popularizing periodic health examination with the people We have been talking about it among ourselves for several We all believe in it, but we have had little effect in taking it to the public learned the Nebraska law requires every teacher teaching in the schools of the state to make a physical examination of the students at the beginning of the school year We carried this knowledge to the teachers' colleges of the state and offered to put on a Health Education course which was graciously accepted Within the Peru Teachers College where we introduced this course we had a series of nine

lectures dealing with various phases of school health to qualify the teacher, not to make a diagnosis, but to determine the difference between sickness and health. She was instructed to dismiss the child from school in case he was ill, and do it intelligently, and carry on the health programs which are now furnished to her from various organizations. That course has been completed. The president of the college calls it his 'Ten Thousand Dollar Lecture Course'. He refers to it as the most progressive step that has been taken in his college in ten years, for it is along the lines of influencing the people in healthy living

"What is the result of this education? We have medical men teaching health—teaching how to make these examinations—and we are keeping the teacher and all of her pupils within the channels of the medical profession. If we do not do these things, what happens? It is like the child who is reaching adolescence. If he gets no knowledge on sex problems from his parents, he gets it from somewhere else. The same is true of the public. They will get information somewhere, and the cults are glad to supply it"

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(Continued from page 1320-adv vvi)

follow abdominal operations, and the usual source of infection is the intestine of the patient. The intestines of five per cent of persons contain tetanus germs and spores which are ready to grow when they are inoculated into the abdominal tissues

American physicians may be assured that the sutures in their original tubes are sterile However, there is obvious need of extreme care in maintaining asepsis in abdominal operations especially in cases involving the digestive tract.

KENTUCKY SCHOOL FOR HEALTH OFFICERS

The July issue of the Kentucky Medical Journal contains an article on the recent Annual School for health officers conducted by the State of Kentucky, from the pen of one of the health officers, who writes

"It has been my privilege and pleasure to attend every meeting of the school for county and city health officers conducted by our State Board of Health since its organization in 1912, but, never before have I enjoyed a meeting and came away with so much knowledge as the recent one I feel the profession of the state should know what great work the State Board of Health is doing in training its health officers

"The meeting was opened with a prayer by Doctor Arthur McCormack, our beloved state health officer This invocation was worthy of an eminent divine and was a thanksgiving from the heart. This was 'no word of mouth' but a grateful prayer for the deliverance of health officers from political assault and a prayer to give them grace for greater health work.

"Doctor Lillian H South, director of the Bureau of Laboratories, as usual, gave one of her demonstrations that are always looked forward to by the health officers. We are at all times proud of the work that she is doing Everything new that is available in laboratory technique she acquires and demonstrates each year at these meetings

"Doctor T A. Frazer of Marion, who is one of our oldest in point of service as a part time health officer gave a most interesting talk on the study of wild life as a hobby Doctor Frazer is in constant demand by the broadcasting associations for his talk and it was a real treat to hear him at this meeting and over WHAS

"Kentucky now has thirty-five all time health departments and thirty-five all time health officers and it was quite a pleasure to

(Continued on page 1322-adv xviii)

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TETANUS SPORES IN SUTURES

The London Letter, in the Journal of the American Medical Association, for July 28, discusses an outbreak of nine cases of post-operative tetanus and one of gas gangrene which occurred in a limited period of time in one institution "The tetanus cases consisted of six gynecologic operations (all repair operations except one—an oophorectomy and appendicectomy), one cholecystectomy, one nephrectomy and one gastro-enterostomy The gas gangrene case was removal of an exostosis of the leg The operators were ten different surgeons

"Thus, most of the cases followed gynecologic operations, particularly repair operations. In all cases, catgut had been employed and that entirely from one source. In one operation the catgut was used directly from sealed tubes. In the others it was prepared for surgical use by processes which are described."

The article is vague and incomplete, but it gives one the impression that the sterilization of sutures in the British Isles is done principally by chemicals. In contrast with this method is that followed in the United States,—sterilization by a high degree of heat,—as described in this Journal of October 15, 1927, page 1155. The American method is to seal the catgut sutures in tubes containing totuol and sterilize them at a temperature of 329°F for at least five hours. No living thing can survive this process.

American manufacturers make rigid tests of the sterility of their products. The need of testing is mentioned in the London Letter as follows

"At present there is no control by any health authority over the manufacture of surgical catgut liable to carry dangerous bacterial spores and intended for introduction, sometimes in The same large quantity, into the tissues control as that now exercised, under the Therapeutic Substances Act, by the ministry of health over the manufacture of vaccines, antiserums and certain other biologic products, should be applied to catgut, such control would assist and guide manufacturers of surgical catgut in standardizing their methods and safeguarding their products Under the act referred to, rigorous sterility tests are demanded in the case of antiserums and vaccines is the same need for bacteriologic control tests of catgut supplied in sealed tubes and 'guaranteed to be sterile"

Post-operative tetanus sometimes occurs in the United States although the surgeons are not keen to report them They nearly always

(Continued on page 1321-adv xvii)

(Continued from page 1322-adv vom)

"3 A physician from the State Department of Public Health will give the first injection of town-antitown with the understanding that physicians are to complete the series, the state furnishing a nurse to organize and assist in the clinics

"4 The State Department of Public Health to take over the entire immunization program in the county by consent of the Health Officer

and physicians

"5 In organized counties with county health departments the State Department of Public Health will furnish the educational material and toxin-antitoxin only. The work of immunization is to be prosecuted by the local full-time county health department in cooperation with the local medical profession."

THE PENNSYLVANIA MEDICAL JOURNAL

The name of the official organ of the Medical Society of the State of Pennsylvania, which has undergone several changes of name, now resumes its former name, *Pennsylvania Medical Journal*, as is described in the following editorial in the October issue

"With this issue we return once again to our old name—a name dear to the hearts of many of our members and dignified by long years of service to the profession of Pennsylvania This marks the end of a dream of expansion into a larger sectional publication, yet many of our readers are glad to see the abandonment of that dream for the development of a journal more intimate and personal to our own Society

"The Pennsylvania Medical Journal has had a long and interesting history, if one can but reconstruct the dry bones of dates and names into living, vivid personalities that produced the publication which has lived forty-two years

"Founded in 1886 by Dr X O Werder as the Pittsburgh Medical Review, and conducted by an editorial board, can you imagine the hopes and fears which went into the first years of its infancy? In 1892 Dr Adolph Koenig, of Pittsburgh, assumed the editorship, and in 1897 the name was changed to the Pennsylvania Medical Journal, and it became the first state medical journal in America.

"The ownership and editorship was transferred in 1904 to the late Dr Cyrus Lee Stevens, of Athens, who carried on the work until the burden became too much for his failing strength

"At Dr Stevens's request, the State Society relieved him of the Journal in 1920, and it became the actual property of the Medical Society of the State of Pennsylvania upon payment

(Continued on page 1324—adv xx)

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(Continued from page 1321-adv xvii)

meet these new and active men present at this The first meeting I attended had only one all time health officer and that was

in Jefferson County

"We wish very much that these meetings could be arranged so that every doctor in the State could have an opportunity to attend them, for there is not a problem that comes to the health officer that the general practitioner does not, at some time, have to meet, and, we cannot give too much praise and encouragement to our State health officer and his staff for this splendid meeting and for the ardent work in providing such a good program"

THE PHYSICIAN AND THE HEALTH DEPARTMENT IN TENNESSEE

The September issue of the Journal of the Tennessee State Medical Association contains an editorial on the Liaison Committee of the Tennessee State Medical Association which was formed for the purpose of investigating new activities proposed by the State Department of Health, and either approving or dis-The committee consists of approving them three physicians not engaged in public health The committee considered the subject of the administration of Diphtheria toxin-antitoxin and agreed with the State Department of Health that the procedure should be as follows

"1 Any physician who desires to carry out an immunization program against diphthema will be furnished toxin-antitoxin free by the State Department of Public Health on the condition that the doctor so using toxin-antitoxin will report his work to the State Department of Public Health on the form which will be furnished for that purpose The fee to be charged is a personal matter between the doctor and the patient

"If the immunization is to extend beyond the limits of the individual physician's private practice, the request for toxin antitoxin must be approved by the County Health Officer and the proper representative of the County

Medical Society

"2 County Medical Societies or groups of physicians may carry out the program entirely, the state furnishing toxin-antitoxin, educational propaganda and a nurse to assist in or-The physician may ganization of clinics charge whatever fee he may see proper for his services, but he is expected to administer toxinantitoxin free to all indigent persons and report his work to the State Department of Public Health on the form furnished by the State Department of Public Health

(Continued on page 1323-adv xix)

(Continued from page 1322-adv xviii)

"3 A physician from the State Department of Public Health will give the first injection of toxin-antitoxin with the understanding that physicians are to complete the series, the state furnishing a nurse to organize and assist in the clinics

"4 The State Department of Public Health to take over the entire immunization program in the county by consent of the Health Officer

and physicians

"5 In organized counties with county health departments the State Department of Public Health will furnish the educational material and toxin-antitoxin only. The work of immunization is to be prosecuted by the local full-time county health department in cooperation with the local medical profession."

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(Continued on page 1324-adv xx)

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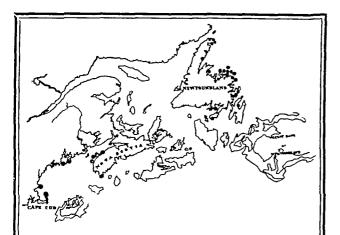
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of one dollar The office was transferred to Harrisburg, and Dr Frederick L. Van Sickle became the editor. Under his editorship and with the added support given by the Society, the Journal continued to develop, both as to size, advertising, and income. In 1923 the name was changed to the Atlantic Medical Journal and the Medical Society of Delaware joined with us in its publication.

"The present editor was appointed in 1925 The Journal has continued to grow and thrive satisfactorily, but for reasons already announced the decision was taken to return to the old beloved name, the *Pennsylvania Medical Journal* It is our earnest hope that we may continue worthily in the path of service and that our place in the hearts of our members and

readers will not fail"

The "Dream of Expansion" to which the editorial writer refers in his opening paragraph was a plan that the medical societies of the Middle Atlantic States should unite in the publication of a single medical journal, whose name should be the Atlantic Medical Journal and whose circulation should attract the highest class of contributors and advertisers, Delaware was the only State that joined in the publication of the Atlantic Journal, and now Delaware has withdrawn and the name of the Journal is changed back to the Pennsylvania Medical Journal for it represents Pennsylvania only This action is in contrast with that of the Boston Medical Journal which enlarged its scope to include all New England and changed its name accordingly

STUDENT HEALTH SERVICE IN THE OHIO STATE UNIVERSITY

The Ohio State University at Columbus has reorganized its health service for the ten thousand persons in the college community. The new organization is described in the October issue of the Ohio State Medical Journal, which in turn quotes the description from the Ohio State Lantern, the official publication of the student body—Editor's note

"The health service will be financed by part of an additional fee of \$1 per quarter per student authorized by the Board of Trustees While the emphasis of the service will be on preventive medicine through education, it will give first treatment or medical reference to students suffering from injury or illness. It will advise and refer to specialized care, students suffering from chronic injury or disease and will advise students in matters concerning health and personal hygiene

"It will furnish students with medical ex-

(Continued on page 1325-adv xxi)

(Continued from page 1324—adv xx)

cuses from classes and will act in an advisory capacity to deans where the physical ability of a student to carry class work is concerned It will acquaint the parents or the family physician of a student with his health status when advisable

"Where it is necessary to send a student to a hospital, the health service will make an inspection of the case and will give the student two days' free hospitalization per year other charges, however, will be met by the stu-

"Other functions of the health service will be to cooperate with the physical education department in holding the physical examination required of all new students and to aid campus officials in the inspection, supervision, and maintenance of general sanitation and safety throughout the University

"The new staff will begin its duties Septem-The service will be located as heretofore in Hayes Hall, with a registered nurse in

attendance "

OPPORTUNITIES FOR RESEARCH

The October issue of the Rhode Island Medical Journal contains the following editorial en-

titled "A Grain of Sand,"

"The majority of us work in a much larger laboratory in which countless experiments, some of them much more critical than any we would dare to perform, are constantly provided by nature. Every day we see the early stages, the progress and the end results of many such experiments and we need only study them carefully to learn a great deal about the response of the human body to infection and injury Of late years Sir James Mackenzie was the foremost exponent of this sort of study by the practicing physician, and a large proportion of our present knowledge of heart disease 15 a direct result of this method of investiga-The material is constantly available, we need only observe, study and correlate what others have learned on the same subject simple way of doing this, and one which could well be developed in our district societies, is the presentation of case reports at all meetings, the report to include not only the individual case under discussion but a careful resume of the literature upon the subject this and similar ways we may come to a realization of the belief of the old Dutch 'Heelmaster, Jobi a Meek'rem, as he expressed it in the seventeenth century 'If each one of us adds one grain of sand to the complement of the illustrious and noble Art of Medicine, soon (Continued on face 1326-adv xxII)

THE **PSYCHIATRIC** QUARTERLY

THE PSYCHIATRIC QUARTERLY is the official organ of the New York State Department of Mental Hygiene which includes in its scope the Psychiatric Institute of New York City, and the institutions for the insane, the mental defectives and epileptics of the state Quarterly's list of subscribers includes psychiatrists and neurologists in nearly every state of the union and the provinces of Canada, and in South America, England, Scotland, France, Belgium and China Leading articles appearing in the October, 1928, issue follow

TREATMENT OF THE MANIC-DEPRESSIVE Psychoses 1 4 1

By Dr August E Witzel

ILLUMINATING GAS POISONING (Research

By Dr Armando Ferraro and Dr L. Raymond Morrison

Symposium on Relation of Psychiatry to CRIME AND CRIMINALS

Expectation of Mental Disease (Research study)

By Dr Horatio M Pollock and Benjamin Malzberg

DEVELOPMENT OF SPECIAL INSTITUTIONS FOR EPILEPTICS IN THE UNITED STATES By Dr William T Shanahan

INTER-RELATIONSHIP OF PSYCHIATRY AND

By Dr William Seaman Bainbridge MALARIAL INOCULATION IN CASES OF DE-MENTIA PRAECOX (Research study)

By Dr George L Warner

RELATION OF EXOGENOUS FACTORS TO THE ONSET OF GENERAL PARALYSIS (Research study)

By Dr Leland E Hinsie

INTELLIGENCE QUOTIENT IN EPILEPTICS (Research study)

By Dr Harold A Patterson and Delma E Tonner

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(Continued from page 1325—adv xxi)
immense treasures and innumerable gifts will
be brought together to fill the needs of our
selves, our fellow-citizens, and our posterity to
cure disease surely'"

WISCONSIN LAW OF ASSISTANTS.

Mr F M Wylie, Counsel of the State Medical Society of Wisconsin, was asked, "Is it legal for a surgeon to do a major operation without a licensed physician as an assistant, where the case is not an emergency but in regular course and the surgeon has plenty of time to secure an assistant?"

"No law specifically requires a surgeon to have an assistant. Malpractice law requires a surgeon to exercise such care as surgeons usually exercise in the same or similar localities under the same or similar circum-This definition has been often discussed by the Wisconsin Supreme Court. A surgeon may adopt better methods than obtained in his locality but is not required to do so Locality is used in its ordinarily understood sense and distinguishes between city and rural conditions The availability and cost of aids are elements to be considered a question of fact in each case and one which can be established only by the expert testimony of surgeons acquainted with the standard of care applicable to the locality"

AN EPIDEMIC OF RACKETS

An example of kicking up a racket over an imaginary condition is described editorially in the October issue of the Journal of the Missouri State Medical Association, which says

"A tempest in a piepan subsided at Kansas City, August 22, when Health Director E W Cavaness returned from the American Public Health Association meeting in San Francisco and diagnosed an epidemic of 'food poisoning' as public hysteria, with 'rackets' as a complication

"Not rickets, rackets—a disease characterized by itching palms and a desire to go to court, or resort to more direct means to soothe the itch. Consummating these measures is informally known as 'racketeering,' and the person suffering from the disease is sometimes called a 'racketeer'.

"Probably 100 cases of 'food poisoning' were reported during the 'epidemic' About 25 suits were filed against bakers, accusing them of selling impure food, especially in the cream

(Continued on page 1327-adv xxiii)

(Continued from page 1326-adv xxu)

pies One woman who was both poor and pregnant had called in the physician who was to attend her in confinement. She had gastroenteritis. She had eaten part of a bakery pie. The physician promptly made a diagnosis of food poisoning and wrote out a bill for \$25 for the one call.

"Dr Cavaness made an unexpected call on the physician and pointed out that he had failed to report this case to the police and health departments. The Doctor at once admitted the case was not food poisoning, but that he believed a diagnosis of that sort and a bill for \$25 would immediately extract this sum from the baker, especially in view of the current wave of publicity and lawsuits

"Dr Cavaness found that there had been a few actual cases of food poisoning, but that the inspectors and laboratory had been very vigilant and most of the many reported were cases, rather, of 'rackets' His diagnosis was supported by the fact that no cases were reported after his investigation. We submit that, although investigation would have little effect on food poisoning, it might logically be expected to have precisely the effect indicated on 'rackets'

"A word remains to be said of the physician whose conscience was so shabby that he sought to make up a \$25 obstetical fee by a false diagnosis and a baseless claim. The memory probably will be cinchona to his palate and asafetida to his nostrils for many nine-months to come. We hope it will be bitter and rank enough to inhibit a recurrence of this quaint modern disease. And we rejoice to point out that he is only one among 6,000 physicians in Missouri, and we trust, as the past indicates, that he is about the only one who would take advantage of his professional knowledge to connive in a fraud upon business people."

THE SICK DOCTOR

The sick doctor is the subject of an editorial in the Medical Journal and Record of June 20 Just as the Pope and Cardinals of the Church have their priests to minister to their spiritual needs, so the physician needs the advice of another doctor who will consider his case with impersonal science. The editorial says

"The physician with a persistent pain needs more than a casual dose of soda bicarbonate or an aspirin tablet. He deserves competent attention just as much as the layman. In spite of his own claims to knowledge, he has a perfect right to be diagnosed and treated, or to be (Continued on tage 1328—adv. xxiv)

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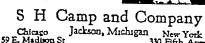
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Write for Physicians and Surgeons Manual



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(Continued from page 1327-adv xxiii)

diagnosed and reassured, as anyone else Most doctors of whatever degree of fame or success are only too glad to be of help to their professional brethren and they say so, but still the modest sufferers hang back

"By far the worst offenders are physicians who, too busy to take proper recreation, fall victims to their 'nerves'. The timely advice of a psychiatrist might do much to relieve their distress and improve their efficiency, to say nothing of averting an impending breakdown. But do they seek help where it is freely available? Very seldom

"In addition to their dislike of 'bothering'

the psychiatrist, they have another even more cogent reason. They fear that they will be considered 'crazy' and their professional reputations will accordingly suffer. Fortunately the time is rapidly approaching when mental prophylaxis will be as common as dental prophylaxis, and it is to be hoped that physicians will be the first to realize the fact.

"The physician owes it to his patients to keep himself mentally and physically fit. To do so as things are, he must pay enough attention to his own condition to know when he needs expert advice and overcome his scruples sufficiently to seek that advice as his due whether he is permitted to pay for it or not."

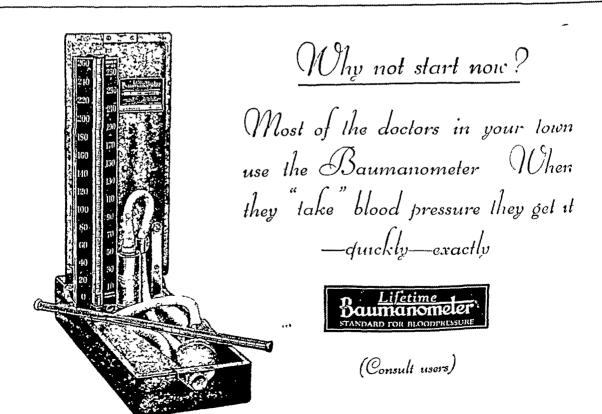
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RURAL PHYSICIANS IN MICHIGAN

The Granges of some of the Western States are advocating a shortened course in medicine for physicians practising in rural districts, on the ground that those who take the courses will settle in the country The Journal of the Michigan State Medical Society opposes the plan in the following editorial

"In 1889 was passed the Chandler Medical Act and the power of licensure was placed in the hands of the Michigan State Board of Registration in Medicine, composed of ten physicians Board for the last five years has admitted 1,550 physicians to practice (300 a year) which would seem to be an ample supply of new doctors It is but rarely, however, that one of them enters practice in a small community The National Grange claims that premedical and medical standards can be lowered and that physicians will then locate in rural communities to relieve dearth of doctors There are various reasons why physicians will not locate in the small community If the rural community can stop the emigration of its own young people to the city, and can offer better schools for the doctor's children, better facilities to practice his profession, and will support him financially so that he can work satisfactory to his standard of practice, the problem of the better distribution of physicians may be solved, and not before lower standard will not solve the problem, because the farmer and his family are more observing and critical than are their unsophisticated brother in the city faker or the poor doctor does not last long in a rural community because news travels fast in the country A poorly trained doctor is probably the most dangerous man in any community'

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ENDOTHERMY VERSUS X-RAY AND RADIUM IN THE TREATMENT OF NEO-PLASTIC DISEASES OF THE SKIN AND MUCOUS MEMBRANE*

By GEORGE A. WYETH, MD, NEW YORK, N Y

SINCE the advent of Roentgen Rays and Radium great progress has been made in treatment of neoplastic diseases. Today the successful treatment of cancer depends upon two fundamental factors precise knowledge of the exact kind of tumor we are treating and knowledge of the exact form of treatment to which that particular kind of tumor will yield best. Some tumors respond better to radiation, some to other treatment.

There are in general two kinds of malignant tumors, anaplastic and adult There are in general two forms of treatment (1 e, as far as we are concerned today) endothermy (a refined surgery for cancer) and radiation which may be accomplished by x-rays or by radium The effect of radiation is most pronounced on anaplastic tumors on account of its inhibitory action on young and undifferentiated cells adult tumors the effect of radiation is less marked and in some cases it is practically That is, to affect the neoplasm a radiation intensity is required which will also destroy the surrounding tissue Those neoplasms which readily respond to radiation are spoken of as radiosensitive. Those which do not as radioresistant

Unless cognizance is taken of the fact that neoplasms are of varying types and of widely differing degrees of malignancy compilers of cancer statistics devote themselves to a labor that is of limited value Any cures of any epitheliomas are worth noting, but to be illuminative statistics must now classify by degree of malignancy the cases treated describe a lesion as an epithelioma or as an epidermoid carcinoma is no longer adequate To divide epitheliomas anto basal cell and squamous or prickle cell is not enough unless we at the same time make the important distinction that there is to be learned from the tumor itself the secret of its successful treatment

From the splendid work of Broders of the Mayo Clinic we are now able to classify neoplasms into Grades I, II, III and IV, according to the degree of malignancy or cell differen-Grades III and IV being least differentiated are more radiosensitive than are Grades and II This would seem to indicate that in treating these lesions radiation would be most effective. On the contrary it is in lesions of Grades III and IV that radiation most frequently fails This is because they are the most malignant types, they develop rapidly and metastasize early and although they are materially affected by irradiation too often not all of the cells on the outer edges are destroyed and the tumor progresses Thus we have a seeming paradox, a Grade IV, characterized by young and active radiosensitive cells, which is not permanently benefited by radiation It is known, however, that radiation of those highly malignant lesions of Grades III and IV causes them to become less malignant and makes them more immediately susceptible to treatment by scalpel surgery On account of the immediate, destructive effect of endogenous heat employed in endothermy in the removal of such lesions it is believed that endothermy's destruction is as final in Grades III and IV as in Grades I and II, provided metastasis has not already taken place We no longer use scalpel surgery in the treatment of cancer of whatever grade, wherever located Endothermy offers all scalpel can offer and we believe it accomplishes its purpose much more satisfactorily

We all remember the enthusiastic claims which were made a few years ago for the use of radium in the treatment of cancer and the promptness with which radium became the hope of all sufferers from neoplastic diseases who were afraid of the surgeon's knife Slowly we have seen this confidence shaken. There came first the reaction against the intense suffering induced by the use of radium, particularly in lesions of the mouth and buccal surfaces, and finally the conviction grew that

^{*}Read at the Annual Meeting of the Medical Society of the State of New York at Albany N Y May 23 1928

radium does not exert a selective action on all cancer cells It was found impossible to limit radium's destructive action to a shallow depth, as for instance in treating lesions of the cornea Applied to lesions in close provimity to bone, radium in efficient doses not infrequently causes a necrosis of the bone beyond the power of the operator to control Lesions in cartilage are particularly resistant, and it is not surprising that Hayes has recently said in the British Journal of Radiology, "It is evident that our present methods have not reached finality" Similarly, Kelly of Baltimore, pioneer radium therapist in this country, mentions among other radium difficulties, lack of uniformity of action, development of radioresistance, delay in securing results, need of repeated treatments, likelihood of harm from unskilful treatment through lack of experience The last mentioned is indeed likely to be an increasing menace if certain alluring advertisements addressed to the profession continue to offer prescription and to furnish radium treatment by mail

However, not all of radium's lack of success is due to inexperience. In the 1923 Report of the Memorial Hospital of New York City (the latest report to give results of treatment) there is reported on Page 48, treatment of 148 cases of epidermoid carcinoma of the tongue, 69 of which—458 percent—were primary growths without glandular involvement These were treated during the preceding three and one-half years and we learn from the Report issued by Douglas Quick that only 4 cases— 4 out of 148—were clinically free from disease more than two and one-half years from the

time of beginning treatment In 1925 Prof James Ewing, Director of Cancer Research of Memorial Hospital, said "Surgery is the only reliable method of treatment that can now be generally recommended, but radiation is of great value in many and is to be preferred in some cases" An evturpated cancer is the only safe one For this reason there has been constant and eager search for a method of treatment which adds to the finality of surgery a more complete protection against mechanical implantation of malignant cells and against recurrence a method is endothermy, the surgical application of high frequency currents, through which we have three procedures to desiccate the neoplasm, to coagulate the neoplasm or to excise the neoplasm with the endotherm knife which seals lymphatics as it cuts

In a paper presented before the Academy of Medicine of Cincinnati, Goosman said on "All of the subject of surgical diathermy these cases are treated with x-rays and radium and only the ones which fail to heal under radiotherapy are submitted to diathermy, as

the latter is a much more destructive process It is surprising, however, to see the excellent cosmetic results obtained after coagulating a

large area by this method"

Since the object in combating cancer is to destroy it and since, employed only in those cases which failed to heal under radiotherapy. diathermy has in Dr Goosman's experience proved a more destructive process than have either rountgen rays or radium, and has led to "excellent cosmetic results," one wonders what might be the doctor's results if he were to employ endothermy in the beginning in all those cases to which it is applicable

In the treatment of localized neoplasms which can be immediately removed, we no longer use roentgen rays or radium. They are time-consuming, uncertain in action and in this type of case should not be used Endothermy, an immediately destructive process, not dependent on tissue conversions is the method of choice Dosage is under the control of the operator, permitting him to remove in a single treatment an epidermoid carcinoma from the cornea without damaging the sight, from the vocal cords without destruction of the uninvolved portion, from depressed epitheliomas—as in the alae nasi—where radiation is difficult

To this accuracy of dosage in the hands of a trained operator is largely due endothermy's advantage over physical measures in avoiding the formation of undue fibrosis, in protecting against atrophy and disfiguring depigmentation following treatment of skin lesions, in preventing telangiectasis, in obviating aray cancers

In no other single group of cases is the value of the special technique of endothermy more strikingly exhibited than in the treatment of melanoma, tumors known to be defi-

nitely radioresistant

McFarland of Rochester, reported in the N Y STATE JOURNAL for January a striking list of six melanotic carcinomas which had been severally treated by almost the entire range of therapeutic agents, with a disastrous outcome in all We share the doctor's regret that delayed diagnosis and inconclusive treatment were here, as is too often the case, the misfortune of sufferers from melanin-containing growths Initial destruction of such cases by the protecting methods of endothermy tends to check the spread of the disease which so often occurs after scalpel excision

In discussing lesions of the mucous membranes what is said of the oral cavity is anplicable to lesions of mucous membranes elsewhere, such as antrum, larynx, bladder, etc., cavities which may be opened with the endotherm knife and made ready for proper, indicated technique of endothermy

Lack of time permits us here only to call attention to the advantages inherent in the endotherm knife for removing tissue for microscopical examination, a point, we believe, worthy of mention

For reasons that are not very clear, cancer lesions of the buccal mucosa are too often not brought to the attention of the surgeon until practically inoperable by ordinary methods, It may be that in the early stages cancer of the mouth is not very painful and that the patient does not realize the seriousness of the "sore spot." Truesdale has observed that "cancer of the tongue, except in the aged, grows rapidly, invades the lymphatics early and becomes hopelessly advanced in from six to nine months" This leads us to urge that any neoplasm of the mouth, however benign looking, should be removed, and that any ulcer, the cause of which is unknown, which resists treatment for three weeks, should at once be brought to the attention of the specialist for diagnosis Many cases of cancer of the tongue show a four-plus Wassermann Cancer is often superimposed on a syphilitic base, but if the first practitioner consulted diagnoses syphilis and, unconscious of the presence of cancer, administers repeated doses of salvarsan while the more malignant lesion goes unattended, the loss of time may actually cost the patient his life

Endothermy is particularly indicated in mouth lesions. It offers precision of application, the practically immediate cessation of suffering, freedom from shock and hemorrhage, and that early return to normal diet which is so urgently needed by the cancer sufferer. It further protects against the dangers of

metastasis and the likelihood of recurrence by removing the tumor immediately as a dead mass instead of a group of viable cells. The resultant scar is supple, pliable and Nature subsequently restores much of the excised tissue.

We would not suggest that the results of endothermy are achieved by the nonchalant turning on of one or another of the currents It is the result of a sound surgical training and a thorough knowledge of the precise use of the currents which differ so widely in character and effect To use bipolar endothermy (coagulation) when monopolar (desiccation) is indicated is to fail of achieving a proper and possible result Wider destruction is caused, more scar tissue is formed To use monopolar endothermy when bipolar is indicated is to fall short of that assurance which can be achieved by using the proper current. Likewise, when a lesion is such that it should be excised with the endotherm knife the employment of either desiccation or coagulation will not be satisfactory

In the march of progress, wishing to take advantage of newer methods, many men are now using these destructive currents with but little knowledge of their power and characteristics. Special training in the use of endothermy is not difficult to secure and results more than warrant the time and study needed to secure it. The well-equipped practitioner will find many cases in which he will want to use radiation in conjunction with endothermy, he will find many cases which will need radiation alone and he will find many others for which no treatment is so suitable as endothermy

PNEUMONIA*

Its Nature, Causes and Varieties, with Treatment.

By JOHN D BONNAR, MD, CM, BUFFALO, N Y

In the economy of nature, we find specialization a marked feature. Only to a very limited degree, can any substitution, or aid be given by one organ for the relief of another. This plainly shows that self-help is fundamental in vital processes, as indeed in industry. Were this not the case, confusion must and would result. Therefore are laws written in nature and made serviceable to man Their violation carries with it just punishment.

* Address given over Radio Station WGR, Buffalo N Y September 13 1928 In brief, health and its maintenance, are natural duties devolving upon individuals, as well as communities. Shirking these primary laws is no evidence that such laws are futile or harsh. No, on the contrary, they mark the straight path to freedom.

Order is heaven's first law To build well, we need plans and specifications, else the product is bound to prove a misfit and end in confusion. Nothing succeeds like success Nothing can bring it about without order and system—the very egis of big business and big profits. To assail success, its accusers brand

themselves as purile and prove an hindrance to progress. The inference is plain, that human welfare depends upon prevention of doing wrong and promotion of doing all things for the best

Every cell, or molecule, in the animal or vegetable kingdom, is fitted for its own sphere of action As a sentinel, it either marks time. or moves to duty, when service is needed to maintain the life or promote the growth of its parent structure. In like manner, but in greater degree, organs perform special service in the body as a whole None is fitted to fill the place of another, yet, none can refuse to serve others, as best they can, when the need arises for co-operation Therefore, our true interests depend upon service, in the truest sense of the term To determine what that means, presupposes familiarity with the problem in hand Pneumonia is a household It ceases to be technical, as we use The layman, not versed in the minute features of the disease, is fully aware of the fact that it means—Inflammation of the On the other hand, the physician embraces in that term the minute elements of the disease as a whole-not alone of the lung Without such knowledge, his service, in treatment of the disease, must prove a great Hence, whatever may illucidate the subject, in the least degree, may prove a life-

The "Tripod" of life is composed of the Brain, Heart and Lungs These are the, so called, "Vital" organs To maintain life, each of these organs must continue to do its part in the economy of the body The function of the lung is to breathe. The object of breathing is purification of the blood bonaceous waste products of the body, circulating in the blood, when passing thru the lungs, meet the air we inhale, and Oxygen is absorbed from that air and combines with the Carbon in the blood, making a chemical body, called carbon dioxide, which is a gas, that flies off with each exhalationoutgoing breath Unless the rhythm, so to speak, is maintained, the body soon suffers from poisoning by its own products, that should escape from the system Asphynia will soon follow, when the carbon is not The victim must succumb, if relief is not secured within reasonable time we see the great responsibility resting upon the medical man, in charge of the case purpose in addressing you tonight is a clarification of the subject-Pneumonia-and what 1t 1S

To determine what Pneumonia is, we will now invite your attention to the group of organs most directly implicated in the sick ness Primarily, the lung, or lungs, are the

seat of the disease The heart and brain, the other two members of the Tripod, become affected, in greater or lesser degree, if discase becomes serious The blood current propelled by the heart, is pumped directly into the lungs. On its return from lungs, it is then sent forward to the body as a whole—the brain, getting its supply most directly, senses the situation more quickly than remote parts of the body. Also being the other unit in the three "vital organs," its place is close to the seat of trouble and feels it quickly. Thus, we see at a glance, why Pneumonia is a hazardous disease and calls for prompt and vigilant care.

While there are causes, that predispose the body to succumb to Pneumonia, such as exhaustion, from hard or unusual toil, liquor habit, exposure to chill and wetness and cold drafts, the exciting cause, is a germ, called Vigorous health, in this, as Pneumococcus in all sickness, proves the trite answer of a physician to the enquiry, "Doctor, what is the best remedy for a certain disease?" Promptly replied-"Good Health' So, in like manner, I advise it for Pneumonia However, dealing as we must, with the actual lung inflammation, it is obvious that treatment must meet the issue and, if possible, save the life of the That the average death-rate of this disease ranges from 20-50%, of those attacked, none will hesitate to accept any practicable plan of treatment, which will assure a lowering of the fatality Nor will we hesitate to listen with patience to all rational advice, that offers any new hope

All disease is a battle between the forces of invasion, on the one hand, and the forces of defense, on the other The invaders may be likened to "Shock Troops," who pour in every deadly missile into the ranks of the de-On the other hand, the defense with like fury, engages the enemy in mortal strug-Victory depends on strategy, strength and environment To repel the enemy and save the life and powers of the patient, in the case of disease, is the object sought Just how to effect this outcome is my theme. How to do it with least loss to the patient and greatest credit to the physician is alike vital in shaping a verdict

As already mentioned, the previous health of the patient has much to do with the cure of the Pneumonia General debility, chill, exposure, excessive toil, exposure to wetness, poor food, bad air, loss of sleep or any excess or previous disease of lung, or other organ, lessen the chances of recovery As in a nation, so in the individual, success in warfare depends greatly on strength and strategy

Pneumonia or Broncho-pneumonia are generally ushered in by such chilling influence,

as exposure to cold draughts, wet feet, or lack of sufficient clothes, following perspiration from exhausting toil Short breathing, some pain and a hacking cough call attention to the case The physician is called On examination, he finds the lung-most generally, the lower lobe of the right lung-is dull and respiration is much lessened This is the Congestive stage of the sickness If prompt action is now taken, the disease in many cases can be aborted, as the doctors term it—popularly "RESOLUcalled "breaking up the cold" TION" is another technical term for checking the dread disease in this first stage fortunately, too often the case is either past this stage before suspected or detected and the real inflammatory pneumonia is ushered in

The Pneumococci, of which there are 3 recognized—some say 4—varieties, have won the first engagement, over the forces of defense—the Phagocytes These latter are an advance guard of the white blood cells, that, figuratively speaking, eat up the disease germs—"phago"—eat, being the root of the word It is now a case of life and death struggle Every available means for driving out or destroying the specific germs—the pneumococci—must be martialed

While the disease may be quite limited involving but one or more lobules, or smallest section of a lobe of the lung-it mostly embraces an entire lobe or, in very grave cases, found often as a result of Measles, more than In some such cases I one lobe is invaded have found both lungs filling up with the dis-The danger increases with the spread of the infection Right here, I wish to call attention to the fact, that from one-third to two-fifths of the lung must remain free from the pneumonia, in order to preserve breathing space in the organs, demanded in purifying the blood, by the oxygen of the air, or the patient will asphyxite!

Dullness of the lung, rusty sputa, crackling sound in the air tubes, high fever and short breathing tell the physician what the case is and he settles down to meet the issue. While diagnosis is of vital importance, the treatment is now the supreme question in driving out the disease and saving the life of the patient. Through the action of the germs, invading the lungs, toxins—organic poisons—are formed and enter the circulation. The heart and brain

are liable to infection and thus add enormously to the risk. Prompt remedy is therefore needed to avert these results. Later in the sickness, other disease germs, the Streptococci and Staphylococci, add to the specific pneumonia germs, new enemies, that must be met by special remedies. While this storm-centre is getting stronger, the patient is growing weaker—treatment is most vital

TREATMENT—the all-important issue—is now before us. It naturally resolves itself into three phases—Physical, Medicinal and Germicidal Under the first, we include proper ventilation, warm, comfortable bed and warm emollient applications over affected lung—changed every few hours. Posture of patient should be changed, to prevent settlement of blood to the low part—"hypostatic"—spoken of by the medical profession. To lower the fever, use a warm sponge bath. Also induce gentle perspiration. This shifts the blood to the capillaries of the skin and lessens the congestion in the deep parts—the inflamed lung included.

Medical—the second phase of treatment must be directed to secure drainage from the diseased lung—bogged up by the congestion and, at the same time, induce by the medicine, an increase of blood in the surface of the body Slight nausea will start secretion into the bronchial tubes, thus draining the diseased organ, while inducing perspiration, by relaxing the bloodvessels of the skin Physicians only can do this safely Constant care is vital to success and must be varied to meet the If pained, anodoynes may be condition needed, if heart is weak, cardiac tonics, for nervous prostration, stimulants For poor aeration of blood, Oxygen may be neededhypodermically, or by inhalation

For battling with the Pneumococci, several specifics are now used, creating in the diseased lung a flood of electrons—positive electric units—that dispel the germs. If suppuration occurs, then Streptococci have entered and should be met with anti-streptococcic serum. If abscess and gangrene occur, we must use powerful tonics, keep patient on sound side, to favor drainage together with specifics, such as Manganese and Gold chemicals. Any complications, as pleurisy, heart or brain infection, need added care.

DIABETES ALBUMINURICUS OR CHRONIC NEPHROSIS*

By ALBERT A. EPSTEIN, MD, NEW YORK, N Y

WHEN I was invited by your Chairman to choose some phase of renal disease for discussion before the Section on

*Read at the Annual Meeting of the Medical Society of the State of New York, at Albany N Y, May 23 1928

Pediatrics, I selected Diabetes Albuminuricus or Chronic Nephrosis not only because of its interest and importance, but because its comprehension is still not as clear to all as it should be, although twenty-five years have already

elapsed since the work on it was begun. In view of the uniformity of the clinical characteristics of this disease, the subject can be discussed without particular regard to the question of age. The only difference existing between the very young and the adult is in relation to the incidence of the complications which may arise and to which the young are more particularly prone.

The topic is a large one and time will not permit me to go into it fully but with your kind indulgence I shall try to present it as com-The term nephrosis was pletely as possible originally applied by Friedrich Mueller to a group of renal affections in which the dominant pathological change was degeneration of the renal tubules In this nomenclature were included not only those cases in which the degenerative process was restricted to the tubules but also in which the lesion in the tubules was but a part of the diffuse process affecting most or all the structures While a better classification of renal disease is now at hand, still the use of the term nephrosis as generally applied represents merely a compromise between clinician and pathologist From the pathological standpoint the term includes all forms of renal disease with tubular degeneration ranging in degree from cloudy swelling to necrosis of the tubular epithelium and amyloid degeneration, while according to the clinical conception the term refers to a group of diseases characterized by a chronic course, edema, oliguria, albuminuria, and the absence of hypertension and renal insufficiency

Despite the importance of the clinical character of the diseases in this category, emphasis is laid principally, by virtue of the term employed, upon the pathological changes in the In consequence, even according to the newer classification, chronic nephrosis still includes three distinct pathologic varieties the primary or genuine, or lipoid nephrosis, glomerulo-nephritis with nephrotic manifestations, and amyloid disease of the kidneys Notwithstanding numerous efforts to establish definite diagnostic criteria, positive differentiation of individual cases is frequently impossible since clinically one variety may closely resemble the Thus the use of the term "nephrosis" does not clarify the situation entirely, it still focuses our attention upon the ultimate pathological changes in the kidneys and does not take cognizance of other processes which contribute to the pathogenesis of this group of diseases

From my studies of the problem, 128 I have become convinced that the matter must be viewed in a different light. It is my opinion that the fundamental disease in so-called chronic nephrosis is not renal in origin for nature. In the series of publications re-

ferred to, I have attempted to present evidence showing that the pathological changes in the kidneys are of secondary importance only. The facts adduced point strongly to the conclusion that the disease is metabolic in origin, and the degeneration of the tubular epithelium of the kidneys, which is characteristic of nephrosis, is the consequence and not the cause of the disease while co-existing inflammatory processes and amyloid deposits in them may be either independent or incidental

It seems well established that in "primary" or "genuine" nephrosis the kidneys fail to show inflammatory changes, and there is sound reason for believing that the tubular degeneration and the lipoid infiltration which form a part of the pathologic picture are not of inflammatory origin. There are strong indications, too, that amyloidosis of the kidneys, to which reference has already been made, may not in reality be a distinct and specific disease as alleged, but the culminating effect of a protein intoxication incidental to or concomitant with the metabolic perversion which forms the basis of the so-called nephrosis

The first and foremost manifestation of nephrosis is an intense and persistent albumi-In many instances this phenomenon appears long before any other evidence of the disease develops, and its finding may be purely accidental or casual The question which requires our first consideration, therefore, is the albuminuria The proteins present in the urine in albuminuria have been found to be identical with the proteins of the blood mechanism by which albumin is excreted in the urine has been discussed at great length by the author in other publications 4567 In these the view has been expressed that the albuminuria in so-called nephrosis represents an active excretion of the serum proteins by the kidneys Because of a change in the proteins, be it chemical, physical or biological, as a result of which the body is unable to utilize them for whatever function proteins serve, they are excreted by the kidneys as foreign substances in the same manner that the kidneys excrete any other foreign matter present in, or introduced into, the blood stream Just as in diabetes mellitus the glycosuria results from the perversion of carbohydrate metabolism, so in this disease (the so-called nephrosis) the albuminuria has back of it a perversion in protein utilization. To this fundamental process I have applied the name "Diabetes Albuminuricus"

It is in consequence of the excretion of protein from the blood into the urine and its ultimate effect upon the organism that the muchdiscussed varieties of "nephrosis" assume the same secondary clinical manifestations namely the blood changes, the edema, and the oliguria

The first demonstrable effect of the albuminuria is the change in the content and composition of the blood proteins Their content decreases and the fall is proportionate to the duration and intensity of the albuminuria The output of protein in the urine may range from 5 to 50 grams a day The total amount of protein in the blood serum of a normal full grown person weighing 70 kilograms is approximately 210 grams When it is remembered that an albuminum of great intensity may last many weeks or months the protein depletion of the blood can be readily appreci-Thus while the normal protein content of the blood serum ranges between 65 and 82 grams per 100 cc, values have been found by me in this disease as low as 27 grams per 100 c c Coincident with the decrease in the total protein content in the blood serum is the change in the quantitative relations of the individual constituents Whereas normally the proportion of the globulin to albumin is approximately as 1 to 2, in these cases the globulin content rises and may constitute the major part of the protein present

In the studies referred to I have shown that loss of protein from any cause produces a reduction of the protein content of the blood In no instance however is the impoverishment of the blood in serum protein so pronounced, nor is the inversion of the albumin-globulin ratio of the serum protein so marked, as in the cases where the albuminuria is the result of the systemic disturbance to which I have applied the name of diabetes albuminuricus Neither in purely inflammatory diseases of the kidneys nor in any condition in which the anatomic integrity of the kidneys alone is disturbed, even to the point of complete destruction, as in surgical conditions, can such changes in the blood be noted

Another effect on the blood which I have studied closely and which has since been repeatedly observed by others is the accumulation of lipoid material in the blood 8 A milky appearance of the blood serum was observed by a number of the earlier investigators, including Bright, in cases corresponding to those under consideration They correctly ascribed this appearance to an increase in the fatty substances in the blood But while the milky appearance is to be observed in the blood serum in the more advanced cases, it is absent in the Nevertheless an increase in the fatty substances is practically a constant finding One of these fatty substances, the cholesterol, was studied intensively This substance is invariably increased during the active stages of the disease and more particularly when edema The level which it may reach is most extraordinary I have observed values as high as 13 gms per 100 cc of blood

The cause of this hypercholesterolemia is uncertain. The origin of the cholesterol present normally in the blood is also unknown. Some of it is exogenous and some endogenous. It is subject to fluctuation under a variety of conditions. In some it appears to be less dependent upon external causes than in others and is definitely associated with metabolic disturbances such as diabetes mellitus and diabetes albuminuricus, or so-called chronic nephrosis. There can also be no doubt as to the relation of the cholesterol content of the blood to the activity of certain glands of internal secretion as the suprarenal and the thyroid

The lipoidemia of diabetes albuminuricus is obviously different from that of diabetes mellitus It bears no relation to carbohydrate metabolism and is not associated either with acidosis or ketogenesis. It appears rather to arise directly from the peculiar impairment of protein metabolism, or protein loss. In physical appearance the lipoid-rich serum of diabetes albuminurious differs from that of diabetes mellitus in that free fat is not separated from the serum upon standing or centrifugalization It appears thus to be in closer physical or chemical contact with the blood proteins behaves differently in a metabolic sense also, since it does not lessen or disappear upon the elimination of fatty foods from the diet general character the lipoidemia of diabetes albuminurious is more like that which arises in endocrine disturbances particularly hypothyroidism. It is greater in intensity in diabetes albuminurious however than in any other known disease

In seeking an explanation for this phenomenon we find strong evidence which points to a deficient protein metabolism as the direct cause of the hypercholesterolemia As Lande and I have pointed out, a certain relationship exists between the basal metabolism and the cholesterol content of the blood Although the association is not constant, it may be said in general that conditions which depress the metabolic processes of the body cause an increase in the cholesterol content of the blood, while those which augment metabolism cause a de-Thus protein starvation, loss, or nonutilization cause a lipoidemia, while, conversely, protein feeding, pyrexia, and thyroid administration uniformly reduce the lipoidemia. Protein feeding augments metabolism by its specific dynamic action, fever heightens protein catabolism, while thyroid promotes the utilization of protein, all these effects are accomplished by a fall in the cholesterol content of the blood. These facts, as we shall see later, bear directly on the course and the treatment of the disease

In a measure the lipoid accumulation in the

blood in this disease is proportional to the loss of protein sustained by the blood and still more certainly is it proportional to the degree of systemic disturbance which accompanies it is perhaps the best measure that we possess of the tissue starvation and the metabolic perversion

Among the blood findings there is one other that is regarded as distinctive of the so-called chronic nephrosis or diabetes albuminuricus This is the non-protein nitrogen. The lack of retention of this constituent in the blood is usually considered as a criterion in the differential diagnosis between this condition (diabetes albuminurious) and true renal diseases This however is misleading because retention of nitrogen takes place in both types of diseases, although in diabetes albuminurious (the so-called chronic nephrosis) it is due to a different cause and is not manifest as such in the examination of the blood

One of the most striking clinical manifestations of diabetes albuminurious or so-called nephrosis is the development of edema or Its occurrence is intimately associated with a diminished excretion of urine believed to be due to an impairment in renal Oftentimes it is the first symptom of which the patient complains, and thus leads to the clinical recognition of the malady Those who have observed the condition know well the severe proportions which the edema may assume, the distress which it causes the patient, and the inadequacy of most therapeutic procedures in permanently controlling the condition

Since the time of Bright, explanations for the cause of edema have been manifold Indirectly they all attribute the phenomenon in one way or another to the retention of water and salts caused by the mability of the kidneys The position of to eliminate them adequately the kidneys in the body economy, however, is such that alterations in renal function may result from causes outside of them, so that retention of salts and water and the consequent edema may be due to factors other than renal insufficiency It seems self-evident that no massive effusion or edema can occur without a corresponding retention of fluid, but the cause of the retention need not reside in the

In 1917 10 I proposed the view that the edema in the disease under discussion was of extrarenal origin, directly traceable to loss of protein sustained by the blood in consequence of The arguments presented the albuminuria were based upon two precepts which now constitute well-established principles in the physiology of fluid regulation in the body, namely, intracapillary pressure and osmotic pressure

This hypothesis has received support from

many different sources It is hardly necessary In the uncomplicated to enumerate them cases the evidence is quite direct, and striking support is gained from the therapeutic procedures based upon the suggested hypotheses -procedures which aim to restore the protein content of the blood to normal In complicated cases (those associated with vascular changes or with renal disease) other factors undoubtedly play a part in the production of this phenomenon

In discussing the clinical character of the malady it was observed above, that it is of slow and insidious onset and that the edema is often its earliest symptom. This of course does not signify that the edema marks the beginning of the disease Much of the confusion concerning the pathogenesis of diabetes albuminuricus, I believe, is due to a misunderstanding of the origin of the edema. Its presence is usually interpreted in terms of renal insufficiency, particularly where it appears to be ushered in by an intercurrent renal inflammation In point of fact the presence of the edema, as explained, indicates an advanced stage in the development of the malady shows that the albuminuria has been of sufficient intensity and duration to bring the protein content of the blood to a pathological level

The protein content of the blood serum in such instances shows a moderate reduction below the normal At a later stage in the disease the edema makes a definite appearance, but is not constant. It may be observed either in the face or back when the patient is in a recumbent position, or in the lower extremities when the patient is up and about occurs when the protein content of the blood serum has been reduced to such a level that a critical point in the exchange of fluids between the blood and the tissues has been reached, and factors of gravity may disturb the balance and thus determine the formation and localization of the edema. It is found at this stage that the blood protein content is still close to 60 gms per 100 cc When, however, the protein content of the serum falls to about 5 gms or lower the edema becomes generalized and is permanent Posture alone no longer determines its presence or location In the absence of vascular disturbances, cardiac or hepatic diseases, or inflammation of the kidneys (glomerulitis or glomerulonephritis), the critical point in respect to the blood serum proteins, that is, the point at which the edema becomes a constant symptom of the disease. is approximately 5 gms per 100 cc. It is important to remember that the reduction in the content of the blood serum proteins is not due to hydremia or blood dilution

Thus, in view of the fact that the edema is largely, if not entirely, the result of a loss of protein from the blood, it may be regarded as being virtually a sequel of the albuminuria It is by virtue of the fact that the edema in this disease is of extra-renal origin that diuretics are of no avail whatever

ETIOLOGY

The exact nature of the initial disturbance which leads to the albuminuria is still an open question Close analysis favors the view that the fundamental cause is a metabolic perversion in which the blood proteins undergo either a physico-chemical or a biologic change, and cease to function properly Like other metabolic diseases, this one also shows certain predilections, and may be provoked by a variety of extraneous causes It occurs most often in young adults and children, and is more common in males than in females The individuals particularly prone to this malady are of a peculiar flabby type, some being definitely obese at the onset. The occurrence of repeated attacks of urticaria mark the early history of some of the cases In certain instances glycosuria may accompany the albuminuria, and a tendency to albumosuria has also been ob-While in most instances the disease begins insidiously, occasionally it is ushered in by an infection, or it may occur during or after pregnancy, or in the course of some endocrine disturbance Nor can it be said with certainty that syphilis or tuberculosis, when present, are the direct etiologic factors of this The various conditions enumerated cannot be regarded per se as the etiologic factors, they are merely the exciting causes

From clinical and biochemical observations, it seems probable that the function of the thyroid is also in some way concerned in the abnormal metabolic phenomena present in diabetes albuminurious or chronic nephrosis But the relation is not, as might be supposed, generic, for, while myxedema and diabetes albuminuricus have certain features in common, the relation of the thyroid gland to these diseases is fundamentally different Hypothyroidism and myvedema are the result of a deficiency in thyroid secretion, varying in degree The relation of the thyroid to these conditions is therefore causal or generic. There is however no evidence to show that the thyroid gland is diseased in diabetes albuminurious or so-called chronic nephrosis, or that its function is subnormal, and experience indicates that the amount of thyroid substance required to restore the metabolism in cases of diabetes albuminuricus to normal is very much greater than in complete myxedema While superficially the difference in the behavior of myvedema and diabetes albuminurious in relation to thyroid is quantitative only, the metabolic disturbance in this disease must be of a somewhat different nature and much more profound in character. When measured in terms of thyroid requirement, the disturbance is even greater than that represented by the total cessation of thyroid secretion. Diabetes albuminuricus does not represent a simple deficiency of thyroid, but a condition in which the latter fails to attain its normal stimulating effect upon the metabolism of the cells, either as a result of a peculiar resistance on the part of the cells themselves or because of the chemical change in the composition of the blood.

This conception of chronic nephrosis reduces the subject to simple terms by means of which the clinical manifestations and pathologic changes can be readily understood foregoing exposition an attempt has been made to show that most of the clinical manifestations of so-called chronic nephrosis are traceable to a condition which is not renal in origin or na-Upon this interpretation of the disease depend two very important questions, namely, the prognosis and the treatment Most true renal diseases which run a chronic course are progressive in character and ultimately prove fatal, the disease which I have described and termed diabetes albuminurious is not renal in character and therefore by its very nature affords a totally different outlook. Notwithstanding the fact that its etiology is uncertain and its duration is usually long it is nevertheless capable of complete cure, when therapeutic measures are instituted which are in keeping with the principles that I have sought to establish

TREATMENT

The basic disturbance of the disease is a subversion of protein metabolism. The albuminuma, the loss of protein substance from the blood, the edema, the lipoidemia, the reduced basal metabolism and other evidences of tissue starvation, all result from this basic disturbance. The problem in the treatment of diabetes albuminumicus therefore resolves itself into three specific propositions.

- 1 To replace the protein loss of the blood plasma. This is best accomplished by feeding a high protein diet, that is, 20 to 30 grams of protein per kilogram of body weight.
- 2 To compel the tissues to utilize the protein and incidentally to reduce the lipoidemia This, too, is often accomplished by a liberal protein, but fat-poor diet. The administration of thyroid aids in attaining this desideratum
- 3 To re-establish normal metabolism When high protein feeding fails to accomplish this the institution of thyroid is definitely indicated. It must be remembered that the main purpose in the use of thyroid is to stimulate protein utilization. It does not aim to replace protein

feeding which is fundamental in the treatment of this disease

The dietary rules are simple Two to three grams of protein per kilogram of the observed body weight are allowed Fats are largely, and whenever possible, entirely excluded This necessarily makes the diet of low caloric value Fluids and salt are allowed in moderation and not reduced to an intolerable minimum

Further details concerning the diet seem hardly necessary at this time. A few remarks on the use of thyroid however are in place, particularly because the position which this agent occupies in relation to diabetes albuminuricus is unique.

As is well known, thyroid extract has been used in a variety of conditions, notably cardiac and renal diseases associated with dropsy For the most part its earlier use was based entirely on empiricism and consequently failed to attain any great importance. In 1917, however, Eppinger made a more systematic study of the subject 11 His use of thyroid, however, had a limited application for he employed it only in cases in which the edema did not yield to diuretic measures, and forbade its use if the response was not prompt The object sought The dosage which he was diuretic action recommended as we shall see later on was far too small to be of any definite or permanent I state these facts because while Eppinger's conception of the therapeutic application of thyroid in the treatment of various edemas had some clinical foundation, he failed to realize the true function and the value of thyroid in the treatment of this particular

The purpose in the use of thyroid, as stated above, is solely to accelerate metabolism and promote the utilization of protein In 1926,12 I called attention to the enormous tolerance which patients with diabetes albuminurious show for thyroid substance or its active prin-While the amount of thyroid ciple, thyroxin necessary to re-establish normal metabolic conditions in myxedema is relatively small, I have found that in diabetes albuminurious the amount of thyroid or thyroxin necessary to produce a therapeutic effect is most extraordinary For example, daily doses of from 10 to 40 grams of thyroid are often required over long periods of time to elicit a metabolic response

The method used in the administration of thyroid and thyroxin is as follows. When the preliminary high protein feeding fails to give any therapeutic result, such as elimination of the edema, control of the albuminuria, and change in the chemical composition of the blood, the use of thyroid is begun. The initial dose is usually small, from 0.03 to 0.65 gms three times a day. In many instances this dose

may be sufficient to enhance the effect of the high protein diet in attaining its therapeutic success As a rule, however, much larger doses are needed. The amount of thyroid is therefore rapidly increased until a daily dose of 1 gm is reached. If such a dose fails to give any indication of effectiveness, it is immediately doubled and administered for from five to seven days If this in turn does not give therapeutic results, the use of thyroxin is resorted to It is given intravenously, the initial does being from 5 to 10 mgms This dose may be repeated at intervals of from five to ten days until definite effects are observed The beneficial effect is indicated by increased diuresis, diminution in the albumin output and decrease in the While increase in pulse rate and lipoidemia elevation of temperature occasionally follow the use of thyroxin, no toxic symptoms develop

as long as the lipoidemia persists

The oral administration of thyroid in large doses occasionally causes gastric distress, such as anorexia and nausea; and in such cases the use of thyroxin is resorted to at once along the lines outlined above As soon, however, as therapeutic results are evidenced, the dose of thyroid and thyroxin is reduced, the main guide being the lipoidemia It is a very comforting fact that thyrotoxic symptoms have not been observed by me thus far, in spite of the enormous doses of thyroid and thyroxin used, a fact which would seem to indicate that there are not likely to be any untoward symptoms prior to a favorable turn in the clinical course The symptomatology of diaof the disease betes albuminurious is so closely interwoven with its biochemistry that whatever modifies its chemism in the right direction relieves its symptoms, and improves the condition Thus by virtue of a common attribute-stimulation of protein metabolism—beneficial results follow high protein feeding, thyroid administration and occasionally even fever It must be remembered, however, that relief of symptoms and improvement alone are not the sole objects of the treatment of diabetes albuminuricus Experience teaches that uncomplicated cases are susceptible of complete cure by the intelligent and persistent use of the high protein diet and thyroid therapy. It must be remembered, however, that six months to two years may be necessary to accomplish this result

The presence of complications not only alters the outlook, but necessitates modifications of the therapeutic procedures. The commonest accident is infection, in which the pneumococcus is the chief offender. The biochemical changes which take place in diabetes albuminuricus seem to render the conditions particularly favorable for the invasion and development of this micro-organism. The seat of the

infection is variable sinustitis, otitis media without and with mastoiditis and sinus thrombosis, pneumonia, erysipelas and thrombophlebitis of the extremities have been observed, but the peritoneal cavity is most commonly While such infections are of grave portent, they are not all fatal Among others I have seen three cases of pneumococcus peritonitis recover spontaneously, and a fourth, simulating acute appendicitis was operated upon and recovered after the laparotomy

Infections in other localities run a course which is not unlike that encountered in other conditions The outcome depends on the severity of the infection Occasionally the effect of an infection is rather favorable. As pointed out before, the influence of the associated pyrevia upon the general metabolism is such as to accelerate protein utilization, which high protein feeding and thyroid administration This suggests sometimes fail to accomplish the possibility that other pyrogenic substances may be of service to initiate the metabolic changes desired in this condition This, however, is a problem for the future

The complication which gives the greatest amount of concern is a true inflammatory disease of the kidneys, glomerulonephritis Here the treatment becomes complex On the one hand efforts must be made to replenish the blood protein, on the other, a rising azotemia must often be combatted Under these circumstances the azotemia should receive first consideration and a low protein diet must be fed until the accumulation of waste products in the blood is adequately overcome. The presence of edema under the circumstances mentioned serves as an aid in overcoming the to\ic effects of the azotemia Removal of fluid accumulated under the skin or in the serous cavities is desirable but when it is not possible to accomplish this by way of the kidneys through diuresis, puncture and drainage should be resorted to When the azotemia is reduced, the protein intake may be increased to a point which is in keeping with the requirements of the body and the functional capacity of the

Other symptoms arising from a complicating nephritis should be treated in the usual manner and according to indication Diabetes albuminuricus per se, as stated before, is not accompanied by changes in the cardiovascular system Consequently elevation of blood pressure which persists or progressively increases

must be regarded with suspicion

There is one other group of cases to which special attention must be called and in which two distinct sets of therapeutic indications ex-The ultimate outcome of these cases depends on the order in which the indications are I refer here to the cases of diabetes al-

buminuricus with a history of syphilis or in which a positive Wassermann reaction is ob-It will be recalled that Munk in discussing "lipoid nephrosis" ascribed the etiology of many of his cases to syphilis. I have encountered only three cases of diabetes albuminurious with a syphilitic history and a positive Wassermann reaction. My experience with them indicates that the diabetes albuminurious under such circumstances can be an independent condition and may have nothing to do with the syphilis Attempts to treat the syphilis in the above cases resulted in marked aggravations of the other condition The usual therapeutic procedures were therefore used, namely, high protein feeding and thyroid, and the patients made a complete recovery from the diabetes albuminuricus

The intervention of a nephritis in the course of diabetes albuminurious which progresses to fibrosis and contraction of the kidneys modifies the course of the disease in a very interesting and enlightening manner The clinical manifestations which have been described as being "nephrotic" in character (that is the intense albuminuria, the reduction in the total blood serum protein, the inversion of the albuminglobulin ratio, the lipoidemia, the edema, and the oliguria) all retrogress. The albuminuria recedes and in consequence of this, the blood proteins are gradually conserved Following the conservation of the blood proteins, the inversion of the albumin-globulin ratio also recedes and ultimately assumes approximately The lipoidemia also follows normal values suit and is gradually reduced to a normal or subnormal level Polyuria replaces the oliguria and the edema subsides This course of events, I believe, constitutes a striking illustration of the interdependence of the clinical phenomena in diabetes albuminurious and the albuminuria

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THE TRADITION OF MEDICINE*

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Noccasions such as this when Teaching Staff and students reassemble at the opening of College the mind is struck anew by the instant meeting of Past and Future in the Present Memories of the one and visions of the other speak insistently in the glance of faces new and old among this pleasant assemblage. Thoughts run far ahead of words and a quiet thrill of satisfaction pervades the heart in recognition of those outward symbols that signal the continuance of a great Tradition.

The basic significance of this word Tradition is so different from its common usage that it requires for a moment to be emphasized the hurley burley of modern life, Traditions have come to be looked upon as something in the nature of old wives' tales But in origin and essence the word Tradition implies a giving over of knowledge, of beliefs, of customs and of usages from one age to another. It is at times a process so subtle that it passes unperceived Again, on occasions like the present, it is formalized by procedure, given voice in an Address of Greeting and colored by the sober brilliance of academic dress But always, recognized or not, it is marked by a blending of the Past and Future, a joining of visible hands to those invisible, a linking of thought that has been to thought that is yet to come, a general investiture - as it were - of those assembled, into the spiritual garment of a fellowship which includes men who have already lived and men who are yet unborn. It marks, for the moment at least, a spiritual unity rising from a common desire and energized by a common purpose And, in its periodical recurrence, you may think of it - if you like - as symbolizing a rebirth in one generation of the ideals that have actuated their predecessors. It is in fact an unspoken recognition of something immortal among mortal men That something, a spiritual essence which animated our Fathers in Medicine and which through us they are transmitting down the ages of medical generations like a torch passed from hand to hand You younger men and women among us are in this special sense the torch bearers of the The profession of Medicine will wax or wane with the light you throw upon its path

Viewed from this angle the Tradition of Medicine is a great tradition. For it implies a giving over, from one generation to another, not only of Knowledge, beliefs and customs but above all a giving over of a spirit of good.

* Read at the opening of the College of Physicians and Sur geons, Columbia University, September 26 1928 will towards men which shall be a basis for the use of that knowledge and skill

The spirit of the Medical Profession is a spirit of service and the great tradition of medicine is a giving over of that spirit of service

Good Will and Service are nowadays much abused words. But we are using them in the older sense implied by that great man who said memorably two thousand years ago "do unto others as you would that they should do unto you". Moreover we use them with the same feeling that actuated the fancifully dressed people of a more elaborate period who coined the phrase "noblesse oblige". For there is a certain compelling quality in the true spirit of service

View with a critical eye and, if you like, from a sceptical angle, the life of a good practitioner of the Art of Medicine. You must conclude, if you are honest as well as intelligent that, while he may have to sell his time, knowledge and skill to make a living for his family, he invariably gives in a very real sense something of himself to his patients. Those who do not are not true practitioners.

You who are among us for the first time today may have thought of Medicine—or heard it spoken of—as a Noble Profession A little consideration will convince you that it is nothing noble in itself. It can in fact, like any other profession, be prostituted by base men. It can be made to serve the uses of the poisoner, the assassin and the criminal abortionist. It can still furnish a cloak for ignorance and sloth. Its powers can be perverted in a score of ways by an ill will and a mind given to disservice.

But this, upon the whole, it must be said is little done The profession of medicine does not attract in general men of evil intentions and of cruel instincts Its most outstanding feature is that preeminently it offers opportunity for the practice of Virtues rather than vices And such opportunities call loudest to men of courage and self-control, to kindly natures and to a love for truth and fair dealing It is men with qualities such as these, men who have the intelligence to distinguish between Right and Wrong by their effect upon human lives - and who prefer Right - that have given to Medicine its reputation for nobility True Medicine was founded by men who were so fortunate as to be born with a wish to leave this little world of ours a trifle better than they found it Men who, whether they knew Him or not, were fellows with that Great Physician of the Mind that said to the sick man "take up thy bed and walk" They

were fellows, too, with that fine old Greek who loved the truth so much he did not fear to seek it in the bottom of the Hemlock cup It is such Heroes of Medicine that have given a touch of nobility to the profession which began in priestcraft and wizardry ages and ages ago the profession which in the Dark Medieval World fell into the hands of Charlatans and Quacks And it was saved from destruction then only by the efforts of a comparative few whose character and intelligence stood out above their fellows men who had the courage of their convictions and were not withheld by selfishness nor restrained by fear

Those were the days when Medicine divorced Surgery and made of the latter its lackey and inferior But the Guild of Surgeons finally broke from its humble place among the barbers not because its members were more handy with the knife and shears but because they had more intelligence, more daring, more self-discipline and more devotion than their tonsorial confreres Read of the work and the lives of de Mondeville, of Guy de Chauliac and of Ambroise Paré They are typical doubtless of a hundred others, lesser known, who fought a finally triumphant battle against greed, ignorance, prejudice and superstition Never was medical progress so beset by foes and never had it sturdier champions than in those dark years Yes! and in the brighter centuries following when our civilization was emerging from a now almost forgotten era of intellectual poverty into which it had been ridden by Priest and Noble and driven by Pestilence and War Even in the better times later on when heresy was no longer greeted by faggots around a stake it took courage and faith to proclaim and forward the truth Think of Pasteur, that great friend of Medical Science, fighting the fallacy of spontaneous generation in his efforts to establish recognition of the bacterial causes of disease. Working long hours against personal misfortune, poverty and ill health, working in cellar or garret and upon the lonely hilltops only for the truth's sake and for his studied convictions Modest and unpretending for himself, "Worship great men," said he -- little thinking that he would one day be counted among the greatest

Think too—hardly fifty years ago—of Lister, the follower of Theodoric and de Mondeville, the brave, quiet, kindly persistent Scotchman who brought the gift of surgical cleanliness to the world and helped to conquer infection. Think of him bringing it to a world whose hospital patients were decimated by erysipelas and gangrene, a world which so greatly knew the need of help against puerperal infection that it had, in its book of common prayer, included a special supplication for "Women in the perils of childbirth". And think how the

world met him — his own Medical World even He was crucified by ridicule, pilloried by slander and mercilessly assailed by men unworthy to sit at his feet. We think now of Lister as a wonderful man, honored by his colleagues and ennobled by his sovereign. But read in the papers and periodicals of his own time how he had to fight against odds for his final victory.

Think again of the introduction of the anesthetic use of ether. Read in the accounts of that day the storm of protest and criticism that arose and buffetted the men who sought to ease the sufferings of humanity.

The world has changed a little since those days. The mighty net of electrical communication has sifted information like a great powder shaker over the whole face of the globe. We have now to fear rather the blindness of over-irradiation than that of too little light. Discoveries are no longer greeted by denials and humiliations but rather by academic honors and material rewards. Yet we have need today for the same basic virtues of courage and loyalty, of gentleness and patience, of intelligence and industry, of honesty and a steadfast purpose

We have come but a little distance along the road of progress against disease and we have still a long, long way to go. We have learned how to combat some of the ills of the body but the ills of the mind are just beginning to be recognized as worthy of intelligent attention A pitiful many still squander their pence upon nostrums and quacks. The best beloved of many a family is still snatched from our hands by the Old Enemy Death in spite of our best efforts with our present Knowledge.

The fields of surgery, of psychiatry, of chemotherapy, of serology and of preventive medicine are opening up wider spaces for exploration by those patient workers in Lilliputia who start upon their travels clad in Laboratory smocks instead of shooting suits and are equipped with microscope and test tube instead of field glass and rifle

There is more room at the top than ever before, for we have begun to reach that part of the tree of Medical Knowledge where the branches spread out widest.

This College of ours has waxed great in wealth and reputation. It has enlarged monstrously in size. Its original home of more than a century ago could be housed in a half of one of our sixteen floors. Our teaching staff has grown from less than ten to more than three hundred. We have five or ten times as many applicants as we can admit. Our student body has been multiplied by more than a hundred. The College sends out its graduates five score strong from year to year

It is known throughout the six continents and the seven seas

But how is it known—and why? Is it known as a wealthy aristocrat, proud of its claim to priority in age over other Schools of Medicine in America today? Or is it known as a kindly Alma Mater, loyal to the worthy sons it sends out into the service of the world and jealous, in the best sense, to guard their ideals of service and to see them forward in their ministry of Science and of Mercy? Is it known because its buildings tower towards the sky, "a wonder in the sunshine, seen afar?" Or is it known because the good will of its sons and servants has wakened memories of affection in the hearts of those whom they have served?

This College of Physicians and Surgeons is not a group of buildings with wide spaces and high walls It is rather a community of human beings working together with a common purpose, in mutual helpfulness and friendly Are we who make up this College we students, graduate or undergraduate, we students of the Present and the Future-holding fast to the Spirit of our Fathers in Medicine? Are we examplaring the creed of Hippocrates with whom we still make oath at Graduation? Are we keeping bright the memory of Galen, great theorist and great experi-Are we recalling to some useful purpose the rough honesty of Hugh and Theodoric, the persistent courage of Lister and Pasteur?

Are we even filling the shoes of our forbears in our own College? Are we advancing on the footsteps of our Samuel Bard, of David Hosack, of Nicholas Romayne, of Willard Parker, Valentine Mott, Alonzo Clark and John Dalton, great men in the early history of our own School? Do we remember if not commemorate the sacrifice of our own graduate, Jesse Lazear, who found death in helping to save thousands from the Yellow Jack? Do we think often enough of those dear masters, friends and fellows, recently gone from our midst, of Delafield, of Prudden, of Janeway and of Huntington?

They at least had it, that fine spirit of endeavor, and we must ask ourselves whether we have it still to lead us on, not into larger buildings but into greater service

These questions can be answered only by our lives. History may or may not record the final answer. But there is no cause for downcast looks and solemn consultations. Funereal faces are unwelcome at the bedside. This is no post mortem inquiry but a very lively and pertinent questionnaire such as endeared old Socrates so questionably to his Athenian formats.

At least we can say the signs are good and

the omens favorable For I know a dozen men, students and instructors both, in this very College, who are cheerfully ignoring their own pains and infirmities in striving to lighten those of others Would you desire better evidence of a courageous spirit?

We must not ask too much We cannot all be Heroes We are not all cast in the mold of statuary bronze But there is no cause for heartburning or despondency, no reason for disappointment or ill ease if a man fail to win the plaudits of the crowd and receive the world's acclaim Worthy of equal respect is every man who does his best whether he carries the smallest burden of the world or strides along with a whole nation on his back only he has done his best, if only he has tried and tried again, if he has helped some weaker soul along the road and cast no envious glances at those faster in the race, each will receive an equal prize, Contentment! And whether this be served simply, upon a dish of leaves, or on a gilded salver to the music of hautboy and flute, it sits equally warm beneath

You younger people into whose hands symbolically we place today the books of Knowledge and the instruments of our craft you who will bear the torch to generations yet to come, open your hearts and minds to the spirit of our profession—to the best essence of it—that we are fain to have poured into them And not by exhortations only-for example speaks far more persuasively to the mind than precepts to the ear "Worship Great Men," said Pasteur I think he meant to emulate them, for this sort of imitation is indeed the sincerest flattery Choose each of you some great man to model yourself upon not their speech and manner but their spirit and ac-If theirs were truly great it will help you to imitate them If they were great only in your minds, you will still be the gainers, for you will come to recognize the ideals you thought to have from them as being in reality your own

Look for the good in mankind Cherish courage and kindness wherever you find them and share your own with others Practice self-control—and do not be discouraged by failure in it Self-control is the highest power of the human mind—an absolute necessity for physician and surgeon and difficult to achieve It is worthy of much cultivation in spite of the present tendency so aptly outlined in the title of that very popular song, "Express Yourself My Child"

You who are here today as students will remain or return one day here, or elsewhere, as masters Keep this in mind and avoid arrogance "I make the wound," said the Wise Paré, "God heals it" Remember that your

responsibility is at least equal to your

opportunity

Now that you are in Medicine you cannot live unto yourselves alone Each one of you has in his hands the reputation of the profession to brighten or to tarnish. Five, ten or twenty years will see most of us who are now in this faculty absent from our accustomed places. But this College will continue to grow and its influence to spread spiritually, intellectually and physically for the benefit of

mankind if you will it so to do The Future is far more in your hands than in ours

Physicians of the future, we who are (in this sense) about to die, salute you We cheer you forward with confidence in our hearts. Our minds are tranquil in the hope and the belief that what we shall have to leave undone will be done by you and whatever we have done well will be better done by those into whose care the great tradition of Medicine is now passing

ANALYSIS OF MEDICAL AND BLOOD EXAMINATIONS OF AUTOMOBILE REFINISHERS IN NEW YORK CITY*

By JEROME MEYERS, MD, NEW YORK, N Y

THE automobile refinishers examined by Dr Leo Tobias and the writer numbered 96 These embraced 14 sprayers, 50 painters, 4 metal workers, 7 woodworkers, 4 body builders or hands, 13 trimmers and 4 finishers Clinically they may be divided into two groups I those exposed to spray—77, II those not exposed—19

In a survey of the clinical and laboratory findings and an estimate of their medical and industrial significance, consideration of the blood constitution of these 96 men and in the separate groups is of first importance, as these workers in large part report that they are exposed either by inhalation or contact to chemicals, such as lead, turpentine, naphtha, methyl alcohol, amyl acetate, banana oil, benzol, toluol, and other volatile agents, which may in some degree or manner affect the components of the blood In each case therefore a complete blood count, hemoglobin, and differential were done by Dr Ada Reid, all specimens being from the finger Following the standards of the National Safety Council,1 hemoglobin under 70%, while blood cells 5600 or under, or 11,000 and over, or total polynuclears under 4,000, are listed as abnormal, as are lymphocytes under 30% or over 40% a criterion of disordered blood picture in this study a polynuclear content under 4,000 was utilized

On this basis there were found in group I is among the 77 exposed to spraying, either directly or at a distance, 48 cases showing total polynuclears under 4,000, or 62 2%. If we take as a basis a total white count of 5600 or under as a standard, 25 9% showed a blood disturbance. In addition, there were 11 in which the total leucocytes were 11,000 or over, a finding of interest, as in mild or early benzol poisoning, increase in the white or red cells

may occur 2 It must be remembered, however, that naso-pharyngeal disturbances, which are apt to occur in such a group, may raise the number of white cells Only 4 showed a hemoglobin under 70% and 5 a red cell count under 3,500,000, the lowest being 3,300,000 The lymphoctyes were abnormal in 30 cases, or in 40%, in all of which, except 3, there is a distinct increase over the 40% mark, some being as high as 50, 56 and 57%, showing a very distinct lymphocytosis in 27 cases or 351% group II, those reporting that they were not exposed to fumes, of 17 with complete blood examination, 5 or 293% showed total polynuclears under 4,000 Of these 17, there were 14 painters, 3 of whom, or 21 4% showed blood abnormality, and 2 finishers (painters) both of whom were abnormal

An analysis (Table I) of those exposed to fumes and showing under 4,000 polynuclears

TABLE 1

Number and Percentages of Those Exposed to Fumes *
With abnormal blood, under 4,000 polynuclears
With normal blood, over 4,000 polynuclears

		Abno	rmal	Normal	
	Total No	No	%	No	%
Painters	31	21	67.8	10	32.2
Sprayers	13	10	76.9	3	23 1
Other tra	des 22	17	76.2	5	23.8

^{*} Cases with whites of 11,00 or over not included

by trades shows the following of 31 painters, 21 or 678% showed a blood abnormality, of 13 sprayers, 10 or 769% and of 27 other workers, 22 or 81 5% This is excluding entirely 11 cases with total white counts of 11,000 or In this study less than 4,000 polynuclears has been the basis of blood disturbance. but under ordinary clinical conditions and also possibly with early benzol effects such high counts would not be considered normal we add the 11 cases to the normal ones, the 36 painters show 58 3% of blood abnormality. the 14 sprayers 71 4% and 27 other workers. If the 11 cases are considered ab-61 9%

^o This study was made by the Division of Industrial Hygiene Department of Health City of New York, at the request of and in cooperation with the United Automobile, Aircraft and Vehicle Workers Union, Local No 49

normal, they would raise considerably the incidence of blood disturbance. It is interesting here to remark that in only 2 of these 11 cases of high white counts were there any subjective complaints.

An analysis of the subjective symptoms of dizziness, headache, nausea, or constipation which might point to benzol or lead effects, gives among the 48 belonging to group I abnormal cases, 13 complaints of dizziness, or 27%, 6 or 125% of nausea, 6 or 125% of constipation and 24 or 50% of headaches. Of the 48 cases, 27 or 562%, have one or more of the complaints, 8 reporting as many as three

A further analysis (Table 2) of the 77 cases exposed to fumes, showing the comparative

Table 2

Number and Percentages of Subjective Complaints (Headaches, Dissumess, Nausea) in Exposed Cases * With blood abnormal, under 4000 normal over 4000

	A	bnormal	Normal		
		Men with		Men with	
	No	Complaints	No	Complaints	
Painters	21	12 or 57 1%	10	0	
Sprayers	10	5 or 50 %	3	0	
Other trades	17	8 or 47 1%	- 5	0	

^{*} Cases with whites of 11,000 or over not included.

incidence between the normal and abnormal cases, gives 10 painters normal of which none had complaints, 21 abnormal of which 12 or 57 1% had complaints, 3 sprayers normal with no complaints, 10 sprayers abnormal with 5 or 50% complaining, and 22 other workers, of whom 5 were normal without complaints, and 17 abnormal of which 8 or 27 1% had complaints Counts of 11,000 whites or over are not here included but if they should be, they are all negative as to complaints as was noted above

In group II, those unexposed, of 11 men with normal blood, 7 or 63 6% give the usual symptoms Of 5 with abnormal blood 60% had no complaints, and 1 with complaints was an old luctic

Of the medical findings indicative of systemic disturbance group I of 77 exposed cases showed 35 cases or 45 4% with defective vision, group II of 19 unexposed, 11 or 52 6%, with conjunctivitis, 4 or 52%, against 1 or 53%, with pharyngitis, 36 or 48 1%, against 5 or 21% with nose deformities and obstruction, 12 or 15 6%, and 1 or 5 3%, gingivitis and pyorrhea, 26 or 33 8% and 1 or 5 3%, mitral endocarditis, 4 or 5 2% against nothing, arteriosclerosis, 3 or 3 9% systolic blood pressure, 15 m above normal, 5 or 65%, 15 m below, 3 or 3 9%, all against nothing in group II, enlarged liver, 3 or 3 9% and 4 or 21%, skin conditions, 14 or 18 1% against 2 or 10 5%, bronchitis, emphysema and asthma,

11 or 142% and 3 or 158%, reflexes—diminished, missing or exaggerated—10 or 13%, and 5 or 263%, pallor and emaciated appearance, 12 or 156%, against 105%. Of these findings conjunctivitis, pharyngitis, nasal obstruction and rhinitis showed distinctly large incidence, but greater in the exposed. The same applies to gingivitis, and anomalies of blood pressure. Bronchitis, emphysema and asthma are high in both groups. Skin conditions are high, but they are in no wise hæmorrhagic in origin, or character, and would seem to be of no importance, being mostly acne. The above findings are indicative of local irritation of the nasal pharyngeal and pulmonary systems.

There was found evidence of lead poisoning in 9 men, 7 of whom were painters and 2 nonpainters but exposed to the spray machine (1 trimmer and 1 body-builder), 3 of the 9 have had the medical and laboratory findings corroborated by an analysis of a 24 hour specimen of urine for lead, the amounts showing 13 mg of lead per liter, 1,053 and 44 according to the Fairhall method One 24-hour specimen was negative for lead Six of the 9 showed stippling of the red blood cells and in 5 of these 6 cases no 24-hour specimen has been taken up to the present time 13 of the 20 shops reported the use of only wet sandpaper-Of these 11 used water only and 2 used water and gasoline The remaining 7 shops used both wet and dry methods

A survey of the length of exposure among the sprayers shows that of 11 abnormal the time varies from 2 months to 5 years. Three exposed only 2, 6 and 7 months are under 4,000 polynuclears On the other hand, 1 normal has a 5 year exposure. Among the 7 painters with normal blood, the exposure is 3 weeks, 4 months, 2 weeks, 18 months, 5 years, 3 years, 5 months Among the abnormal painters, the time is 3 months, 8 months, 4 months, 3 months, but most of them 2, 4, 5, 6 years Among other crafts, the normals show 15 months, 2 years, 4 months, 4 months, 2 years, 4 years, 6 years, while among the abnormal we have 4 months, 2 years, 2½ years, 4 months, 5 years, 5 years, 3½ years, 10 months It would seem that more abnormal conditions are found with greater length of exposure, but there are numbers of abnormal bloods even with short exposure Individual susceptibility plays a considerable role

It is also of interest medically that of 27 shops represented by the men examined, spraying was done in closed rooms in 9, or 33 3%, on the open floor in 5 or 18 5%, in rooms and on floor in 8 or 29 6%, making 48 4% of the shops where spraying was done wholly or partly in the open. In 20 shops or 74% there was said to be escaping odor, the ven-

tilation was reported good in only 4 or 148%, fair in 11 or 407%, and poor in 3 or 111%

Finally we may note that the chemical examination of 10 specimens showed that five of the lacquers and one filler and surfacer contained considerable amounts of benzol, ranging from 6 to 25%

Comment

We are dealing with a group of 96 men of heterogeneous crafts in the automobile refinishing industry, all of whom are liable to exposure to benzol, lead and other chemical The harmful effect of benzol on the blood has been investigated for some years The Committee on Benzol of the National Safety Council,3 investigating chemical and rubber plants, reported that benzol poisoning may proceed for considerable time with marked blood changes with very few symptoms They reported 25 positive blood findings among 81 workers in rooms with average benzol contents ranging from 70 to 1800 ppm using 5625 leucocytes and a lymphocytosis as a basis for benzol poisoning The factor of personal susceptibility is stressed Even benzol below 100 ppm except in closed systems, is considered dangerous Masks are found mefficient results of the Spray Committee of the National Safety Council, in its investigation of 160 lacquer sprayers in different automobile or body plants showed 15, 5, and 9% of benzol in lacquers in one plant Benzol in air in 5 plants showed 375-1880 ppm Two low exposure plants (lacquers used supposedly free from benzol) are compared with four high exposure ones In the high ones twice as many complaints (dizziness, constipation, dyspnoea) The proportion of these complaints showed increase with length of service, and there was much more white cell disturbance "Taking the benzol The report continues committee limit of 5625 white cells as a dividing line, only one man out of 69 in the low exposure plants fell below standard while in the high exposure plants 19 out of 91 men examined gave a disturbed blood picture Only one out of 69 in the low gave a picture of benzol poisoning, while 7 out of 91 in the high A study by myself of Table I in this report showing blood examinations of 155 lacquer sprayers shows that in 64 or 41 3% there was a polymorphonuclear count of under 4,000 However in the summary in the body of the report no mention is made of this finding

On the basis of 5625 leucocytes, the Benzol Committee's positive findings are 321%, the Spray Committee in the lacquer workers in the automobile plants 208%, and the present

investigation it is 259%

Using 4,000 polynuclears or under as a standard the present study would indicate a very large percentage, 628%, of blood disturbance as found in benzol poisoning, in a mixed group Also the component groups of exposed men show high incidence. By one method of estimation, the sprayers show 769%, the painters 67.8%, the other crafts 76.2%, by another method, sprayers 71 4%, painters 58 3%, other trades 61 9% The sprayers are the highest but the other two classes are distinctly affected

That this condition is due to the spread of fumes to non-sprayers is possible Air analyses for benzol in shops under working conditions would be very valuable and enlighten-Also of 17 workers reporting non-exposure to spray, 5 painters showed polynuclears under 4.000 None of the 17 however showed white cells under 5625 It is interesting to note that of 77 painters examined in 1923 by the Workers' Health Bureau, who were not exposed to spray effects, no total white counts were under 5625, 9 or 11% were over 11,000 and 7 or 91% were under 4000 This is of interest compared polynuclears with the painters of the present group which shows far greater blood abnormalities has been a general hazard in more recent years It is also of interest in showing that in a group of 77 men not exposed, 9 show white counts over 11,000 and 7 polynuclears under 4.000 The writer feels that the best method of observing blood impairment would be to have each worker on entering the industry undergo a complete blood examination to determine his normal blood constitution tain forms of chronic tuberculosis, certain thyroid conditions, those with a lymphatic diathesis, lues and vagotonia, may give low white counts with a lymphocytosis which might render the polynuclear count low without exposure to benzol

It is of interest to note here that on re-axamination of blood of 17 men, 4 showed an increase of approximately 4000 white cells as compared with their first counts, and 4 would be classed as over 4000 polynuclears, that is, 23.4% of the total 17 change to the normal column

In spite of the high percentage of positive blood counts the men showed no grave medical evidence of benzol poisoning, a finding corresponding with that of the Benzol Committee As far as subjective symptoms of headache, dizziness and nausea are concerned, we find a more definite relation to toxicity, as in 10 painters, 3 sprayers and 5 of other trades, all normal, there were no complaints also no doubt that benzol is in use in some lacquers in the shops as evidenced by the present study There is also sufficient evidence that many shops are deficient in ventilating systems, careless in not keeping the doors of

the spray rooms shut, and spraying in the open

This study, therefore, shows a high percentage of blood abnormalities, indicating benzol effects, a percentage considerably higher than in other studies on benzol It would seem from the above considerations more conservative and be of greater comparative value in the light of the findings of the Benzol Committee and the Spray Committee to use a leucocyte count under 5600 as the standard for abnormality As pointed out above this would give evidence of benzol effects of 321% and 208% against 259% in this study We are dealing with groups exposed to hazards so far not widely investigated That considerable hazard exists is evident, that protection from continued benzol effects which may later precipitate serious symptoms, is indicated Such protection should be industrial, through installation of proper - ventilation, should be preventable, by continued medical observation of the workers, and prophylactic, by medical examination on entrance to this trade, so that normal physical and blood conditions may be known and periodically investigated

The following medical recommendations are made

- 1 A thorough physical examination on entrance to the trade
- 2 A complete blood examination to determine individual norms
- 3 Complete periodic examinations every three months
- 4 No worker should do spraying with paints or lacquers containing lead or benzol if he have symptoms and physical findings distinctly referable to lead or benzol, or if he have suspicious symptoms with a 25% reduction of red blood cells or a white count under 5600, with further blood examinations showing progressive reduction. When the original blood condition of each worker will be established, declining counts will immediately arouse suspicions of toxic influences.
- 5 Tuberculosis, suspected tuberculosis, chronic bronchitis, asthma, myocardial and valvular disease, nephritis or any blood dyscrasia, should exclude

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THE PATHOLOGY OF THE AGING PROCESS

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Delivered on October 1, 1928 as the Weslev M Carpenter Lecture on the first day of the Graduate Fortnight of the New York Academy of Medicine and published also in the October Bulletin of the New York Academy of Vedicine

TN the very heyday of man's powers, in the full summer of his creative possibilities, and of his desires and ambitions, the life-drama played by each human actor discloses, quite suddenly and unexpectedly, its real tragicomic motive It is, as if the player himself, had been enacting a part in a drama, the course and the end of which he did not fully comprehend had been a pleasant play of exciting incident, joyous adventure, vital desire and satisfaction, ambition and achievement The actor has wantoned with his rôle to his own satisfaction, and now, well past the middle of the second act, he is shocked by a sharp hint from the prompter's box that his interpretation of his role must be changed into another key-one less pleasant, more difficult and unsatisfying From now on to the end of the third act he must portray the picture of gradually flagging desire and failing powers, of disillusionment, fading pleasures and progressive fatigue, in other words, senescence, until his rôle ends in ultimate death of this tragicomedy is "The Life of Man," its three acts are entitled I, Evolution, II, Maturity, III, Involution It is the story of a living, multicellular organism—a chemicophysical machine transforming, storing and releasing energy -capable of building and restoring its own substance, and repairing its wear-and-tear damage within certain bounds, but only for a limited period of time. As is the case with all energyproducing machines, the life of the individual human machine is not immortal, but has, pertorce, from the very nature of its substance and construction, the complexity and intricate relationships of its manifold parts, and the peculiar nature of the work it has to do, a limited period of useful existence The individual machine wears out, but before wearing out it has the power of producing out of its own substance and energy-store the materials for the creation of other machines of its own kind Although mortal as an individual organism, it secures a potential immortality for its kind. It does this, however, at the price of its own self-destruction, for under normal conditions its duration of existence is determined by factors inherent within the machine itself

THE NATURE OF THE HUMAN MACHINE

We look upon the animal organism as a combustion apparatus which burns and transmutes mert materials into living protoplasm with the production of heat and vital energy. The manifestations of its work constitute the vital func-

tions of nutrition and metabolism, motility, irri-The essential goal of tability and reproduction its labor is the perpetuation and evolution of the species—the preservation, transmission and modification of the germ plasm. When this is assured or accomplished, the individual machine has served its purpose. Its duration of existence is determined, therefore, by the conditions and factors necessary to accomplish racial preservation and progress Important among these factors are the length of the period preceding puberty, the duration of the reproductive period, and the length of time required for the postnatal care of the progeny All of these factors are inherent within the germ plasm of the race, the individual's duration of life dependent upon such intrinsic factors is the normal or biologic span of life, and its termination constitutes normal or biologic death But this is not the only form of death that may come to the multicellular animal organism, nor is it the usual one Unfavorable factors in the environment may check the career of the individual at any time in its course—pathologic extrinsic death—the most common fate of animal life, or there may be present inherent abnormalities in the germ plasm of any given line fore-ordaining its early or premature termination —pathologic intrinsic death (inherited) few, if any, human beings achieve a biologic span of life and a normal intrinsic death, the great majority succumb to a pathological extrinsic death, a smaller number to a pathologic intrinsic death

Period of Evolution of the Human Machine

The life of the human individual created by the union of sperm and ovum consists of the relatively short intrauterine period of ten lunar months, and the much longer extrauterine period that may be extended over nine to ten decades, usually only seven or less Both of these periods —the intrauterine as well as the extrauterine represent a continuous progression from the beginning of the life of the individual to its end This may be represented by a curve, the ascending portion of which is the period of growth (evolution), its apex a relatively short plateau of maturity, and the descending curve the period of retrogression (involution) The ascending curve of growth begins in intrauterine life from the moment of the first division of the fertilized ovum, and shows two distinct periods, the embryonic and the fetal The energy of growth of the fertilized egg is greater than that at any other period in the life of the given individual During the second month the growth of the embryo

the spray rooms shut, and spraying in the open

This study, therefore, shows a high percentage of blood abnormalities, indicating benzol effects, a percentage considerably higher than in other studies on benzol It would seem from the above considerations more conservative and be of greater comparative value in the light of the findings of the Benzol Committee and the Spray Committee to use a leucocyte count under 5600 as the standard for abnormality As pointed out above this would give evidence of benzol effects of 321% and 208% against 259% in this study. We are dealing with groups exposed to hazards so far not widely That considerable hazard exists investigated is evident, that protection from continued benzol effects which may later precipitate serious symptoms, is indicated Such protection should be industrial, through installation of proper - ventilation, should be preventable, by continued medical observation of the workers, and prophylactic, by medical examination on entrance to this trade, so that normal physical and blood conditions may be known and periodically investigated

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and 50th years These boundaries are far from being fixed, the individual variations are great, and it is no more possible to say in what year the peak is reached than to determine the exact boundary between evolution and maturity or between maturity and regression. There is too much complicated interlocking of the vital processes, and the body machine is made of other smaller machines that vary in their periods of evolution and maturity We may say that the peak is that point at which the vital energies make use of the food taken in to run and repair the machine without adding to its substance. Nevertheless, after the attainment of reproductive maturity some growth takes place exceeding the repair of loss of substance. According to some authorities the limit of height may not be reached until the 35-40th year, and there is usually an increase in weight for both sexes during this period, largely due to an increase in the storage of fat and resulting from the disproportion between the fuelintake and fuel-consumption. To what extent this increase in adipose tissue is physiological or due to the environment of modern civilization cannot be positively determined Progressive ossification is also going on throughout this period, its significance may be that of regression rather than of growth Practically, therefore, maturity has been reached when an equilibrium between intake and replacement of old tissues

without the formation of additional ones occurs The period of maturity is the period of reproductive activity Both sexes have completed their sexual developments and are now ready to carry out their greatest function, the propagation of their race, and the vital energies of this period urge them relentlessly to this consummation the male to the activities of impregnating, protection of the female and his progeny, the female to her more strenuous sexual functions of ovulation and menstruation, pregnancy, birth, lactation, and the maternal care of the offspring The age of sexual activity is also the creative and productive age, particularly for the male The success of his life, his career in business or profession, his fullest mental and spiritual development, his happiness are more closely related to and dependent upon his management of his reproductive period than upon any other period of his life If measured by fertility the high point of life falls somewhere between the 25th and the 37th years The simple production of progeny, however, cannot be taken as the index to the highest point of life efficiency and achievement, because of the long postnatal period of care necessary for the preservation and evolution of human progeny It is, therefore, more reasonable to assume that normally the peak of life extends into the fifth decade (See Figure 1)

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latra-uterine Life	L Nu	raling	2 Neu Inf	tral ancy	3 Bisexual Infancy															5 Full Sexual Power	6 Ripe Age	7 Retrogression
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FIGURE 1 The Stages of Life (Altered and adapted after Stratz)

is relatively greater than that from the period of and proceritas birth to maturity, in the third month its growth equals relatively that of the first six years of extrauterine life, in the fourth month as much as in the first three years, and in the fifth month as' much as in the first year after birth This extraordinary energy of growth following fertilization consists chiefly in the production of cellmasses and their differentiation into the three By the end of the first month the germ-layers embryo has passed through the most essential stages of its pre-human development, by the end of the second month it has attained well-defined human form, and in the third month its sex can be clearly recognized This closes the germinal or embryonic period, and fetal growth and differentiation now proceed with a remarkable loss of growth energy Not all organs and tissues grow at the same rate, and these differences determine bodily form and proportions

After approximately 280 days the period of intrauterine life is completed, and with birth the individual enters upon his extrauterine period of growth and development which leads essentially to increase in height and weight. During this time also the differences in rate of growth bring about further changes in the bodily proportions. Within this period there occur also the development of the teeth, the conformation of the head and face, the ossification of the bones, and various changes in the viscera and soft tissues. The period of extrauterine evolution extends from birth to that of maturity or completed sexual

ripeness This period shows also six well-defined subdivisions in which growth proceeds at varying rates and for different purposes of evolution. The period of the nursling's development, followed by the period of neutral infancy with its two cycles of stationary and accelerated growth, the first periods of turgor and proceritas, then the bisexual period of childhood with also two distinct phases of growth, the second periods of turgor and proceritas, and finally the period of adolescence After birth the growth-energy is strongest during the first year, height is increased about 50 per cent and weight about 200 per cent preponderance of weight increase over height increase gives to the first year of life the greatest fullness and rotundity of body seen at any stage of life

Boys attain half of their total height by the end of the third year, while girls attain the same at the end of the second year Half of the total weight for boys is attained in the 13th year, by girls in the 11th year. It is important to note that the extrauterine expenditure of growth energy does not progress uniformly, but in wave-like movements of retardation and acceleration. This may be roughly indicated as the 2-4, 5-7, 8-10, 11-15 year periods, constituting the first and second cycles of turgor

From the 16-20th years the curves of growth for the boy become steeper, those for the girl gradually flatter Both sexes become larger, fuller and more powerful Complete maturity of growth, as evidenced by the flattening of the height-weight curves is usually attained by the male at 28 years of age, and by the female at 24 years, at these ages the plateau of maturity or ripeness is reached, and the vital energies of the organism are directed toward the business of reproduction All of the energy-producing and expenditure from the fertilization of the ovum, through embryonic and fetal life, birth, and the six growth periods of extrauterine life have been apparently chiefly, or solely, for the attainment of this end, that the species shall not perish from the earth, but shall be renewed—with evolutionary modifications, we must surmise—or the whole process seems without reason

We have taken the height-weight curves as the most striking and important indices of the period of evolution Similar curves could be plotted for the growth of the individual organs and tissues In each of the eight periods of growth that we recognize as constituting the whole period of evolution there are constant changes in bodily proportions taking place due to the unequal growth of the different organs and As a general rule the organs that show the greatest degree of growth in extrauterine life are those that were the least developed at birth During the period of evolution the vital energy for growth is so strong that it exceeds that of the functional, at maturity the two are so balanced that cell destruction and cell growth are so equalized that repair is possible without loss of tissue elements In Figure 2 the curves of functional development are shown for the different decades of life Starting at birth the curve of nutrition and metabolism falls relatively as the body attains its development, and at the 20th year continues on a horizontal plane, the motility curve ascends proportionately to that of growth until the period of maturity, reaching its height during the third decade, the curve of reproduction remains neutral until the sharp rise at puberty and begins to fall at about 30, declining more rapidly than the functions of motility The curve of the cerebral and and nutrition spiritual function ascends sharply, closely paralleling the curve of growth, but continues to ascend after this period is ended, beginning to fall at about the middle of the seventh decade is the only vital function that shows persistent evolution after the termination of the period of growth

PERIOD OF MATURITY

With the attainment of sexual maturity the peak of life is reached somewhere in the level plateau of the curves of growth between the 30th

tissues Too-great variations are not common as physiologic phenomena and must be regarded as having a pathological significance

Functional Changes During Senescence

In Figure 2 the life curves of the four chief vital functions of sensibility, motility, reproduction and nutrition are given for a life of 100 years. These vital functions develop closely to-

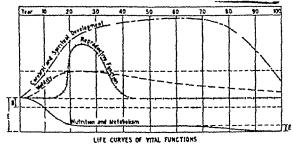


Fig 2 (Based in part upon Strats Author's modification)

gether and supplement one another, but show very different values at different periods of their evolution. The curve of nutrition rate drops from birth, being most active in the first and second decades, is maintained thence at a level until about sixty, when the curve descends progressively until the end. The central nervous system functional curve rises continuously from birth until about the seventieth year when it be-

gins a rapid descent. The curve of motility rises during the first two decades of life, reaches a plateau for a decade or more, and falls gradually from about the thirty-fifth year. The curve for the reproductive function is stationary from birth until about the middle of the second decade, rising steeply to reach its apex in the third, and falling to a neutral level in the fifth decade. Each decade of life has, therefore, its corresponding functional activity, and prepares for the vital processes of the succeeding ones.

In Figure 3 the comparative physiology of the stages of growth, maturity and involution are shown for the most important organs and tissues

Height Full height is usually not attained until about the 35th-40th year, although the increase after the 20th year is relatively small. After the 65th year there is a gradual decrease in height, more marked after the 75th year, in all about 1-5 cm.

Weight Very difficult is the determination of average normal weight curves. The individual variations are very great, and the influences of environment, personal habits, sexual activity, reduction in vital energy, etc., produce still greater variations. While many people attain their greatest weight at 25-30, others reach it only in the fourth decade. As the reproductive function declines the majority of both sexes show an increase in adipose tissue, and this increase may persist, or the weight be maintained at this level

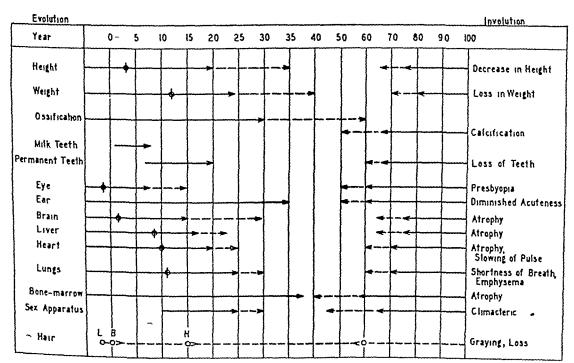


Figure 3 Physiology of Growth and Involution (Based in a small part upon Stratz Chiefly author's own material)

Period of Involution

When the object of the reproductive period has been achieved-when progeny has been secured and its independent existence secured, the mature carrier of germ plasm is no longer necessary in the scheme of evolution Having fulfilled his biological duty, he must pass from the scene, and his withdrawal is brought about gradually and slowly through the involution of his energy-machine and the weakening of his vital functions He must pass now through the regressive periods of senescence and old age until the final release is obtained through death. We are now confronted with the mystery and problem But is it any of protoplasmic involution stranger than that of protoplasmic evolution and progressive growth? Indeed, in the economy of the human energy-machine the two processes have been coexistent from the time of the fertilization of the ovum and the beginning of its cell-Throughout the whole period of development, both intra- and extrauterine, the regression or involution of temporary structures and organs has taken place, these served their purpose of usefulness for a certain time and disappeared during the ascent of the organism to We need only mention the gillits maturity slits, the placenta, umbilical cord, the ductus arteriosus, the umbilical vessels, the urachus, the milk teeth and the thymus among the various structures that undergo involution after the completion of their temporary functions Especially remarkable is the life-history of the placenta At the birth of the organism it is a senile structure repeating in detail much of the pathologic tissuechanges that later are to appear in the aging process of the mature organism. The sclerosis of arteries, fibrosis of stroma, atrophy and degeneration of the chorionic epithelium, necrosis of villi, thrombosis and calcification, all of this pathology of old age appears in this important vascular organ at the completion of intrauterine In the fulfillment of its function the placenta passes through well-defined stages of evolution, maturity and senescence and when its work is over it is discarded as useless and disappears from the scene of the individual life Prophetic of the future fate of the organism as

The human mind accepts these localized organand tissue-involutions as reasonable and normal processes in the evolution of the human body, they excite no apprehension, no fears, no regrets, to the average uneducated individual they are wholly unknown. Quite different is the case with respect to the signs and manifestations of that major involution involving the organism as a whole. We regard the appearance of senescent signs as a tragic joke played upon us, which we resent more or less with bitterness. We may attempt to blind ourselves to the fact that the

peak of life has been passed and that the downhill march has begun, and that from that first moment of recognition the descent is progressive and inevitable to the moment of final extinction But we cannot, and the severest test of human character is at hand, whether we shall accept the situation with equanimity or in sorrow vainly regretting

Just when the tide begins to turn in any given individual from the high-water mark of maturity down hill cannot be determined with accu-The individual variations are great, five to twenty years in apparently normal individuals It becomes very difficult, therefore, to differentiate a normal first climacteric from a premature or a deferred one The transition from the stage of growth-equilibrium to that of regression shows no sharp line of demarcation Age comes at first with a slow and insidious approach, unheralded and unperceived, until all at once the unwelcome guest is established with us functions of the various organs and tissues do not begin to diminish uniformly, there is an interlocking of mature function and retrogression, just as there is in the case of incompletely evolved and mature function on the ascending curve of life Senescence is, therefore, a gradually developing complex or syndrome of organ and tissue involutions When these become sufficiently advanced as to become clinically apparent, then we say "Age is upon us" The aging process consists, therefore, of a combination of organ- and tissue-involutions, shown histologically by well-defined tissue-lesions and manifested clinically by descending function-curves While these individual tissue and organ involutions begin at different times, and are to some extent independent of each other, each single line of involution once well initiated, may through the weakening or loss of the given function, initiate or strengthen retrogressive changes in other The various lines of involution are not wholly independent, but in the general economy aid and supplement one another until various vicious circles and correlations of retrogression are produced Senescence is the gradual development of these lines of retrogression—the resulting complex is Old Age Beginning very gradually and insidiously in the fifth and sixth decades of life for the two sexes respectively, the Age-Complex rises rapidly above the clinical horizon in the seventh decade, and in the average individual is usually well-developed in the period from 65 to 70 years By this time the energy-charge of the organism has fallen so low that senility is usually established in all organs and tissues and manifests itself in a change in There are, of course, great indiall functions vidual variations in this descent of the energy curve, not only as regards the involution of the organism as a whole but as regards individual

Urmary Function Disturbances of this function are very common after the 60th year Polyuria, nysturia, pollakiuria, retention, incontinence, cystic glandular hyperplasia of the prostate leading to stasis, cystitis, calculus, etc, are among the most unpleasant and almost universal symptoms of the senile period. We are even at a greater handicap here in differentiating normal involutions and pathological processes, and the individual equation plays a very large role as to the extent and degree of the urinary disturbances of old age

Graying of the hair is regarded as a physiologic involutionary change and usually has appeared by the 60th year Coincident with this is the appearance of the coarse "senile bristles" in the nose, ears and eyebrows The body hair becomes more abundant and also coarser It is still a mooted question whether baldness is a physiologic involution, or an inherited pathologic condition, or a pathologic condition resulting from the habits and conditions of life Some individuals achieve the extreme limits of age without becoming bald, the majority, however, show varying degrees of baldness after maturity has been passed, the daily loss of hair exceeding the new growth Changes in the elasticity of the skin usually accompany those of the "Wrinkles," roughness, body and head hair discoloration and a tendency to hyperkeratosis gradually develop after the 55th year but here again the individual variations are so great and the influence of the environment so potent that no positive statement can be made as to the time and degree of the skin changes due The same thing may be said as to the sinking of the female breast as an index of age, it occurs in some women even shortly after puberty All soft parts of the body undergo a very appreciable shrinking after the age of 70 due to the loss of water content

Reproductive Function Inasmuch as this is the chief function of the individual life and from the biological point of view the one logical reason for the ascent and maturity of the animal energy machine, it is but logical to conclude that when the carrier of the immortal germ plasm has arrived at maturity and continued at that stage sufficiently long enough to have secured its survival in his progeny, he, himself, is now in the way of Biologically useless he now becomes, and he disappears by a gradual fadingaway process from the active stage of life The old saying, expressed less vulgarly than in the original form, that "When the reproductive capacity has ceased, then the man is as good as dead!", is based upon an absolute foundation-fact. All of the evolutionary process of life prepares the animal organism for the performance of this function, and as soon

as it has been accomplished the tide of involution begins to turn. If we judge the course of this function by its results in progeny-that is, by the fertility of the human race—we see that its peak is reached in the third decade of life There are so many other factors determining the production of children during this period, that fertility and reproductive capacity do not necessarily produce parallel curves, and it is much more probable that the peak of the curve of the functional capacity for reproduction falls rather in the latter part of the 4th decade or about the beginning of the 5th There takes place then a very rapid decline in reproductive capacity for both seves, earlier and more rapidly in the female, so that by 45-50 she usually loses the function of reproductive power climacteric for the male is usually placed about ten years later, at 55-60 We do not know, however, the approximate time when spermatogenesis in the human male ceases been generally assumed that active spermatogenesis in man persists usually until about the 63rd year, and in some men until a much later time There are, of course, in the literature numerous tales of very old men becoming fathers. It is possible that the individual variations as to spermatogenic function are as great as these stories would indicate, but it is also doubtful that many of those tales of senile fatherhood are true Few male bodies over 55 years of age come to the autopsy table with evidence of active or normal spermatogenesis in their testes. While it is possible that in many of these cases of aspermatogenesis this condition is the result of the disease causing the death of the individual, the same condition is also found in the testes of healthy individuals at the same age dying of accident The writer is inclined to believe that for the majority of men active sperm-formation ceases in the 6th decade The absence of sperm in the semen has apparently no relationship to the persistence of sexual desire and potency for sexual intercourse, as these features of the reproductive function may persist, and even increase in intensity long after all spermcells have disappeared from the semen. After spermatogenesis has ceased it would appear that the continuation of virility constitutes a certain social function in holding parents together until the children's future is assured Experience has taught the writer that many men over 50 years of age, priding themselves on the preservation of their virility, but unable to achieve children in marriage with younger nomen, show on microscopic examination total absence of spermatozoa in the seminal discharges and without a history of previous veneral disease. This is not a question that has received any adequate investigative study,

until the latter part of the seventh decade. How much of the climacteric tendency to obesity is physiologic, how much of it pathologic, due to disproportion between intake and combustion, remains to be determined. In a certain degree the obesity of this period must be regarded as one of the signs of senescence, associated with the decline of the reproductive function (spermatogenesis) and general activity. After the 70th year there is a very definite loss of 2-5 kg, due to the loss of the water-content and other changes in the connective tissues.

Skeleton Processes of ossification may go on in the body even up to the 60th year, but the normal extent is usually reached by the 30th Through the loss of water-content the old bones become firmer, and this process continues progressively during the period of involution After 50 years the long bones and the larger flat ones gradually become osteoporotic, with larger marrow spaces and corresponding increased fragility They may retain, however, their normal The spinal column becomes conformation shorter and more sharply curved, the intervertebral disks become contracted and thinner loss of the teeth atrophy of the alveolar processes occurs, and there is developed the characteristic senile facies which cannot wholly be concealed by artificial teeth In the skull the sutures become indistinct or may wholly disappear

Calcification Coincident with the beginnings of osteoporosis deposits of lime-salts begin to appear in sclerotic blood vessels, cartilages and elsewhere. This is always to be regared as a retrogressive condition, secondary to some previous degenerative change. The demarcation between the purely physiologic involution change and pathological processes of calcification is very difficult of determination, and we possess no criterion but that of degree

Teeth The teeth are usually fully developed by the 25th year, in exceptional cases by the 30th, and under physiologic conditions should persist until about the 65th year. Under modern conditions scarcely an individual of 50 years is in full possession of sound teeth, and the majority may be lost by 60 years.

From the time of birth the field of Evesight accommodation is progressively narrowed, from 14 diopters in the nursling, to 12 diopters at 15 years, 10 diopters at 20 years, 7 at 30 years, 4 at 40 years, 2 at 50 years, and under 1 at 60 These changes constitute perhaps the best index of physiologic age recognizable clin-This narrowing of the visual function leads gradually to presbyopia between 45-50, increasing much after 50 years In many individuals the advent of far-sightedness is the first recognizable sign of senescence and the recourse to eye-glasses marks the period There is a very close relationship between its appearance and the

beginning of the decline of the reproductive function

Hearing A decided loss in acuteness of hearing begins usually at about 65 years, and may increase progressively to the end of life. In the very old the degree of deafness is usually marked

Intellectual and Spiritual Life While there are great individual variations, these functions of the central nervous system usually are preserved in physiologic old age and may increase in value until about the 65th year when some impairment of memory and mental reaction may begin to show, after 70 the retrogression of cerebral function proceeds rapidly, so that in those who reach or pass the 80th year a characteristic picture of "second childhood" develops Here again we are confronted with the very great difficulty of distinguishing between physiologic involution and pathologic conditions because of the great range of individual variation

Digestive Function A lowering of this function begins shortly after the 60th year, and is shown chiefly in a lessened appetite, "heavy" and unpleasant digestion, gas-production and constipation. These evidences of lowered function in the alimentary tract increase progressively to the end of life. An inadequacy of pancreatic function is frequently shown in the so-called "benign glycosuria" of the aged. The bilirubin content of the blood serum is usually increased in old age.

Circulation The pulse rate falls from 120 at birth to 70-80 at maturity, and after the 60th year to 60 per minute. In the majority of individuals there is usually an increase in tension from the 50th year on to about the 70th when many old people show a decided lowering. More or less marked irregularity is common after the 65th year. Particularly with respect to this function are the boundaries between physiologic involution and pathologic conditions very poorly defined, and the individual variations are very large.

Respiration The respiratory rate sinks from 28 in the newborn to 18 per minute at maturity and to 16 or lower in the old man Expiration is prolonged Shortness of breath, in severe degrees asthmatic in character, constitutes one of the unpleasant symptoms of old age.

Bone-marrow and Lymphoid Tissues Blood-cell formation is reduced, the senile individual presents a certain degree of secondary anemia Although immune to a large number of the infectious diseases through which he has passed in the course of his life the senile individual loses resistance to the respiratory infections, the pyogenic cocci and to mould infections of the skin and to thrush Various forms of tinea pruntus are very common in the aged, and erysipelas increases in incidence during this period

leading questions arise When will such a biologic death take place and how is it brought about? What is the natural limit of human life? By many biologists it is theoretically placed at about 100 years, but many old people reach natural death 10-20 years earlier, and a small number exceed this limit by a number The individual variations are so great, and the differentiation of a natural intrinsic death from a pathologic extrinsic one so difficult that we possess no large amount of pathologic knowledge in regard to this point Nevertheless, deaths do occur in the aged that we must ascribe to the primary lesions of senility alone, as all evidence of extrinsic disease is absent. It is a well-known fact that sudden death in old people is not uncommon during the enforced rest following a cataract opera-When allowed to get up, the atrophic heart which has lost tone through the period of mactivity cannot recover its oxygenation power, an acute inadequacy of the myocardium results with dilatation and sudden death only lesions of any significance found in some of these cases are those of old age less coronary sclerosis, atrophy and fatty degenerative infiltration of the heart muscle. The same conditions precisely will be found in the hearts of old people who have died quietly in bed It is fair, I think, to ascribe these deaths to senility, although such a term is not an accepted designation as a cause of death my experience of 38 years I have seen not more than 25 autopsies in which I felt that the pathologic diagnosis of pure intrinsic senile death could be justified, and all of these were due to myocardial atrophy and inadequacy

Personally, I would regard this tissue-condition as the most probable natural terminal lesson of life The purely senile death should be, herefore, a cardiac death The vital function of the circulation is more likely to cease before that of respiration or of the nervous system The cause of intrinsic biologic death is inherited in the cell, few individuals will attain it because of the varying environment and the individual varying intrinsic reactions to the environment. The average equation resulting between these two factors brings about a life limit shorter by 15-25 years than the theoretic biologic limit of 100 years fact has tended to fix in the popular mind the Psalmists three score and ten as the ideal term of human life But only a small per cent of human beings born alive can hope to attain even this Out of every one hundred human beings born alive only about 4-8 per cent pass the 60th year Twenty per cent die in the first year of life, by the age of 20 years 40 per cent have died, and only 2-4 per cent attain the age of 80 (See Figure 4) The lowered resistance of the body during the period of

senescence, and the pathologic conditions secondary to and dependent upon the tissue-lesions of involution are the causes responsible for the rapid increase of deaths after the peak

Of evi beings	ry	100	hun	an	According to Hufeland (1800)	According to Silbergleit (1900)
Living	to	the	1011	year	50	65
,	*	ч	20	4	30	60
•	н	*	30	*	20	58
•	н	+	40	4	14	55
	77	*	50		9	40
•	٠	٠	60		6	12
•	*	Ħ	70	11	4	8
•	*	•	80	*	2	4

Fig 4—Expectancy of the duration of life in different decades in 1800 and 1900, according to Hufeland and Silbergleit

of maturity has passed Modern sanitary and hygienic science has, however, increased markedly the number of senescent survivors According to Hufeland, in 1800, only 9 individuals out of 100 reached the age of 50, according to Silbergleit, in 1900, there were 40 out of every hundred who attained this age (figures for the population of North Germany This represents a conquest of modern life over the environment, and means a greater expectancy of life at birth, and an average longer duration of life The intrinsic inherited biologic duration of life, however, remains the same, and cannot be affected by these changed conditions, except possibly in a long evolutionary period The senile survivors for the half decades from 80 to 100 years are given for the last five United States Census Reports and the relative proportion to the total population is given for the ages 80-89 and 90-100 for the same periods. While the 1920 census shows an increase of senile survivors in the 80-89 decade over that of 1880, there is practically no increase in the ratio of survivors in the 90-100 decade during the same period of time. This is in harmony with our view Improved modern life increases the number of senescent survivors up to the 80-89 decade, but does not increase the number of senile survivors after the age of 90 Modern conditions, as expected, have not extended the individual biologic life limit, and cannot do so

PRIMARY INVOLUTION TISSUE CHANGES

The tissue changes of the involutionary process are identically the same for the period of senescence as for the involution processes of temporary structures during intrauterine life and in the extrauterine period of evolution

such is badly needed to throw additional light on the senescent period From what knowledge we possess we can say reasonably that the peak of life coincides with the peak of the reproductive capacity (spermatogenesis), and downhill retrogression of senescence runs a fairly close parallel with the decline of the spermatic function It should be emphasized in this connection that this view of senescence has nothing in common with the interstitial-cell theory Coincident with the retrogression of the sperm-cell production go other evidences of a progressive loss of energy Chronic and progressive fatigue, lack of agressiveness, disillusionment, mental and spiritual depression and a gradual lowering of all activities mark this decline in varying degrees If we sum up all of the functional evidences of involution, and group them as to their order of appearance and importance it is interesting to note that the first signs of age noted by the average male at this period are Presbyopia, sexual neurasthenia, and chronic fa-This triad of symptoms may be taken as marking the advent of senescence

THE PICTURE OF FULLY DEVELOPED SENILITY

By the 65th-70th year the processes of involution have usually become so evident that the fully developed picture of Old Age is pre-The main features of this picture may be summed up briefly, as follows A stooping or bent posture, reduction in height, increased bony prominences, stiffness of joints, loss of stretching power, a shuffling gait, uncertain movements, appearance of general weakness, loss of coordination, tremors, general emaciation, flabby panniculus, dependent breasts, hang-belly, flabby and soft musculature, hernias, prolapse, flabby and shrunken genitalia, frequent hydrocele, loss of teeth and atrophy of alveolar processes, barrel-shaper thorax with widening of the epigastric angle, obliterated interspaces, the skin inelastic, wrinkled, rough, showing patchy pigmentations and hyperkeratoses, there is graying and loss of the head hair, while senile bristles occur in the evebrows, nostrils and ears, the body hair is usually increased, coarser, and gray or white, vision is dim and uncertain, the conjunctiva are reddened and watery, the cornea dull, the limbus opaque, hearing is dulled, the voice husky or cracked, speech slowed and uncertain, the mouth is dry, the tongue coated and fissured, and there is a slight husky cough, respiration is slowed, and shallow, with prolonged expiration, the peripheral arteries are tortuous and hard, the pulse slow, irregular and frequently increased tension, there is a tendency to varicose veins and hemorrhoids, the metabolic rate is lowered, the secretions of all organs diminished, digestion is slow and

difficult, excessive gas production, eructations and constipation occur in varying degrees, benign glycosuria is not uncommon, bladder control is lost to some extent, retention, polla kiuria, nycturia, and incontinence are frequent symptoms, the bodily temperature is frequently subnormal, and the senile individual complains of cold and is easily chilled, the sensory nerve-endings, tactile, sexual, etc., are dulled, and finally the involution processes, in the central nervous system show themselves in loss of memory, slowness of mental reactions, aphasias, psychical fatigue, and weakness, irritability, changes in personal habits, daytime sleeping and nocturnal insomnia, "second childhood" and dementia The picture of fully developed senility is well illustrated in A picture of the contrast between an old father of 80 years and his son of 37 years emphasizes the differences existing between the period of full maturity and that of advanced senility weary, worn-out machine of the old man contrasted with the insolent aggressiveness of the son in the height of his maturity tells the story of the meaning of involution and old age more effectively than any detailed scientific description can do Only in Solomon's figurative description of old age in the last chapter of Ecclesiastes is there to be found in any of the world's literature an adequate word-picture of the closing days of human life "In the day when the keepers of the house shall tremble, and the strong men shall bow themselves, and the grinders cease because they are few, and those that look out of the windows be darkened.

"And the doors shall be shut in the streets, when the sound of the grinding is low, and he shall rise up at the voice of the bird, and all of the daughters of music shall be brought low,

"Also when they shall be afraid of that which is high, and fears shall be in the way, and the almond tree shall flourish, and the grasshopper shall be a burden, and desire shall fail because man goeth to his long home, and the mourners go about the streets"

TERMINATION OF THE INVOLUTION PROCESS IN INTRINSIC DEATH

When the involution of the organism has reached such a degree of functional lowering that any one of the vital functions cannot carry on, then biologic death takes place, and the career of the individual human organism is closed. As we said early in this paper such a biologic or normal death is rarely achieved by man—he usually succumbs to influences of the environment or dies prematurely because of inherent pathological defects in his organism. Assuming, however, a case in which an individual achieves a natural biologic death two

brownish in color and filled with lipoid drop-In many cases they form such striking masses of cells scattered among the atrophic tubules that an increased number seems possible This prominence of these cells may persist, and apparently does so, until the end of life Such changes are wholly in contradiction to any theory of a rejuvenating internal secretion ascribed to these cells On the other hand these cell changes support the view that their function is a metabolic, nutritional one, concerned in the process of spermatogenesis, and when this process comes to an end, these cells become over-burdened with a lipoid pigment similar to the disuse lipoid pigmentations occurring in other atrophic tissues

SECONDARY PATHOLOGY OF SENILITY

The secondary pathologic conditions that are made possible and favored by the primary involution process are many and of great clinical importance, because it is usually through some one of these that the senile individual is kept from achieving a biologic death. They include nearly all of the causes of deaths occurring at the period of life. They fall into several well-defined groups —

- 1 Secondary to the Vascular Changes Thrombosis, embolism, infarction, atrophy, apoplexy, cerebral softening, paralysis, psychical degeneration, etc, due to cerebral arteriosclerosis, coronary sclerosis, thrombosis, myocardial infarction, angina pectoris, cardias insufficiency, etc, renal arteriosclerosis, contracted kidney, nephrosis, chronic nephritis, etc, peripheral sclerosis leading to gangrene. Sclerosis of aorta, aortalgia, angina
- 2 Secondary to the General Atrophy Reduced functions of all organs including endocrinal General lowering of resistance Increased susceptibility to respiratory infections, bronchitis, broncho-pneumonia, erysipelas, etc Functional inadequacies, glycosuria, etc
- 3 Stass Condition Infections of urmary and genital tract, cystitis, prostatitis, pyelitis, infections of biliary and pancreatic tracts, stasis catarrhs of alimentary tract, constipation, etc Formation of calculi in any of the body passages (biliary, urmary, salivary, etc)

The most important of these pathologic conditions of old age secondary to the primary lesions of old age are shown in Figure 5

Concentration of Disease in Certain Age Periods

Another striking relationship between disease and the time of life is shown on Figure 6, which represents the predominance of certain diseases in different age-periods, rachitis in the first five years, rheumatic fever in child-

Central Nervous System—
Cerebral arteriosclerosis.
Thrombosis Embolism. Infarction Hemorrhage.
Atrophy Sclerosis

Loss of memory Loss of self-control Perversion.
Semile dementia. Semile psychoses Vertigo Semile
epilepsy Semile chorea Apoplexy
Hemiplegia. Paraplegia Aphasias Apraxia
Brown-Sequard's Syndrome. Presbyophrenia
Hysteria Autosuggestion Insomnia

Melancholia. Exaggerated ego Hallucinations

Eye —

Loss of accommodation power Arcus senilis Senile

cataract.

Atrophy of nerve. Sclerosis Progressive deafness Thyroid—

Atrophy Reduced metabolism. Skin changes

Heart —
 Myocardial degeneration. Cardiac inadequacy Coronary thrombosis Infarction. Cardiac thrombosis Angina. Numerous functional disturbances

Aorta — Aortalgia Angina. High or low pressure Thrombosis Embolism.

Chronic bronchitis Bronchopneumonia.

Arteries —
Thrombosis Embolism, Infarction Gangrene, Atrophy Diminished blood supply

Kidneys —
Arteriosclerotic atrophy Pyelonephritis Stasis- Kidney Pollakiuria Nycturia.

Bladder — Stasis Cystitis Calculus

Prostate —
Cystic glandular hyperplasia. Stasis Secondary infection

Lrver —
Atrophy Reduced function

Gall-bladder —
Stasis Calculi.

Pancreas — Atrophy Lowered function.

Gastrointestinal Tract —
Atrophic catarrh. Stasis Disturbances of digestion.

Lymphoid Structures and Bone Marrow — Lowered resistance. Anemia.

Boncs—
Osteoporosis Fragility Fatty embolism Deficient
healing
Fig 5—The chief secondary pathologic conditions asso-

ciated with the aging process

hood, tuberculosis in the late childhood and adolescent period, venereal diseases at puberty and early adult life with the carrying on of syphilis through middle life producing many varied pathologic conditions then, neoplasms other than carcinoma in the early part of adult life, carcinoma in the senescent period, likewise in this period various metabolic conditions associated with the progressive loss of energy, cardiovascular diseases in senility, and two periods for diseases of the nervous system, that

The changes in the senescent placenta may be taken as an example of their nature a progressive thickening and contraction of the chorionic stroma, from a loose semimyxomatous tissue it becomes increasingly fibroid, its stroma cells fewer in number, and the intercellular substance more hyaline in character, the blood-vessels show thickened and more hyaline walls, and the lumina gradually become nar-The cell-layer of Langhans of the chorionic ectoderm disappears by the middle or end of the third month of pregnancy, the syncytium undergoes a gradual loss in proliferative power syncytial buds become fewer, and on the older and more fibroid portions of the chorion localized necrosis of the syncytium takes place, preceded by marked nuclear pyknosis and vacuolation Intervillous thrombi are formed on the dead and degenerating syncytium, deposits of lime salts take place when the vascular sclerosis and obliteration reaches a certain stage A slow anemic infarction of a cotyledon or portion of such may take placethe physiologic anemic infarct of the placenta Without going further into detail of the changes in the various organ and tissue involutions, we may say that essentially they present identical tissue lesions, and that these are the same in the involutionary processes of old age These involutionary tissuechanges are ---

1 Loss of power of division Fewer mitoses Fewer regenerative proliferations Nu-

merical atrophy

2 Quantitative atrophy Parenchymatous cells fewer in number and smaller in size Reduction in cytoplasm and in nucleus Condensation of chromatin, pyknosis, eventually vacuolation and karyolysis Frequent appearances of lipoid droplets in cell cytoplasm, in many cells lipoid pigments appear

3 Shrinking and condensation of intercellular substance, most frequently a hyaline fibrosis, loss of water, changes in colloid state, in the panniculi the fat cells are replaced by a mucin-containing stroma resembling that

seen in myedema

These are charac-Vascular changes teristic of the involutionary process at all periods, and must be inherent within the vessels themselves, masmuch as wear-and-tear forces can hardly explain the sclerotic changes occurring in the ductus arteriosus, umbilical vessels, involuting thymus, and later in the ovary after the first follicle has ripened and discharged In all periods of involution the vascular changes are histologically identical with those occurring during senescence Without going into a detailed description of the wellknown features of the arteriosclerosis of age, the essential features of which are an atherofibrosis of the vessel wall, with or without

proliferative changes, ultimate loss of elastic tissue and muscle cells, occlusive or with dilatation of lumen, and incidental limesalt deposits Aside from the processes of thrombosis, embolism, aneurismal dilatation, rupture, etc, which may be secondary to the vascular changes, the resulting disturbances of circulation in the parts supplied by such sclerotic vessels are extremely important in the secondary pathology of senescence 1 The main features of the gross pathology of the viscera of the senescent body are 1, Atrophy Reduction in size except in the case of the emphysematous lung and the hyperplastic prostate, 2, Increase in consistency, due to the relative increase in stroma, 3 Changes in color, browner or grayer, 4, Increased translucency, 5, Serous atrophy of adipose tissue Throughout the entire body, there is an increased toughness of the connective tissue membranes Special senile features of the and fascias autopsy are the increased adherence of the dura mater, the erosion of the inner table of the skull, the Pacchionian erosions and perforations, the thickened and more opaque meninges, the more sharply pointed cerebral convolutions, the thickened and frequently cystic chorioid plexus, the discoloration and calcification of the cartilages, osteoporosis of bones, pulmonary emphysema, low diaphragm, barrel thorax, droplet heart, ptoses of gastrointestinal organs, the generalized atrophy and passive congestion The atrophy of the viscera shows most markedly in the spleen, liver, testes, heart, lungs and pancreas, differing in this order from the atrophy of starvation adrenals always show an excessive degree of lipidosis The atrophic testes are browner in color from the lipoid pigment increase in the interstitial cells

Before leaving the subject of the primary pathology of age, the changes in the testis deserve additional attention So much has been said about the potential immortality of the germ plasma that many people assume that its existence in the sex-glands, at least in the testis, continues until the end of the life of the individual We have made it clear above that the germinal epithelium of the spermatic tubules undergoes retrogression very early in senescence, and that its atrophy is practically coincident with the advent of senescence the very old individual the testis may be fibroid, or nearly so, the tubules being represented by the hyaline basement membranes of the old tubules If any tubules still persist the epithelium is reduced to a single layer of low vacuolated cells, or the epithelium may be entirely gone As this atrophy of the spermatogenic tissues develops in the early part of senescence the so-called interstitial cells (puberty gland) become larger and more prominent,

they look upon the phenomena of involution shown in senescence as in any way different from that of the involution of the temporary organs and tissues shown in early embryonic, throughout the period of fetal life, the early periods of extrauterine development, and in fact throughout the whole period of existence of There is no difference in kind the organism in any of these localized involutions, they take place to get rid of parts that have fulfilled their use, the very same factors come into play when the organism has completed its function and must be removed from the scene -it is only a question of time and degree of Senescence cannot be considered involution as a physiologic entity belonging to the latter period of the metazoan organism. Involution and Evolution are inseparable processes and go hand in hand from the time of the union of sperm cell and ovum The discarding of the polar bodies, the loss of the tail of the sperm cell, the very act of fertilization, are prophetic of future involutionary processes in the life of The senescent process is pothe organism tent, therefore, from the very beginning, and grows in volume and extent in proportion to just one thing—the fulfillment of function None of the theories of senescence detailed above is applicable to these earlier and localized senescences, if they cannot be fitted to the explanation of these, they cannot be applied to the explanation of the major senescence It is evident then that involution is a biologic entity equally important with evolution in the broad scheme of the immortal procession of life Its processes are as physiologic as those of growth It is, therefore, inherent in the cell itself, an intrinsic, inherent, inherited quality of the germ plasm, and no slur or stigma of pathologic should be cast upon this process What its exact chemico-physical mechanism is will be known only when we know the nature of the energy-charge and the energy-release of the cell We may say that senescence is due primarily to the gradually weakening energy-charge set in action by the moment of fertilization The immortality of the germ plasm is dependent upon the renewal of this energy-charge from generation to generation

Conclusion

What philosophy then may we draw from this! Is old age inevitable? Yes, escape from it is possible only for those who meet a premature pathologic death. For those who live to their biologic limit age cannot be escaped. Nor can it be deferred. Nor is rejuvenescence possible. The deferring of old age, the rejuvenating of the senescent individual is but idle.

and foolish talk, and we have had much of this in the last decade. What modern medicine has accomplished along the lines of hygiene and the prevention of disease has been only to increase the number of human individuals, both the fit and the unfit—unfortunately too many of the latter kind—who come to maturity and to the period of senescence More individuals will achieve their biologic life limit, and this means what-ultimately a much greater increase in the number of senile, more or less useless, human beings in the age decades of the eighties and the nineties. There will be some increase in the number who will reach the age of one hundred years or even pass it, due to their own family inheritance, but this number will not be greatly increased in the present period of evolution. But what advantage is gained by increasing the number of human dependents in the period of second childhood! Does this thought never occur to the enthusiastic propagandists for the extension of life! I have never seen it mentioned in the literature of such propaganda may be individuals who wish to live to the very limit of their biologic allotment, to pass the last decade or two of their descent to the grave in uselessness, non-productive existence, dependency, in personal discomfort, and a burden to others-I personally am not of that sort Rather the limit set by the Psalmist-"The days of our years are three-score years and ten, and if by reason of strength they be fourscore years, yet is their strength, labor and sorrow, for it is soon cut off, and we fly away" (Psalm 90, tenth verse) The compensations of the seventh and eighth decades are many because of the longer preservation of the spiritual and mental function over that of the other functions. In a life well-ordered and well-spent, of varied physical and mental activities, the break in cerebral function comes in the average case somewhat around the 70th year, and the rapid down-hill descent is usually not apparent until after the seventy-fifth this, of course, there are wide individual variations But with mental powers still preserved this period from sixty-five to seventy-five may be one of satisfaction, even of productiveness There is an old folk-word, "The first joys of life are those of the belly, the last ones those of the mind, but the fool knows none but those of the belly" Happy then is the senescent who can approach his inevitable end with normal cerebral rate of involution, still capable of intellectual pleasures, and the mature contemplation thereof, and meet a speedy release before the unhappy days of second childhood are upon him

of early sexual life and that of early senescence Numerous factors concerned with environment, stage of development, social, emotional, etc, are concerned in this concentration of dis-

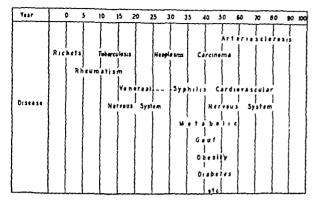


FIG 6—Concentration of pathologic conditions in various age-periods

eases in certain periods of life, and cannot be discussed here. The association of carcinoma with the senescent period is so striking that cancer is regarded by many as a disease of senescence. It, however, does not occur in all old people, as does arteriosclerosis, it is not a primary involution process, and not a biologic retrogression, it, therefore, is not an essential feature of old age, but is dependent upon an inherited pathologic anomaly of constitution, that like gout and other metabolic anomalies asserts its development coincidentally with senescence.

THEORIES OF SENESCENCE

Curiously enough many medical men of the last century, lacking the wisdom of David and Solomon in recognizing that the life of man has a definite normal limit, have regarded the aging process as a progressive disease, according to Brown-Sequard caused by the sclerotic changes in the vessels, according to Metschnikoff by intestinal putrefaction, according to Victor Horsley due to degeneration of the thyroid gland, while Lorand and numerous followers of his believe that it is caused by the degeneration of all the ductless glands, particularly the thyroid, adrenals and gonads The modern scientifically-trained biologist, however, cannot look upon senescence and old age as disease processes but regards them as a physiologic entity, the result of involution processes inherent in the organism The exact mechanism of this involution is, of course, the great problem, and concerning this there are various opinions The most important of these views may be briefly stated as follows -

Age is due to a loss of growth-energy, so that the cell loss exceeds the regenerative powers, and numerical and quantitative atrophies ensue This loss of cell growth is due, according to different workers to —

- 1, Increase of specific growth-inhibiting factors
- 2, Decrease of specific growth-stimulating factors
- 3, A combination of the two preceding causes, both acting conjointly

As to the source of these hypothetical specific substances there are wide variations of opinion, as follows

- a, Physico-chemical changes in the blood-serum (senesecent serum)
- b, Changes in the physico-chemical equilibrium of the organism (changes in the colloid states, in the water-content, in the pH, acidosis, alkalosis, etc.)
- c, Accumulation of toxic waste products of metabolism (chronic fatigue, auto-intoxication)
- d, Endocrinal disturbances, either a hypoactivity, hyperactivity, or dysfunctional production of abnormal toxic growth-inhibiting substances, disharmony in the pluriglandular endocrinal complex, loss of energy power due to loss of specific rejuvenating substances produced by the interstitial cells of testis and ovary
- e, Disturbances of the intrinsic conditions of the metazoan organism associated with differentiation of cell function. Loss of differentiation power, reversal of growth processes due to nutritional factors, changes in cell environment, etc.

A detailed critical review of these theories is not possible within the limits of this paper In general they are all built upon insecure foundations, hypothetical substances and hypothetical changes, that may be due to the processes of senescence and not its cause. Not a single one of all the theories of senescence so far offered has a leg to stand upon, for the greater part they are pure hypotheses constructed about some single fact, such as the increased growth-inhibiting power of the senescent's blood serum or changes in the pH, or some other similar uncorrelated observation Much has been recently made of the cultivation outside of the animal body of tissue and organ cells A potential immortality has been claimed for the somatic cell as well as for the germ cell—because of this, biologic hints of the possible immortality of the soma are thrown out by over-enthusiastic biologists and jour-It is a great temptation to enlarge upon this subject, but it is perhaps futile to pursue arguments aggressively for which there is so little, or no, biologic foundation The cultivation of tissue cells in vitro has precisely the same broad biologic significance as the cultivation of neoplasm cells It is a pathologic situation, and not a biologic one ther, all of the theories of senescence mentioned above are fundamentally wrong in that

A SURVEY OF HEALTH SERVICES IN EVERY COUNTY

The Committee on Public Relations of the Medical Society of the State of New York deals with the relation of the medical profession to the other health agencies of the State, and a similar committee of each county society deals with health agencies of the county The relation proposed by the State Committee is that physicians shall assert and assume the leadership in all forms of health work first essential of the activity of each committee is to survey the field in each county and to plan the additional health and medical service that the county requires Then when the survey of a county is made, let the committee publish its report in the New York State Jour-NAL OF MEDICINE for the benefit of the other counties and the officers of the State Society

A survey somewhat like the one suggested was made in thirty-three counties in 1924 and 1925, and was published in the Journal This survey was of direct value to the Committee on Public Health and Medical Education According to Dr C A. Gordon, the Chairman of the Committee, it was the principal source of the information on which the Committee based its work

The evolution of experience and plans during the succeeding four years suggests an extension of the plan of the former survey which covered the fields of private practice and hospital service, and did not enter deeply into the fields of public health, civic medicine, and medical publicity and education. One of the items of information that was sought in 1924 was the question, "What activities, besides those connected with its meetings, has your society undertaken?" The reply was frequent that nothing had been done But more recently the officers of the State Medical Society have stimulated the county societies to undertake new activities with the result that many societies have entered the fields of graduate education, medical publicity, public health nursing, prenatal clinics, and other health projects which medical societies can conduct

Four years ago the County Tuberculosis Committees of the State Charities Aid Association dominated the field of public health and medical education to the exclusion of the local physicians, and often the officers of the county medical societies could not tell the name of the President or Executive Secretary of the County Tuberculosis Committee Moreover, there were frequent disputes occurring between the doctors and the lay workers, largely because each group knew little of the plans and activities of the other Today, it is probable that there is some sort of agreement between the two groups in each county An example of the get-together spirit is the action of the Tuberculosis Committee of Washington

County in choosing a physician for president, thereby ending a long dispute between the physicians and the lay workers, and starting health work under the leadership of physicians. The action in Washington County is a commendable model for other counties, and yet no publicity has been given to it in the State Journal, and it is doubtful that the physicians of other counties know of it

The survey of a county is easy to make provided a suggestive form is devised. This form cannot be merely a printed questionnaire with spaces for statistical data and yes and no ans-The survey to be of value must be written in the style of an informal conversa-If one of us should meet a doctor from Franklin County, for example, he would inquire how the plan of medical publicity, discussed by the county medical society, is progressing. It may be that no publicity material has yet been issued or even prepared, but the chairman of the publicity committee can give an informal description of conditions which have led the county society to discuss medical publicity Since Franklin is one of the few counties that has discussed that subject, a report of what its society has done and plans to do will be of value to other societies

The following outline for a report is sugrested

gested

1 A brief record of the number and distribution of doctors, hospitals and clinics

2 The County Medical Society—the activities it has undertaken and its plans for the immediate future, such as anti-diphtheria work

3 The County Tuberculosis and Public Health Association, and its activities. Its relation to the medical society. The public health work that it does—children's camps, nursing, publicity, etc

4 Other lay health organizations, such as

Parent-Teachers' Associations

5 Social welfare agencies, such as Child Welfare, clubs interested in any phase of health work—Rotary, Kiwanis, fraternal, etc.

6 Health examination of school children, and the correction of defects. How much interest do doctors show in the examination of the children?

7 The local health departments Attitude of local health officers and boards of health

8 What are the peculiar health needs of the county?

The mere fact of attempting to record the conditions outlined in the suggestive questionnaire will reveal to the local investigator the limitations of his knowledge of his own county, and will stimulate him to devise practical plans that are adapted to his particular community It may be that the County Medical Society will



EDITORIAL



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For list of officers of County Medical Societies, see this issue, advertising page xxv

THE PATHOLOGY OF AGING

An outstanding contribution to the Graduate Fortnight of the New York Academy of Medicine during the first half of October was thatby Dr Warthin on The Pathology of the Aging Process This lecture was a fitting introduction to the series, because it afforded a basis for the correlation of the succeeding

lectures and clinics Dr Warthin considered old age conditions with logical simplicity and clearness Every reader of this Journal will be well repaid if he will turn to page 1349 and read the article, and when he has read it, he will wish to preserve it for future reference



MEDICAL PROGRESS



Certain Aspects of Tinnitus, Particularly Treatment.—Isaac H Jones and Vern O Knudsen discuss the mechanism, types and classification of tinnitus, and comment upon the unsatisfactory results of treatment tunately tinnitus is not necessarily an accompaniment of hearing impairment. An analysis of 340 cases of impaired hearing revealed tinnitus in 59 per cent of the cases, there being a particularly high prevalence of the condition associated with conductive lesions-63 Local treatment is limited to the external and middle ear, it consists in the removal of obstructions in the external ear and varied measures to improve the condition of the middle ear The best prospect of local treatment is in cases of tubal congestion Several of the best otologists have severed the eighth nerve or destroyed the cochlea, such operations are not without danger and are almost always unsatisfactory Possibly many have been less alert than they should have been in the use of constitutional treatment. In any marked defect of the cochlea search should be made for focal infection, especially if one cannot find any other cause of a previous tovemia, such as mumps, scarlatina, influenza, or meningitis Certain drugs have been empirically recommended for the relief of tinnitus, notably dilute hydrobromic acid in doses of one fluid dram three times a day in water, this may be combined with potassium iodide In cases of hyperthyroidism suitable treatment (thyroid extract, Lugol's solution) at times relieves the tinnitus that accompanies this dis-Similarly, tinnitus during the menopause may be relieved by ovarian extract the systolic blood pressure is low, digitalis or strychnine may give relief In cases of high blood pressure trinitrin has been recommended The writers have constructed two types of mechanical instruments which have afforded relief, though of course, they do not "cure" the tinnitus The first, termed "bombardment" of the cochlea, aims to desensitize the cochlea in tonal regions corresponding to the tinnitus The pitch and loudness of the tinnitus are determined by precise measurements, and an objective sound is then produced, of the same pitch as the tinnitus but of much greater loudness Of the second type of instrument two varieties may be used first is a monotone generator, constructed of a vacuum tube oscillator and loud speaker The oscillator is adjusted to produce a frequency slightly below that of a tonal tinnitus The other instrument consists of an ordinary 50 to 60-cycle alternating current conducted through a special loud speaker (magnavox type) and a telephone condensor connected in series. This produces a complex "spectrum" of tones which is capable of masking almost any tone or noise which may characterize a tinnitus — Laryngoscope, September, 1928, xxxviii, 9

Bismuth Intoxication From Beck's Paste in the Pleural Cavity -P Torrione reports a case from the surgical clinic at Lausanne It is of interest to note in passing that in 1882 Kocher saw the same accident follow the strewing of bismuth powder on wound granulations, and he at once abandoned the remedy At a much later period accidents of the same nature followed the application of dermatol and airol Beck introduced his paste in 1910 and occasionally saw untoward results In 1912 Mayer was able to find a record of 64 cases of intoxication with 24 fatalities from the surgical use The cause of the untoward reof bismuth sult is obscure and has been brought into association with arsenical impurities, the formation of toxic nitro-combinations (when the subnitrate is used), lack of asepsis, etc author's case metallic bismuth was used. The patient, a man of 55, had an empyema treated by operation and a 10 per cent paste was used in the cavity—150 gm of bismuth in all symptoms of intoxication appeared until six months later when a stomatitis developed, due evidently, to slow continuous absorption. This gradual, insidious, but relatively mild poisoning is believed to be characteristic of the bismuth 1011, while another, much more acute and violent, has been ascribed to the presence of some nitro-compound and is seen only after use of the subnitrate.—Schweizerische medizinische Wochenschrift, September 8, 1928

Paroxysmal Tachyarrhythmia. — L Gallavardin writes at extreme length on this subject, making six clinical varieties although under the head of treatment these are summed up as thyroidal and non-thyroidal. The author's own summary of his article is as follows. "Auricular fibrillation with complete arrhythmia, before it becomes permanent, manifests itself almost always in a transitory manner. Ordinarily the accesses of fibrillation are not perceived by the patient, but in certain cases there are manifestations which recall the paroxysms of Bouveret's disease. It is for the latter that the term paroxysmal tachyarrhythmia should be reserved, this in turn being

choose an anti-diphtheria campaign for its special effort, or will undertake the publicity of popular medical articles in the newspaper When a group of conscientious physicians, such as those which compose a county medical

society, realize the deficiencies in the medical service of the county, they will devise the means of supplying the needed service, and will supervise the execution of the plans

W H Ross

THE COMMITTEE ON PUBLIC RELATIONS

The preceding editorial is the report of the plan of action that was adopted by the Committee on Public Relations, at its meeting on November ninth. The Committee divided the State into five districts and assigned them among its members, each of whom will see that a committee on Public Relations is formed in every County in his district.

The first duty of a County Committee will will be to make a survey of the medical and allied services that are available in the County

Its second duty will be to devise a plan for supplying the additional medical services that are needed in that particular county, and especially to make working arrangements with all organizations engaged in health work in the county

A full account of the meeting of the Public Relations Committee will appear in the Journal of December first

Reports of the plans of the Committee will be prepared and will be available to each County Committee

THE MEDICAL INFORMATION BUREA

The instruction of the people in the aims and bojects of the medical profession is being considered in an increasing degree by the medical societies of the Counties and the State Medical leaders recognize the fact that the people must understand the ideals of the physicians in order to give intelligent support to

the public health plans of the laymen as well as the medical profession. The latest plan of publicity is that recently instituted by the joint action of the Medical Society of the County of New York and the New York Academy of Medicine and described on page 1377 of this issue.

LOOKING BACKWARD

This Journal Twenty Years Ago

Flies and Disease—The close relation of house flies to human disease was under investigation twenty years ago when the Merchants' Association of New York had just completed an extensive study of the subject, and had published its findings in a report which was beautifully printed and well calculated to convince educated laymen of the need to take precautions against in insects

This JOURNAL of November, 1908, contains an article on "Insects and Disease" by Dr John B Huber of New York, in which the author says

"We have long looked upon the house fly as a sort of necessary nuisance, as a sort of scavenger which people must put up with who will persist in uncleanly habits, it is only up to recently, however, that we have come to look upon it as a dangerous pest. Dr. Jackson, Fly Investigator of the Association for the Merchants, computes that in New York City it is the occasion of some 50,000 cases of sickness, of some 650 deaths from typhoid, and 7,000 deaths from other intestinal diseases. We look upon typhoid as an autumnal fever

Many an urbanite has returned from his vacation stricken with this disease, and the cause has frequently been assigned to tainted wells Wells are certainly from time to time at fault, but not so generally as is often assumed. If we count back two months from the fall rise in typhoid deaths to the time when the disease is contracted, it will correspond exactly to the curve of prevalence of flies and to the curve of rise in deaths from diarrheal diseases of both children and adults It will also correspond to the temperature curve, it is, therefore, erroneous to attribute these diseases to hot weather alone Chmatic condi tions may predispose by reducing the vitality, but they are not the essential cause, temperature does not produce the specific germ—the causal agent which invariably accompanies the disease. The activity of the house fly, states Jackson, is in proportion to the temperature, and the time when this insect is most active and most numerous corresponds exactly with the time of contraction of diarrhea and of typhoid fever"

within the cells and intercellular spaces, the cells and fibers finally disappearing in a number of adjacent areas Although there is evidence of cell proliferation, the authors are not of the opinion that ganglia are neoplasms Neither are they convinced that trauma plays a major part in their production Ganglia must be differentiated from tuberculosis of the joint or tendon sheath, lipoma, my oma, fibroma, osteoma, sarcoma, bursitis and aneu-The chief symptoms and signs are swelling, pain, interference with function, and tenderness So many ganglia disappear spontaneously or after breaking and pressure, aspiration and pressure, or aspiration and injection of a chemical irritant and pressure, that operative therapy is only indicated when nonoperative treatment has failed and when there are persistent troublesome symptoms or deformity Careful complete excision of ganglia under strict asepsis and with a bloodless field will probably not be followed by recurrence The entire cyst wall with all prolongations must be removed completely, no so-called pedicle should be tied off A firm bandage over the wound minimizes the chances of hematoma from an oozing capsule -Surgery, Gynecology and Obstetrics, October, 1928, xlvii, 4

Toxic Action of Milk Treated With Ultra-Violet Rays -R. Degkwitz enters into a controversy which seems to be in progress on this subject. The radiation of milk introduced into practice by Hess of New York, constituted an advance in pediatrics, the extension of which into other fields was inevitable. Thus in animal industry the propriety of raying food oils for cattle became involved and manufacturing chemists were influenced to place rayed preparations of different kinds on the market. In the past, as a rule, such sweeping innovations have called forth bitter opposition, but m this case the public and officialdom has made but little protest. However, it is important to know whether there are any chances for abuse of ready rayed preparations by the members of the public who purchase them, bearing in mind the tendency to overdose and use on wrong indication It has been surmised in different quarters that raying will destroy the vitamin content of the milk so that while seeking to prevent rickets we may be giving the children infantile scurvy The author is able to lay this ghost by showing the impossibility of such an event But the discovery that rayed milk may injure guinea pigs set other agitation afoot, though further experience brought out the fact that these animals could not tolerate cod-liver oil or olive oil A report that tuberculous infants and children do not take kindly to rayed products seems to have been confirmed, but even if true, this fact need not interfere with the general use of the principle The author believes that the experience of the coming winter will be sufficient to uphold the wisdom of raying food and medicinal substances as a general prophylactic measure.—Münchener medicimische Wochenschrift, September 21, 1928

The Treatment of Gangrene—W Sampson Handley calls attention to the fact that Leriche does not recommend his method of sympathectomy for actual senile gangrene Matthey-Cornat gives as definite contraindications for sympathectomy (a) the circulatory insufficiencies of generalized senile arteriosclerosis, with or without gangrene, and (b) arterial thrombosis and artentis obliterans Handley recommends alcohol injection, which he believes is a definite advance upon Leriche's oper-He claims that in certain cases it ation averts threatened gangrene or arrests the spread of semile gangrene already present, and removes the necessity of amoutation. In other cases it permits a low amputation instead of a high one. The technique of periarterial injection is not difficult, though it requires care The femoral artery in Hunter's and delicacy canal is exposed for a length of one or two With the finest possible hypodermic needle two or three minims of alcohol are injected at four points spaced around the calibre The needle is introduced of the artery obliquely and nearly parallel with the length In successful cases the vasoof the artery dilatation produced by the alcohol injection is This is not the only advantage, ımmediate for whereas the effect of sympathectomy passes off in about five weeks the vaso-dilatation following alcohol injection may last for a year or more Handley admits that the method is open to criticism, but his experience leads him to recommend it strongly in cases of threatened or incipient senile gangrene of a lower limb It should be applied in the prodromal stage before actual gangrene has occurred Extensive gangrene of the foot reaching to the leg is a contraindication unless the injection is followed by an immediate low amputation, since the increased blood supply may lead to fatal toxic absorption. It is also contraindicated if the foot above the dead area is congested and warmer than the sound foot Alcohol injection appears to be useless in Buerger's disease, and of doubtful value in Raynaud's disease — British Medical Journal, October 6, 1928, 11, 3535

Spontaneous Cure of Cancer—A Mathez of Berne, refers to a case of apparent spontaneous cure of a cancer of the lip reported last year by Avramovici He sought to account for this result by various hypotheses—successful defence by the tissues, formation of an antibody in the blood, the action of the bacteriophage,

one clinical form of a much larger group, that of complete transitory arrhythmias Paroxysmal tachyarrhythmia usually evolves in two The paroxysmal phase which may persist for a number of years, gives birth ultimately, by prolongation and fusion of the attacks, to the phase of complete permanent arrhythmia Despite the permanence of the rhythmic disorder, the patients are often less incommoded by the second than by the first The condition is in reality only a syndrome, the symptom of a cardiopathy, active or latent We call attention especially to the thyroid type and the juvenile form of the disease" The paper contains 20 clinical histories Under treatment the author lays down the rule that the case of thyroid origin demands treatment of the underlying condition, whereas in the non-thyroid form digitalis should always be given a trial with a view of preventing the paroxysms, while quinidine is of value in certain patients, either when the access first begins or between paroxysms However, the author does not lay down strict laws for using these and other cardiac drugs. but study of his cases shows that digitalis and quinidine are not given simultaneously, a period of the former drug being succeeded by a brief course of quinidine -Le Journal de Médecine de Lyon, September 20, 1928

The Importance of Diuresis in the Treatment of Certain Cases of Mercuric Chloride Poisoning—] M Hayman, Ir and I Priestley present evidence that the human kidney tubules possess marked powers of regeneration after acute mercuric chloride poisoning, and that the maintenance of adequate diuresis during the period of diminished concentrating ability forms an essential part of the treatment of mercurial nephrosis So far as they are aware the possible life-saving value of a high degree of diuresis during the stage of tubule regeneration has not been stressed They report the case of a man, aged 35 years, who swallowed five 71/2 grain tablets of mercuric chloride He was lavaged and placed on the Lambert and Patterson treatment. At the end of ten days, as his condition was extremely serious, this treatment was discontinued and he was given intravenous infusions of physiological salt solution of from 1650 to 2790 cc a day in addition to 3000 to 4000 cc of fluid This induced an increased urinary by mouth output, reaching a maximum of 3630 cc on the After five days of infusions the urea nitrogen had fallen to 175 mg per 100 cc and they were discontinued Progress thereafter was continuous and the patient made a complete recovery The biopsy findings in sections of the small bit of cortex removed at operation showed an extensive necrotic nephrosis similar to that found in the kidneys of patients dying within twenty-four hours after taking the poison—American Journal of the Medical Sciences, October 1928, clxxvi, 4

Tabes Psychoses —Prof A Bostrocm, of the Munich Psychiatric and Neurologic Clinic, refers in this title in part to the mental derangement which is called forth by peculiarities of locomotor ataxia, but the term is applicable to more than reactive phenomena With the supervention of the early symptoms we note the development of irritability, mistrust, hypochondriac fears, egoism, nagging, etc , while the ocular troubles may cause illusions But an organic element may be present, due possibly to the action of the toxin of the disease on the cerebral cortex There are not only these early mental peculiarities, but others which develop quite late in the course of the disease The question then arises as to the identity of this latter condition with what is known as taboparesis in which there is the association of tabes with paralytic dementia There has probably been some confusion in the past, but the author holds that at present this is hardly possible On the other hand some cases are chance associations with various psychoses and notably with dementia precox The term tabes psychosis should in the author's opinion, be restricted to cases in which lues is the essential factor although with taboparesis excluded Syphilis could conceivably produce organic mental derangement through endarteritis or chronic meningitis Cases are cited, the first of which was in a tabetic 47 years old, the mental symptoms consisting of restlessness and hallucinations The intelligence was intact Autopsy showed chronic meningitis. In the second similar case there was endarteritis In both these patients there was also a granular ependymitis same clinical and pathological picture may be seen in old syphilities without the presence of On this account the author thinks that as yet we are not entirely justified in using the term tabes psychosis, for the mental trouble should be peculiar to tabes to merit this name -Klinische Wochenschrift, September 30, 1928

A Study of Ganglion, with Special Reference to Treatment.—Louis Carp and Arthur Purdy Stout have made a careful study of the pathology and etiology of ganglia and present an analysis of 255 cases. They believe that ganglia are cysts resulting from mucinous degeneration of connective tissue. Ganglia generally occur in or attached to capsules of joints or tendon sheaths, but do not communicate primarily with joints or sheath spaces. The degeneration proceeds with fibrillation of the collagen fibers and accumulation of mucin



LEGAL



By LLOYD PAUL STRYKER, ESQ Counsel, Medical Society of the State of New York

THE BAR CLEANS HOUSE

The entire community is under a general debt of gratitude to Mr Justice Wasservogel for his conduct of the thorough-going investigation which he has now brought to a close Something of the extent of his work may be understood when it is recalled that 5,465 pages of testimony were taken at the public hearings, 5,315 pages at the private hearings, and that a total of 1,110 witnesses were examined at the hearings in the court room and in chambers

Mr Justice Wasservogel's report, which he recently submitted to the Appellate Division is an illuminating and valuable document. A condition was found to prevail among certain members of the bar which has shocked the conscience of the community. The men guilty of these reprehensible practices should never have been licensed to practice law. They have displayed a total inability to grasp the obligation resting upon a learned profession, or to appreciate even the most elementary obligations of good faith to their clients, to the community, and to the Courts of Justice of which they are officers

"Personal injury cases" says Judge Wasservogel, "have, in the main, come into the hands of relatively few lawyers, some of whom have conducted their practice purely as a business, to the detriment of the public and the profession 'Lawyers engaged in the practice referred to,' " continued Judge Wasservogel (quoting the lan-guage of Judge Dowling), "by themselves or through their agents who are sometimes laymen, promise to give to persons sustaining personal injuries some valuable consideration to induce them to employ such lawyers to prosecute claims for damages for their injuries Such lawyers, through their agents in some instances, maintain a wellorganized and effective system of solicitation by which they obtain prompt information of accidents resulting in personal injuries, from hospital employees, ambulance drivers, taxicab drivers and others who are so situated as to have early knowledge, and they pay them compensation for such information Solicitation for such business frequently takes place immediately after an injury has been received, often on the same day, in hospitals, in homes, and at the bedsides of injured persons, while they are in pain or otherwise distressed on account of their injuries'"

Judge Wasservogel's report paints a gloomy but truthful picture of the conditions prevailing among ambulance chasers, but his report will have a salutary effect, and is a fine demonstration to

the community, of how ready the legal profession is to purge itself of unfit men. Numerous disbarment and criminal prosecutions have been instituted and no doubt many of the offenders will find themselves either without their licenses, or facing a jail sentence, or both

The result of this will be not only to remove from the community the danger of these leeches, but to deter others, who but for this warning,

might have fallen into similar ways

There is one clause of Judge Wasservogel's report which should be of interest to the medical profession He says "A close connection is frequently found between the physician and the 'ambulance chasing lawyer In a great many cases the physician recommended the lawyer, and occasionally the lawyer suggested the physician some instances the testimony or certificate of the physician was used to bolster up claims for injuries which were never sustained, or were grossly exaggerated Existing laws are ample to reach the dishonest physician Aside from the provisions of the Penal Law, the recently enacted addition to the Education Law, entitled Article 48, gives the State Education Department control over the practice of medicine By the terms of this Article, the license of an offending physician to practice medicine may be revoked or other punishment imposed by the Department, upon the presentation of charges by the Grievance Committee created by that Act. Justices should promptly bring to the attention of this Grievance Committee, or of the public prosecutors, any improper conduct on the part of physicians"

The medical profession then has the same opportunity, and of course the same obligation, to purge itself of unfit practitioners, as that devolving upon the profession of the law

Some reassurance is contained in Judge Wasservogel's conclusion. He there says "It must not be assumed from this report that the abuses revealed in the 'ambulance chasing' investigation affect the profession in its entirety. Nothing could be further from the truth. The malign activities which were disclosed by this inquiry involve a relatively small part of the bar. My confidence in lawvers remains unimpaired. On the whole, their integrity is beyond reproach."

The writer takes this occasion strongly to commend the conclusion just referred to, and feels that it would not be improper for him to add that from his very widespread knowledge of the medical profession, that which has been said as to the

possible intercurrence of fever There is, of course, the possibility of a wrong diagnosis Mathez, apropos of spontaneous cure of cancer, adduces certain passages from a very recent article by Reding, a Belgian, on the acidbase equilibrium and the ionic equilibrium This writer states that cancer develops in a condition of alkalosis and hypocalcemia, which does not result from the presence of the growth but preexists and persists after its removal Cancer very seldom develops in a condition of acidosis A case is briefly cited of recovery from a cancer of the inner aspect of the cheek after radium and extirpation. While the operative wound was healing erysipelas developed, and for four weeks the temperature oscillated around 40c Eventually the wound healed A blood analysis then showed that an acidosis was present although ordinarily an alkalosis and hypocalcemia are found. Six months later with no evidence of relapse the condition of acidosis was still present. In this case the erysipelas or rather the continued high fever must be credited in part for the favorable result -- Lyon Chirurgical, July-August, 1928

Trauma As a Factor In Acute Appendicitis -Because of the fact that compensation for mjury has often been refused, Addison H Bissell thinks that trauma as a factor in producing appendicitis deserves attention Many cases of traumatic appendicitis have been re-Following the application of force to the external abdominal wall, it is easy to visualize a rush of cecal contents into the lumen of the appendix This force might theoretically rupture the appendix, but this undoubtedly seldom happens. It is also easy to visualize this force as causing mucosal or mucosomuscular tears, with fecal stasis, and rapid invasion of the appendix by pathogenic Concretions, strictures of the lumen and adhesions would increase the chances of this occurring To argue whether the organ was normal or not is beside the point. question should be whether an abdominal injury or unusual strain can precipitate the picture of acute appendicitis There does not seem to be any doubt that this can take place Bissell reports four cases in which trauma was the etiological factor in a series of 101 appen-At the time of injury all these patients were in good health and no history of previous attacks of acute appendicitis could There was in each case a definite history of severe trauma, with immediate abdominal pain, nausea, and vomiting symptoms were continuous up to the time of operation In each case a perforation opposite the mesentery was found in the appendix, and in each case a concretion was recovered which

presumably had penetrated through the appendix wall. It seems that trauma caused the concretion to impinge tightly in the lumen of the appendix, resulting in an obstruction, with hemorrhagic infarction, necrosis, and perforation on the antimesenteric border, bearing out the observations made by Van Beuren on mechanical ileus—Archives of Surgery, October, 1928, xvii, 4

Chronic Appendicitis —On the basis of deductions from clinical observation at the operating table and in the X-ray laboratory, Rea Smith advances the theory that the symptoms which we are accustomed to call "chronic appendicitis" have a larger pathology than appendical inflammation, that simple appendectomy will cure less than 50 per cent of these cases, that these symptoms are caused by a distinct surgical disease and are not to be laid at the door of neurasthenia, and that symptomatic relief may be obtained surgically in the same high proportion of cases as in diseases of the gall-bladder, the stomach, and the duo-The distinct surgical disease is that known as a Jackson's membrane. As this attachment becomes tighter, the colon is rolled to the right and twisted This twist so pinches the intestinal wall containing Auerbach's plexus that cecal dilatation with lack of peristalsis follows, and a spastic colon forward from the point of pressure develops toneless cecum, without haustra, dilated, and thin-walled, immediately regains its color, thickness, and peristaltic activity upon removal of the plexus pressure This observation disproves the theory of Lane that the cecum has become toneless through atrophy of muscle from hydrostatic pressure, and the theory that the muscle has atrophied through trophic changes from long toxemia, and also the theory of anatomical intestinal obstruction in the ascending colon Smith analyzes a series of 571 consecutive cases diagnosed "appendicitis," of which 186 were complicated by pericolic membrane which he thinks is usually not recognized and not disturbed at operation He has been unable to find any patient in this series in whom the symptoms persisted after The procedure which he employs consists in dividing the reduplicated peritoneum at the white line which marks its junction with parietal peritoneum. The edges of the longitudinal incision in the-peritoneum are separated four or five inches by the rolling out of the colon, which immediately draws up Into the denuded and regains its pink color area a free omental graft is implanted, its edge being stitched to the edge of the peritoneal in-This apparently prevents reformation of the constricting membrane -Annals of Surgery, Oct , 1928, lxxxviii, 4

properly unite with the breastbone, but there was formed a large bony lump near the breastbone at the point of separation from the broken ribs, to the plaintiff's damage in the sum of \$25,000

It appears that plaintiff while riding with several other men in an automobile collided with a The car tipped over and caught railroad train fire One of the men with the plaintiff was so badly hurt that he died Upon admission to the hospital where he was seen for the first time by the defendant, it was found that he was suffering from first degree burns of the face and neck, he also complained of pain in the chest to the left of the sternum Zinc oxide was applied to the burns The patient was immediately fluoroscoped and y-raved and given a thorough physical examination by the defendant These examinations disclosed that two ribs were loosened from the These were thoroughly strapped with adhesive tape He remained in the hospital for five days During this time the patient was personally attended by the defendant daily and received treatment from the nurses in the hospital, as well as the hospital staff The adhesive dressings were changed several times to get the ribs in the best possible position. The burns on his neck and face were dressed and taken care of by the defendant and the hospital staff Contrary to the defendant's instructions while at the hospital the patient insisted upon getting up and walking around

The patient had been in the hospital about five days when he expressed a desire to go home Upon examination he was advised that his ribs were not yet in exact apposition with the sternum and that he would have to be extremely careful if he went home. He was further told that he was not entirely cured and that he must see his family physician regularly and that the adhesive straps were to be removed after examination either by the defendant or some one in the hospital or by the patient's family doctor. He was advised by the defendant not to go home, but he insisted upon so doing When discharged the patient's chest was properly bandaged and he was instructed to see his family physician He never came back and was never treated by the defendant thereafter

When the case came on to be tried, the plaintiff took the stand, but after the defendant's counsel had cross-examined him his own attorney consented to a motion made by the defendant to dismiss the complaint. The motion was granted and the action thus terminated in favor of the defendant doctor

PEDICULOSIS PUBIS-CLAIMED IMPROPER INSTRUCTIONS BY DEFENDANT

In this case the patient complained of pain in small of back, frequency of urination and also a urethral discharge. He gave a history of having been treated for syphilis with mercury injections about eleven years before and told the doctor that his blood had been examined and that he had a Wassermann done which was found to be positive, further that he had been under treatment for urethral discharge and a burning sensation on urination for some time prior to his first visit to the doctor. Treatment for the urethral and prostatic condition was administered and after a few weeks his condition improved and then against the advice of the defendant the patient went to the country, remaining there for several months.

About ten months after his first visit to the doctor he returned with the same complaint as on his first visit. The doctor again instituted the treatment he had given him on his previous visits. At this time he also complained of an itching in the public region. An examination disclosed that the plaintiff had pediculosis public. The doctor advised the patient to get some blue ointment and to apply it gently over the parts involved before returning and to take a hot bath the following morning. He was instructed not to leave too much

of the ointment in contact with the skin. The patient did not return for about a week and then he told the doctor that he had applied the ointment indiscriminately and allowed it to remain on his person without taking a bath. This caused a marked burning of the skin for which the plaintiff was treated at a dispensary with some soothing salve. When the doctor saw him at this time there was evidence of dermititis which had subsided. The doctor saw the patient about two weeks later when the local condition had entirely cleared up and the doctor never saw him again.

Subsequently the patient commenced an action charging that the defendant unskilfully and negligently prescribed a certain salve containing a greater percentage of mercury than the human flesh could endure, and that after the plaintiff applied the said salve to his body it became inflamed, sore, burned and blistered, to his damage in the sum of \$10,000

The plaintiff's attorney on a number of occasions attempted unsuccessfully to negotiate with the defendant's counsel for a settlement, and finally just as the case was about to be reached for trial the plaintiff discontinued the action

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lawyers, could be said with equal truth concerning the medical profession

The particular practices revealed in connection with certain physicians, we believe, affects relatively few doctors. In spite of all of the disclosures, we are sure that confidence in the medi-

cal profession should remain unimpaired On the whole, their integrity is beyond reproach

It will however, add to the prestige of the medical profession, and assist in reenforcing public confidence, if the Grievance Committee fearlessly performs its duty

CLAIMED NEGLIGENCE IN THE REDUCTION OF A FRACTURE OF THE LEG

In this case, a man 67 years of age, was knocked down by an automobile and sustained a fracture of the leg about one-third up from the ankle joint Upon examination of the patient after the accident the doctor found a fracture of the lower and middle thirds of the tibia and an oblique fracture of the fibula at about the same There was marked deformity and crepitus on movement of the leg The doctor prepared board splints, one extending half way up the thigh and by the use of moderate manual extension the bones were brought into-correct apposition and the splints applied The doctor called the next day and took careful measurements of the leg and adjusted the tension of the bandages the third day the doctor found extensive vesicle blisters over a good part of the leg just above the point of fracture showing an extensive obstruction of the circulation as a result of the injury In about a week's time these vesicles cleared up The doctor saw the patient at frequent intervals for the next month The swelling gradually went down, the bone was knitting and the leg was in good shape for the patient's age

About three weeks after the accident the doctor replaced the longer splint extending above the knee by a shorter one that conformed to the shape of the leg. The doctor continued to see the patient and about two months after the accident in adjusting the bandages there was a slight give at the callus about the point of injury, instead of beginning bony union which the doctor expected to find. There was no shortening or deformity Upon examination about five days later there was more movement and slight deformity. The

patient complained of weakness in the other leg A few days after that the doctor examined an x-ray which had been taken a few days before which showed a marked deformity and partial displacement of the fractured bones that had taken place by contraction of the calf muscles against the softened callus at the point of fracture, which condition had occurred by reason of the plaintiff's constitutional disturbance brought on in part by the excessive use of intoxicating liquors during all of his adult life and during the period of confinement since his accident. At this time the doctor recommended that the defendant be taken to a hospital and have the bone plated and have further treatment so as to give the bone a better chance of union The patient said he would do this if the doctor paid the expenses which the doctor very properly refused to do, and the patient then told the doctor he would go where he felt like and discharged the doctor from the case.

Subsequently the patient brought an action charging that the defendant negligently treated the plaintiff in that he did not place the broken ends of the bones of his leg together and in a position so that they would properly unite, and it was further claimed that the defendant had permitted the broken ends of the bones of plaintiff's leg to remain separated and in a position where they would not properly unite.

Upon the trial of the case the plaintiff failing to produce any proof of negligence on the part of the defendant, at the close of his evidence on motion of defendant's counsel the complaint was dismissed

FAILURE OF PATIENT TO FOLLOW INSTRUCTIONS

The complaint in this action charged that subsequent to an injury sustained by the plaintiff in an automobile accident, he was removed to a hospital of which the defendant was the chief surgeon. That the defendant undertook to treat the plaintiff while in the hospital, but did so in a careless and negligent manner in that he failed to discover that two of the plaintiff's ribs were

fractured and separated from the breastbone, and discharged the plaintiff from the hospital as cured on the fifth day without bandages, plaster cast or other supports to hold the fractured ribs in position, and that neither the defendant nor any of his agents or employees gave the plaintiff any instructions as to future care, as a result of which it was claimed plaintiff's fractured ribs did not



NEWS NOTES



CERTIFIED MILK

A statement by Dr Paul B Brooks, Deputy Commissioner New York State Department of Health, Albany, N Y

Dr William Henry Donnelly, Assistant Professor of Diseases of Children, Postgraduate Medical School and Hospital, not long ago addressed a joint meeting of two organizations interested in promoting the use of certified milk, prefacing his remarks with the statement that he was "A physician first and nilk commission man a very close second" In the course of his address he said "It is perfectly true that one or two weak milk commissions give all the rest of the country a black eye I would be very glad, indeed, to see all the commissions not properly functioning, not up to the standard, wiped out by us, and not by the state health authorities"

A "certified" cap upon a bottle of milk is a guaranty of a county medical society that the milk has been produced and handled strictly in accordance with the regulations of the American Association of Medical Milk Commissions. For this guaranty the purchaser pays a premium of ten cents, more or less, per quart. If the terms of the guaranty are fully carried out both in letter and in spirit, extreme precautions have been taken and the milk is as safe as it is possible to make raw milk. Otherwise the purchaser of certified milk is the victim of an imposition.

At almost every meeting of milk sanitarians certified milk comes up for discussion. Statistics demonstrate and a majority of prominent pediatricians whose opinions have been reported to the International Association of Dairy and Milk Inspectors believe that, speaking generally, under present conditions, even certified milk is safer for infant feeding if it has been pasteurized or boiled. This is in a measure due to the fact, often mentioned in discussion, that some medical milk commissions are functioning inefficiently or not at all

Among the requirements which each medical milk commission in effect guarantees to comply with or enforce are the following

The herd must be tuberculin tested semi-annually, and all reactors immediately removed and the milk excluded,

The herd must be examined by a veterinarian at least monthly, any animal suffering from udder inflammation or any other disease must be removed immediately and the milk excluded,

The hands of milkers must be thoroughly washed and dried before each milking,

All new employees "except in case of most extreme emergency" shall be examined by a medical examiner before employment, and all necessary laboratory tests made and all such employees shall be examined weekly by the examiner "All necessary laboratory tests" should be interpreted to include nose and throat cultures and the examination of as many specimens as necessary to determine that an employee is not a carrier of typhoid or other enteric disease

The New York State sanitary code, in Regulation 23, contains the following

"No milk shall be labeled or designated as Certified unless it conforms to the requirements of the American Association of Medical Milk Commissions, is produced under the supervision of a milk commission appointed by a medical society chartered by the Medical Society of the State of New York and registered with the names and addresses of its members, with the State Department of Health, and unless a copy of the certificate of the medical milk commission has been filed with the health officer The county medical milk commission shall report to the health officer at least once in each month the results of all bacterial counts, health examinations of milk handlers, tuberculin tests and physical examinations of cows made during the preceding month" (The Department has ruled that these reports may be made through the district state health officers)

"Failure on the part of a county medical milk commission or its employees to function in accordance with the requirements of the American Association of Medical Milk Commissions, as set forth in its last published 'Methods and Standards for the Production of Certified Milk' or to comply with the requirements of this section, shall be deemed sufficient ground for refusal by the health officer to issue a permit for the sale of certified milk based upon its certification"

A California health officer, in an address referred to in a recent issue of Health News, commended these provisions and intimated that other States would do well to incorporate their equivalent in State regulations. They fix upon each local health officer responsibility for seeing that no certified milk is sold within his jurisdiction unless the established requirements have been fully complied with



LONDON LETTER



LONDON HOSPITALIZATION

August and September in London are holiday months. At the end of July the students go down from the Hospitals, the senior members of the Staff disperse on vacation, and the various medical societies close their doors until October

In a few days from now the new Session at the Hospitals will be inaugurated by the familiar Old Students Dinner, where old and young practitioners, all bound by the common tie of alma mater, dine together in the Great Hall and many a laudator temporis acti comments caustically on the young man of to-day Everyone has been away, everyone has tales to tell of his holiday, all are keen to know the chances of the "Rugger" team and-so come up from the University? Has that brilliant three-quarter come to us or gone to some rival Hospital? How can we replace such-and-such who has qualified and gone down? It has always been so, and always, let us hope, will be so, for sport is the strongest link between us all

The dull season has been enlivened by the meeting of the British Association at Glasgow At this annual meeting much excellent work is done, but certain discussions, and those not necessarily of the greatest value, are seized on by the popular press and become the sublect of newspaper correspondents Perhaps the subjects that were most widely discussed were Dr D N Buchanan's experiments in the use of Hypnotism to abolish nervousness at examinations, and the presentation by Professor Donnan of Professor A V Hill's work on the maintenance of life in the cells former provoked the activities of the humor 1st, the latter led to an outcry that science was on the point of discovering the origin of Professor Donnan rather gave the lead to these enthusiasts, and Professor Hill had to intervene with the delightful explanation that Professor Donnan was "An Irishman and a poet" Professor Donnan remains impenitent

Soon after the re-assembling of Parliament, a Bill reforming Poor Law Administration is to be brought forward. One of the many effects of this Bill, if passed, will be the abolition of the Boards of Guardians, in whose care at the moment is placed the Poor Law Infirmaries. The place of the Guardians will be taken by the County Councils and it is thought probable that a great change will result in the organization, equipment, and

working of those Infirmaries It is true that of late years much progress has taken place in the medical side of the work, and the financial side has always been beyond criticism, but though the more progressive Infirmaries are now almost comparable to the voluntary Hospitals, this is not true of the These are still understaffed, both majority on the medical and the nursing sides, make little or no provision for the special departments, including pathology, and have no machinery for arranging consultations in difficult These deficiencies are gradually disappearing and special departments are being formed, and some consultants are attached to the medical staff The nursing, too, has improved and the training is on a par with that obtainable at the voluntary Hospitals As this levelling up process continues, the question naturally arises of the future relationship of the voluntary Hospitals and the The voluntary Hos-Poor Law Infirmaries pitals of London have grown up in a haphazard fashion Most of them were founded over 200 years ago when London was a comparatively small town Some Hospitals have since been erected in the outlying suburbs, but they were not placed with any view to the future needs of a spreading population The result is that some parts of London are over-supplied and others under-supplied with voluntary Hospital beds, and necessarily their spheres of influence overlap. The number of beds is insufficient to meet the demand on them, with the inevitable result that delay in admission occurs. After their re-organization the Poor Law Hospitals must come into keen competition with the voluntary Hospitals, for in addition to the other facilities, they are not hampered by want of funds They may even be able to suborn the young consultant away from the voluntary Hospitals by the offer of a substantial salary This might have a very serious effect upon the teaching of students and indeed upon the status of the voluntary Hospitals, whether teaching Hospitals or not There seems to be an opportunity for a compromise, and already there is in existence a working agreement between one of the teaching hospitals and a Poor Law Institution Much good should result from a scheme which would open out for undergraduates and postgraduates a vast and at present unused mass of clinical material

H W CARSON, FRCS, Eng

three papers discussing the increase and causes of mortality following certain abdominal operations Some other papers differing from the ordinary scientific series were "The Doctor and the Law," "The Evolution of Medicine," "The Coming Generation," "Public Health Creed," and "Medical Supervision of Schools in its Relation to the Practice of Medicine"

The officers of the State Society were accorded places on every program. These included the President, Secretary, Speaker of the House of Delegates, who spoke on group insurance, and the Chairman of the Committee on Public Relations. Dr. Ross spoke at two of the meetings upon the general subject of "The Creation of a County Health Unit." The Chairman of the Committee on Public Health and Medical Education and the Chairman of the Committee on Medical Economics, pre-

sented outlines of their work at several of the meetings

Every district did something toward promoting sociability among its members the Third District the Columbia County Society, acting as host, prepared a clam steam In the Fourth District the St. Lawrence County Society, acting as host, entertained the members at dinner at the country club Fifth District provided a luncheon for those in attendance, at the Hotel Utica where the meeting was held The Sixth District was served an elaborate luncheon at the Arnot-Ogden Hospital where the meeting was held. The Seventh District provided a luncheon at the Oak Hill Country Club, where the meeting was held The Buffalo City Hospital served a buffet luncheon to those attending the Eighth J S Lawrence, District Branch meeting Executive Officer

ORLEANS COUNTY

The annual meeting of the Orleans County Medical Society was held on October 4, 1928

The action of the State Sanitary Officers Association regarding automobile insignia was approved

The Post-graduate lectures to be held in Batavia October 15-28 were approved and will be attended by the members

Officers for the ensuing year were elected as follows

President-F W Scott, Medina

Vice-President—R. E Brodie, Albion Secretary-Treasurer—R. P Munson, Medina Censors, Membership Committee—J F Eckerson, Medina, D F Macdonell, Medina, L G Ogden, Holley

The scientific portion of the program was furnished by Dr A A Jones of Buffalo, who reported several interesting cases from his medical services, and Dr Wm F Jacobs of Buffalo, who read a paper on "Thrombosis"

Fifteen members and guests were present.

ROBERT P MUNSON, Secretary

BLIND BABY CARE

The State Legislature of New York, has granted a budget sufficient to care for 35 blind babies and young children, in the Institution maintained by the International Sunshine Society with Headquarters at 96 Fifth Ave, New York City

Mr Edwin Gould has just finished building two large playrooms 20 by 20 as additions to the Edwin Gould Kindergarten Annex, making exceptional schoolroom facilities for these little folks

The State Board of Education has sent to the Sunshine Arthur Home and Kindergarten since its opening 95 children. They are taken in generally as wee babies and they can graduate at eight years for the State or City School for the Blind if they are physically strong and mentally bright. Two little girls, one from Rochester and one from Little Falls, have entered the State School this year. Both are away ahead of the seeing children at their age in their studies.

In counting up the New York children, there are 9 children from the first district in the Brook-

lyn Home The other children all being outside of the City of New York, are sent to the Arthur Home as follows From the 3rd District, 3 children, Fourth has sent 4, Fifth has sent 7, Sixth has sent 2, Seventh has sent 9, Eighth has sent 2, Ninth has sent 8

As a child leaves or graduates, its crib is immediately given to some child on the waiting list. If this item reaches the eye of any mother who has a blind baby or a young blind child too young for the State Schools she should communicate immediately with Mrs. John Alden, Sunshine Headquarters, 96 Fifth Ave., New York City, and she as Honorary Chairman of the Blind of the New York State Federation and Chairman of the Blind of the City Federation of Women's Clubs, will help in every way possible to get the little one properly appointed by the State Board of Education.

Anybody knowing of a wee blind baby should feel it her duty to tell the mother that now New York State and City gives special care to these little ones

REVIEW OF THE DISTRICT BRANCH ANNUAL MEETINGS

Seven of the eight District Branches have held their annual meetings for 1928 and the Second District is planning its meeting for the first week in December Last year there was noted a very marked increase in attendance at the annual meetings as compared with the previous year Further comparison was not possible because of lack of data

It is gratifying to note that the general attendance this year surpasses that of last year. In the six up-state Districts, only two registered a smaller percentage of their members than in 1927, and none as few as in 1926. One of the Districts in which the attendance did not reach last year's mark is the Fourth, but this can well be due to the fact that last year's meeting was held in the center of its densest population, while the meeting this year was held in Ogdensburg, more than one hundred miles from where seventy-five per cent of the membership resides

The Sixth and Seventh Districts carry the palm for attendance, having respectively thirty-two and thirty-three per cent of their membership registered. In area, the Sixth District is much larger than the Seventh, but approximately ninety per cent of its members live within one hundred miles of Elmira, the place of its annual meeting. The compactness of the Seventh District is even more marked and probably ninety per cent of its members live within seventy-five miles of the meeting place. But undoubtedly the programs of these two sections were great factors in determining their large attendance.

A comparison of the attendance by members at the annual meetings of these six Districts, shows that in 1926, 400 members, or 10 per cent of the membership registered at the annual meetings, in 1927, 722, or 18½ per cent registered, and in 1928, 776, or 20 per cent, registered In addition to the members of the District, the total attendance always includes some lay visitors and some physicians of other Districts interested by the programs which appear in the Journal, and not a few physicians who are not members of the Society and who come, attracted by the programs which they read in the local papers

It is also interesting to compare the attendance at the annual meetings of the State Society with the annual meetings of the District Branches In 1927, from these six District Branches—the Third to the Eighth inclusive—480 members, or 12 per cent, attended the annual meeting of the State Society, while 722, or 18½ per cent of the total membership, attended the District Branch annual meetings In 1928, 638, or 16 per cent, from these Districts, registered at the annual meeting of the

State Society, while 776, or 20 per cent of the membership, attended the District Branch meetings Contrary to what one usually supposes, the two groups are made up largely of different physicians Probably less than thirty per cent of those registered, attended both the State Society meeting and the District Branch meeting in either of the two years These figures indicate that the District Branches, through their annual meetings, do make a definite cantribution to the scientific opportunities of the members of the State Society

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		%	Reg	%	Reg	%	Reg	%-	Reg.	۳%
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Fifth	104	14	186	25	112	15	56	7.5	108	14.5
Sixth Seventh	59 85	13 12	112 125*	25 17	123 243	32 33	37 73	8 10	58 59	15 8
Eighth	57	5	105	10	123	12	272		62	6
Total	400	10	722	18.5	776	20	480	12	638	16

-- estimated, registration was not complete.

Comparison of attendance at the annual meetings of Six District Branches and the State Society

The table shows the number of physicians registered from each District, and the percentage which the registration bears to the membership of each District.

The programs, as a whole, were unusually attractive this year. The Eighth District held its meeting at the Buffalo City Hospital, where in the forenoon ten clinics, or clinical conferences, were conducted. More physicians attended the clinics than stayed for the scientific papers in the afternoon. For the last two years the Fourth and, in 1927, the Third Districts, devoted a half day to clinical conferences and had similar experiences with regard to attendance and interest.

Some programs contained highly scientific papers on such subjects as, "Laboratory and Clinical Methods for Cardio-Vascular Studies," "Studies on Breast Cancer," "Recent Advances in the Treatment of Fractures" Two programs included papers on "Plastic Surgery" and two papers on "Diagnosis and Treatment of Infections of the Hand" Some of the papers treated subjects of immediate interest to the physician, namely "Poliomyelitis-Fundamental Facts" "Differential Diagnosis of Menopausal and Post-Menopausal Hemorrhages," "Ear Infections in Children," "Diagnosis and Treatment of Common Skin Diseases," "Undulant Fever," and "Serum Treatment of Pneumonia

The programs have not, however, been entirely scientific. From time to time each has had some papers on economics of the practice of medicine. This year four districts had papers bearing upon the high rate of mortality which attends maternity in this state, and

BRONX COUNTY MEDICAL SOCIETY

A regular meeting of the Bronx County Medical Society, held at Concourse Plaza, on October 17, 1928, was called to order at 9 P M, with the President, Dr. Gitlow, in the Chair

The following new members were elected Drs Herman L Robbins, Maurice A Shapiro, Philip

Slater, and Morris Stahl

Reports of Committees being in order, the Secretary presented the Report of the Nominating Committee In accordance with Section 82 of our By-Laws, the Nominating Committee suggested a full set of Officers for 1929

The President presented Dr Edward R Cunnifie, President of the First District Branch, who outlined the program of the Annual Meeting of the First District Branch, which is to be held at Briarcliff Manor on Thursday, October 18th, and

urged the members to attend all the sessions

The Scientific Program then proceeded as fol-

Demonstration

Lantern Slides on the Use of Iodized Oil in the Study of Disease of the Antrum of Highmore— George D Wolf

Papers

1 Megacolon in the Adult, with Reports of Several Interesting Cases—Zachary Sagal

2 Middle Ear Infection—Common Forms and

their Management—Joseph Popper

3 Closing of the Mastoid Wound in Six Days, with the New Technique—I I Bernstein

I J LANDSMAN, Secretary

A MEDICAL INFORMATION BUREAU

A Medical Information Bureau has been established by the New York Academy of Medicine and the Medical Society of the County of New York, with headquarters in the building of the New York Academy of Medicine, 2 East 103rd Street, New York Telephone, Atwater 4700 The objects of the Bureau are set forth in a

printed announcement as follows

"The recent and phenomenal progress of modern medicine, and particularly of preventive medicine, necessitates the development of a direct and intimate channel of communication between the practitioner and the community. This is essential, not only that the public may learn to take advantage of the constant advances of modern medicine, but to the end that it may be protected against the hordes of charlatans, quacks and misguided zealots who, strange to say, thrive more than ever in this day of presumptive enlightenment.

"In appreciation of the needs of our day and society, the New York Academy of Medicine and the Medical Society of the County of New York have established a joint Medical Information Bureau. The aims of this Bureau are to facilitate the dissemination of authentic information on medical and public health matters, to stem and curtail quackery and to promote a better understanding between the public and organized medicine.

"The Medical Information Bureau is supervised by a Committee representing the Academy and the County Society. It is served by a body of over one hundred consultants competent to give expert opinion on a variety of questions relating to their specialties. The full resources in judgment, knowledge and experience of the medical profession in New York are "on tap" to aid its purpose.

"The Bureau's first obligation is to serve the press of the city, and it has been organized in such a manner as to facilitate this service. It hopes, however, that every organization concerned with the dissemination of information to the public as a whole, or to select groups, will feel free to call upon it for the type of assistance it is ready to give."

The Kings County Medical Society established a similar publicity service at its meeting of March, 1924, when the entire program was on the relations of the medical profession to the press. The papers that were given at the meeting discuss all phases of the relation of the physicians to the press, and are published in the October, 1924, issue of the Long Island Medical Journal. The speakers included Arthur Brisbane, and the Editors of the leading daily newspapers of Brooklyn The editors and the physicians were agreed on the desirability of the appointment of a committee of doctors who would be ready to grant interviews to newspaper reporters on any medical subject, whenever their opinion should be asked

A committee, called the Press Reference, was appointed at the meeting, and has functioned actively ever since. The leading newspapers have recognized the committee to such an extent that they await its opinion before publishing an important article on a new subject, such as the value of the Johns Hopkins investigation into common colds.

Another example is that of publicity in the cancer campaign. The newspapers of Brooklyn took little notice of the copy sent to it by the Cancer Committee, until the Press Reference Committee approved the copy and requested the newspapers to publish it. The result was extensive publicity in the press throughout all Long Island.

1

THE DAILY PRESS



THE RURAL DOCTOR

The problem of medical service in rural communities has come to the front in Albany County, which one does not usually consider as rural But the townships surrounding the growing cities are likely to be more rural than those fifty miles away. The rural towns within sight of the dome of the State Capital are being depleted of the farmer folk and the land has not yet been taken up for factories and building sites. The New York Sun of September 27 thus describes three of these townships

"For many years the people of Berne, Knox and Westerlo, adjoining townships in Albany county, have been served by physicians resident in Westerlo and Berne Dr Harold H Walker has moved from Berne and Dr Jasper Mead of Westerlo died recently The community formed by the townships is now without medical service

It has 3,600 inhabitants, among whom are what the State Health Department describes as "two excellent practices' as well as three positions for physicians who are qualified to act as health officers

"The townships are in delightful country The Helderbergs rise to a thousand feet in altitude and record the Dutch flavor of the countryside Hunting and fishing are at hand. The State Capital, with its treasures in schools, libraries, society, lies within striking distance. In the Hudson Vallev modern industrialism shoulders shrewd rural life. Saratoga Springs, with its known but neglected medicinal waters and its beautiful race course, is a pleasant jaunt afield. General practice in rural districts is hard work, but it has rich rewards for the man whose disposition fits it."

MEDICINAL HERBS

This is the season of the year when the attic of the old-fashioned healer was festooned with his collection of potent herbs, and he was digging the roots which contained the concentrated virtues of the dead plants. An editorial writer in the New York Herald Tribune of September 17, discusses medicinal herbs and says

"Fresh country air is doubtless a good therapeutic, and gardens in general are good to look upon, but there is a lack of precision in the modern nature cult. In the old days every plant had its peculiar 'virtues,' and every countryman and countrywoman knew what plants were good for what disorders. We buy pennyroyal at the druggists when the mosquitoes are too pestiferous, but our ancestors picked it in their gardens, and they had a catalogue of curatives of which we degenerate moderns know nothing. They were not even content to treat diseases with their simples, they were even ready to affect dispositions."

"Sweet marjoram, said William Gerard more than three hundred years ago, is good for those who are given to overmuch sighing,' and 'the smell of basil is good for the heart. It taketh away sorrowfulness, which commeth of melancholy and maketh a man merry and glad' Sweet marjoram, indeed, was one of the choicest of herbs.

"Such theories af medicine must have given to the old gardens an interest they lack today, but some of the prescriptions inspire something akin to fear as well. Here, for instance, is a Saxon recipe for an herb bath, prescribed for many ills

"'Take bramble rind and elm rind, ash rind, sloethorn, rind of apple tree and ivy, all these from the nether part of the trees, and cucumber, smearwort, everfern, helenium, enchanter's nightshade, betony, marrubium, radish, agrimony Scrape the worts into a kettle and When it hath strongly boiled boil strongly remove it off the fire and seat the man over it and wrap the man up that the vapor may get up nowhere except only that the man may breathe bathe him with these fomentations as long as he can bear it. Then have another bath ready for him, take an emmet bed all at once, a bed of those male emmets which at whiles fly they are red ones, boil them in water, bathe him with it immoderately hot Then make him a salve Take worts of each kind of those above mentioned, boil them in water, smear the sore limbs, they will soon quicken Make him a ley of alder ashes, wash his head with this cold, it will soon be well

"One can only hope that it may have been"



MEDICAL WARES



RADIO INTERFERENCE BY X-RAY MACHINES

The effects of X-ray machines upon radio reception have become so well known that the prevention of the interference is a serious problem wherever X-ray machines are operated Since there are at least five hundred times as many radio sets as there are X-ray machines, the radio fans sometimes demand local protection against the interference. Fortunately some of the newer types of X-ray machines do not cause interference, and when they have come into general use, there will be no more radio interference from that source

The X-ray machines which do not produce radio interference are those which contain no spark gaps or moving parts, but whose rectification of current is done by means of a valve tube rectifier such as that described in the Department of Medical Wares of this Journal of January 15, 1928, page 104. The principle on which the valve tube rectifier operates has been known for over twenty years, but it is only recently that valve tubes could be made to stand the high voltage which is necessary for producing X-rays. Standard X-ray machines using the valve type method of rectification are now on the market and will doubtless come into general use.

When an electric current is made or broken suddenly, an induced current jumps across the gap in a series of oscillations back and forth, thousands or millions of times a second. These oscillations set up ethereal waves that activate radio sets at distances depending on the power of the sending station.

The broadcasting stations generate waves which are uniform within narrow limits of variation Tuning the radio receiver consists in adjusting the instrument to respond to the particular wave length of the sender, but an X-ray machine using a spark gap produces waves of variable lengths, some of which are sure to influence near-by radios. It has often been a serious game among radio fans to guess which doctor was operating his X-ray machine when interference comes in

Since radio waves are produced only by arcs of high tension electricity, jumping across spark gaps, the elimination of the gaps and the making and breaking of the electric current will also eliminate the interference of the machine with radio reception

The introduction of X-ray machines free from radio interference has been a public benefit. The interference became so acute in the city of Portland, Oregon, that the Government

passed an ordinance that X-ray machines could be operated during only certain hours, excepting in emergency and then only when the Doctor received permission from the City after reporting a case But one doctor claimed that he had a new type of X-ray machine that did not have any effect on the radios, and requested that a local broadcasting station should test his machine The radio company accordingly set up and operated his X-ray machine close by a radio receiving set, but could not detect any interference with the The Mayor then interpreted the law to apply only to X-ray outfits that generate radio waves

The question of radio interference also came up in a small city in Michigan, where an X-ray specialist was located in the midst of a residential section in which every house contained a radio. The X-ray specialist was also a radio fan and the interference disturbed his own family quite as much as it did the neighbors. The doctor tried many corrective measures with no avail, until he found the type of X-ray machine which did not produce radio waves.

When a doctor buys an X-ray machine, its freedom from radio interference is an important point to consider if the Doctor wishes to retain the good will of his neighbors

But X-ray machines are not the only disturbers of radio transmission and reception Any sudden making and breaking of an electric current produces waves which may affect a radio set. Even the turning on or off of an electric light produces a perceptible click in a nearby radio. The ordinary alternations of a house current do not produce the waves, because the variations of the current take place with comparative slowness and without spark-

Doctors operating electrical machines which are defective may produce sparks which set up waves of radio interference. A physician who uses a high tension current, such as that of static machine, can reduce interference by operating it at hours when there is the least broadcasting. A physician has no justification for imposing unnecessary annoyance on his neighbors. If an emergency requires him to produce radio interference, the people would be only too glad to shut off their radios for a while, but most electrical treatments are not given for emergencies, and public-spirited doctors will use every effort to prevent annoying their neighbors.



BOOK REVIEWS



Surgical Clinics of North America Vol 7, No 4 August, 1927, Vol 7, No 5, October, 1927 Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$12.00 net.

Vol. 7, No 4, August, 1927 (The Brooklyn Hospital umber). This number is of interest both to the sur-Number) geon and the general practitioner Though several of the subjects treated in this issue are of limited practical value because of their extreme rarity, the majority of the articles are of great practical and scientific importance and interest. The articles on osteomyelitis, thrombophlebitis complicating mastoiditis and on the rapid identification of the Bac. Welchii, as well as many others are full of valuable information. The issue is well prepared and illustrated and represents the work of a hospital alive to the newest and best ideas in medicine and surgery

Vol 7, No 5, October, 1927 (Pacific Coast Surgical sociation Number) This issue brings to us the Association Number) ideas and work of the best known clinics of the Pacific Coast. The cancer problem as met with in the large intestine is dealt with in detail, so is the present status of thoracic surgery in tuberculosis of the lungs and bronchiectasis The evaluation of Pain in the differential diagnosis of diseases is well outlined and discussed. The numerous other articles are well chosen and will be found very helpful in the many puzzling problems the active surgeon meets with daily Geo Webb active surgeon meets with daily

THE INTERNATIONAL MEDICAL ANNUAL. A Year Book of Treatment and Practitioners' Index Forty-sixth Year, 1928 Octavo of 574 pages, illustrated New York, William Wood & Company, 1928 Cloth, \$600 This volume deals particularly with the therapeutic ad-

vances made during the year 1928 The application of liver to pernicious anemia, insulin in diabetes, malaria treatment of general paresis, lumbar puncture in status epilepticus, the use of cardiozol, novasurol and strophanthin in the treatment of cardiac

decompensation are thoroughly discussed

Isolation in Pneumonia is advised Thorough discussions of liver function test, tuberculosis of the lungs, bronchiectasis, rickets, angina pectoris and splenectomy

The treatment for varicose veins, infections of the face, tuberculosis of the spine, carcinoma of the colon, carcinoma of the bladder, stone in the kidneys, are valuable additions

The use of Veronal in cocaine poisoning, radium in malignancies are particularly mentioned

M A RABINOWITZ

COMMENT CONSULTER? By LEON SCHEKETER. Second Edition. Octavo of 170 pages Paris, Gaston Doin et Cie, 1928 Paper, 15 francs

The author calls his little work "A General Interrogatory. In the form of a series of questions and answers, he presents his ideas in a very striking way, pointing out the importance of properly conducting a medical examination and the taking of the history. It would seem that too little is taught the medical student and interne regarding the actual handling of patients Many a well intentioned attempt at history taking is frustrated by antagonizing the patient, or the guardian in the case of a child, and many irrelevant things frequently crowd out the more important ones. The time will undoubtedly come when the medical student will leave his Alma Mater with at least some idea of how to write on medical subjects with some degree of correctness, will know how to handle patients so that he may elicit the most satisfactory knowledge of a case, and last of all, will be able to conduct the comparatively simple business side of his medical practice in the proper way Until this time, such works as the one under consideration here, will continue to have a very valuable mission

THE OPIUM PROBLEM BY CHARLES E TERRY, MD. and MILDRED PELLENS for The Committee on Drug Addictions in collaboration with The Bureau of Social Hygiene, Inc., New York. Octavo of 1042 pages Published by the Committee at 370 Seventh Avenue, New York City, 1928

In The Opium Problem the reader has a volume to which three years have been given for the purpose of testing its data. Behind those three years of scientific analysis and criticism lie many times that number devoted to the accumulation and shaping up of the materials in this study of some one thousand pages in length And behind all the years of preparation and waiting which have gone to the making of this book, he the dis-tinguished achievements of Dr. Terry in practice and in surveys in Jacksonville and elsewhere.

Comprising chapters on extent, development of the problem, etiology, general nature, pathology symptomatology, types of users, treatment, and control international as well as national, state as well as municipal, the volume suggests completeness—even finality Nevertheless the chapters on etiology, pathology, and treatment, remain incomplete. And to their authors, as well as to their readers, they must be unsatisfactory. In this circumstance is not only one of the most significant traits of the book but also a feature most certain to win the confidence of students of the opium problem. At no time is there attempt on the part of the authors to use any fact or group of facts to point the moral and adorn the tail (?) of any "school" or any conclusion These incomplete chapters contain practically all the available matter of importance, and they fail to answer questions adequately From the data of the chapter on treatment for example, it becomes plain that treatment today is essentially empiric and without evident physiologic or anatomic basis, and that those physicians who are dealing with drug addiction, however scrupulously, have no guide to direct them but their experience.

For the reader desirous of a well-grounded education in the history of the opium problem, one of the indispersable chapters of the fourteen may well prove to be Chapter II on The Development of the Problem—the first sequential story of the history ever published This chapter acknowledges its debt to Dr David I Macht of Johns Hopkins and his brilliant articles in the Journal of the American Medical Association

The book is without bias, whether medical, psychologic or social. It does not contain a page in which there is any of the moral frothiness of the popular treatise on the menace of opium. Nor is it limited by being a physician's handbook. It is not overstatement to say that the one thousand pages of The Opium Problem make it possible for student and addict alike to escape from all the moral and political clap-trap about opium into scientific kindness—a kindness without pretence whether with regard to its ignorance or its knowledge From first to last this epoch-making volume, published by The Bureau of Social Hygiene, maintains an unhindered motility, moving without rancor, without prejudice, through the welter of political and social and scientific difficulties which have accumulated around the

JEANNETTE MARKS

opium problem.

RURAL DOCTORS AND QUACKS

The alleged scarcity of competent physicians in country districts and the rising cost of medical service everywhere are frequently discussed by groups of doctors as well as social workers. The New York Herald Tribine of October 15, commenting on an address given by Dr. Mayo recently before the American College of Surgeons, discusses the subjects editorially and draws some conclusions which are unusual. It says

"Perhaps the chief evil of the high cost of medical education and of medical service is that the well prepared physicians are mostly where we need them least, that is, in the cities Country towns tend every year to have fewer good doctors. Many have none. Only from lucrative specialties in centers of population can the able physician hope to recover a financial profit on his considerable invest-

ment Medical distribution is wrong, cities have more good doctors than they need, small towns and the country have too few No one, so far as we knew, has suggested any really promising remedy for this situation, and Dr Mayo, we gather, is equally unwilling to write a social prescription. If any one has thoughts about what to do to redistribute the country's doctors, let him think them soon."

Medical societies are discussing this question of the distribution of doctors, especially in the Middle West. One remedy proposed is a shortened course of study (see this Journal, October 15, 1928, page 1258). The President of the Missouri State Medical Association says that a rural community gets the kind of doctor it prefers (page 1190 of October 1 issue of this Journal).

BAD TEETH IN ANCIENT TIMES

It has long been the custom of popular writers on health topics to quote the prevalence of decayed teeth as evidence of the degeneration of the human race, for according to them, all early people and primitive races at the present time had sound teeth. This is an example of zeal and logic without a scientific basis, for decayed teeth are now and always have been, an affliction that spares no race. An editorial in the New York Times of November 7, discussing this subject says

"Science has been rudely shattering fancies, among them the one that aborigines are always perfect physical specimens, but it is only of late that the distressing condition of their teeth has been brought out El Palacio, a little periodical devoted to early American pre-his-

tory, gives some definite data about the dental situation among the Indians of New Mexico about 1500 B C. They suffered the same as we do, their teeth were subject to the same distresses. They even had pyorrhea, and probably five out of five was the proportion

"El Palacio says that the reason for this is hard to determine because their food was meat and grains, such as we use today," yet huge cavities developed in unworn teeth. But the worst thing about the tooth troubles of these original New Mexicans is that they had no dentists worthy of the name. With not even a subway ad to warn them what was happening, the plight of these early people was much sadder than our own"

DEBUNKING PUBLIC HEALTH

The New York Herald Tribune of October 25 quotes Dr Shirley W Wynne, Commissioner of Health, as saying to the New York Nurses Association

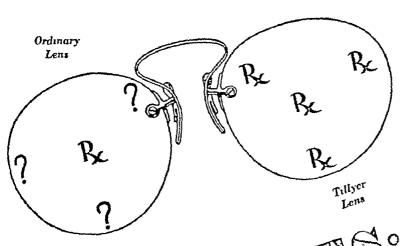
"We have been placing too much emphasis on the selling of the idea of public health and not enough on actually delivering the goods—on dispensing public health. The greater part of the reduction of tuberculosis cases comes solely from steadily improving economic conditions, and only a small part from public health work. That may sound like a startling

statement from a public health officer, but it is true"

Commenting favorably on the address, the newspaper says

"This utterance of Dr Wynne will inspire public confidence and assist him in the tremendous task which he has taken up. When he gives general prosperity rather than the efforts of the Health Department the credit for the reduction of disease he speaks a simple truth. And a man who tells the truth can be

trusted"



LL THE WORDS we could write and all the pictures we could print would not take the place of two or three days' experience with Tillyer Lenses before your own eyes. The only way you can know how much better Tillyer Lenses are is try them. Will you? Then you'll know that more accurate mare gins, and a precision non-elastic polish such as given to fine camera and telescopic lenses, make it worth while for you to write "Tillyer" on Prescriptions for your Patients.

3 L0 Co. AMERICAN OPTICAL COMPANY TILLYDR



OUR NEIGHBORS



THE TEXAS STATE JOURNAL OF MEDICINE

The leading editorial in the Tevas State Journal of Medicine for October discusses the question "To print or not to print," and states the principles which govern the editor in his presentation of articles. The following paragraphs will be of interest to doctors of New York State—Editor's Note

"Concerning the 'state' journals and the class of scientific articles they must publish, it is quite clear that if the general run of practicing physicians are not encouraged to write and read scientific papers and secure the publication of scientific articles, they will soon cease to make the kind of accurate bedside observations and case records that the production of medical literature absolutely requires Thus not only will medical literature in the long run seriously suffer, but the quality of practice on an average will be reduced might transpire that the present generation of accomplished writers will pass on, with few satisfactory followers Not many of us appreciate the importance of this phase of the situation

"The scientific articles in a publication comprise only a part of its attractiveness. There are the editorial comments, which should be carefully thought out discussions of problems of interest to the readers of the publication, by its editors or writers who have been invited to make the contributions. There should be news items in which the medical profession may be expected to take an interest, particularly news pertaining to the activities of the profession. There should be other items of rather a miscellaneous character, that would be calculated to be of interest to the reader.

"Much of news, particularly that pertaining to the activities of local medical societies, would be out of place in a scientific medical journal, and particularly would propaganda material be inappropriate. Perhaps we have said enough to point to the difference between the purely scientific publication and the organization journal. The editorial management of a purely scientifical medical journal must be wise. The editorial management of a state journal should be wiser. They both are sometimes otherwise.

"The decision as to the proper length of an article which has been submitted for publication, or as to the number and character of illustrations to be allowed, is not always easy to make It is easy to delete repeated observations, or observations which are not in accord

with the main purpose of the article, but it is not so easy, for instance, to decide whether a statement is a needless repetition or a helpful reiteration. It is easy to decide to omit an illustration which does not illustrate, or will not show in the printed form what the author intended it should show, but frequently it is necessary to take several pictures to illustrate a single principle, or the nature of the contribution may be such that each of a number of cases should be illustrated to be made clear editor may find himself confronted with the necessity of omitting all illustrations, and perhaps the entire contribution. And it will be borne in mind that space in a printed publication costs money, and cuts cost much money For instance, the cuts in the August Journal cost \$7540, and those for September cost \$120 05 These prices do not include the cost All authors of the space the cuts occupied do not appreciate that a bad impression is made by unduly extending discussion, or padding with pointless illustrations The editor must protect the author and the reader as well in this regard

"We have often wondered whether we were justified in printing the minutes of our House of Delegates at such length Very few medical organizations do that, not only because it costs a lot of money, but because not many, unfortunately, are sufficiently interested to Many organizations believe that read it all it is better to make editorial comment, or a printed synopsis of proceedings, holding the complete verbatim report of the official stenographer for reference in case of dispute trustees have given the matter frequent and careful consideration, and have invariably come to the conclusion that they should at least make permanent record of the proceedings of our House of Delegates and place them before and in the possession of every member of the They hold that it is their busi organization ness to provide the water and then lead the horse to it, but not their business to compel the horse to drink of the water It is not their fault if the horse won't drink They have advised, however, that the synopsis, or editorial comment, be also provided, and that is invariably done, how wisely and how well, of course, we cannot say We have endeavored to determine the advisability of our custom in this regard by making inquiries among our members Some approve of the idea, and some do not think so much of it

(Continued on page 1385—adv xui)

(Continued from page 1382)

"We have been in the habit of making extended editorial reference to the transactions of the American Medical Association house of We have wondered whether we were justified in doing so, both from the standpoint of cost and effort. We believe that in doing this we have contributed materially to the cause just referred to, and that in this manner we may hope to keep our members acquainted with the proceedings of our national body about as nearly as that objective may be attained, under the circumstances We have a number of letters of commendation of this course, from which we will select a few, in justification of our custom

"Particularly we have wondered whether we should devote the space that we have been m the habit of giving to the publication of reports from our county and district societies It is our thought in this regard, that in printing these reports, in full, we are giving to our members information which at any time may be helpful, and we are preserving for posterity a picture, as it were, of the activities of the medical profession of our state at this particular time. As to the immediate usefulness of the information thus published, perhaps we cannot say much We do not know just how much good the abbreviated statements make about the discussions in our county societies will do those who read them, but we do know that here and there publication of the fact that certain subjects were discussed have brought parties together in different parts of the state, to the advantage of all concerned, including the dependent public We go to greater length in printing this sort of material, we think, than most of the other state journals We print all we can get. It is true that we edit this material very closely, and throw out much of it, but we try to preserve the essential parts We would like to have more of these reprots The society stands in its own light which does not see that we get them We will appreciate letters from our readers in regard to this and other matters we have discussed in this editorial

"We are not always informed as to the deaths in the profession When we learn of the death of a reputable member of the profession, we make strenuous efforts to secure data from which an obituary notice may be based, and we make special effort to secure photographs of the deceased It would surprise many of our readers to know how difficult it is to secure this material, even from the family of a deceased physician, or the secretary of his county medical society It would seem that we can do no less than to publish an illustrated obituary of those of our number

(Continued on page 1386-adv xiv)

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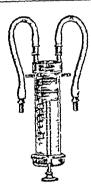
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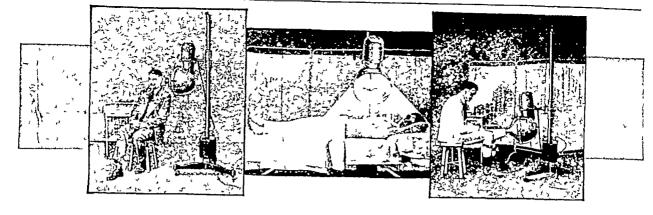
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PELLAGRA IN KENTUCKY

The Kentucky Medical Journal of October contains an editorial on a conference for the consideration of pellagra in Kentucky The article states

"Pellagra appears to be not only one of the most important causes of sickness and death in Bell County, but one of the most important causes of suffering and lack of physical well being, and one of the most important complicating factors of other diseases. We found that there were more than a thousand cases of this disease in Bell County. It was apparent from the investigation in Bell County that a similar situation confronted the profession in several adjoining counties.

"As a result of this investigation, Doctor Mc-Cormack and Doctor Blackerby were courteously requested by Doctor Ed Wilson, President of the Cumberland Valley Medical Society, to attend its recent session at Dishman Springs, and the entire morning was devoted to the discussion of this important problem. This conference was one of the best we have ever seen. Seventy-three of the progressive physicians of Southeastern Kentucky participated in its consideration.

"It was the consensus of opinion that pellagra has again assumed epidemic proportions in Southeastern Kentucky, that it develops chiefly in the undernourished, especially those victims of other wasting diseases It was recognized that, as a rule, pellagra does not develop in those having a broad diet of fresh meats, milk and the green vegetables, but it was also made evident that on account of the economic condition of money of the victims of this disease, it is practically impossible to expect them to secure such a preventive diet The researches of the scientific experience of the U S P H S have developed the important fact that in brewers yeast, which can be supplied at an average of 10c per week per person, we find such a large concentration of the pellagra preventive elements that this can be used as a substitute for the effective diet, which would not only prevent this disease but would add so much to the welfare and usefulness of these people The Journal is glad to call the attention of the profession of the State to the fact that this yeast is available at the price of 22c in two-pound packages and at 19c a pound when ordered wholesale.

"There was no consensus of opinion in regard to the medical treatment of the disease, beyond the recognized fact that the addition of yeast to whatever other form of treatment is indicated is essential in the undernourished cases. Many of the physicians present indicated that they would try various forms of therapy with careful controls with and without yeast, and we anticipate

(Continued on page 1388-adv xvi)



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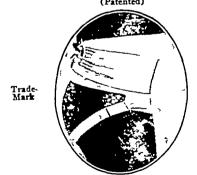
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(Continued from page 1385—adv xiii) who have well served the profession and its

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for the library of the physician We endeavor to estimate these books for our readers, in order that they may know something about them before they spend their hard-earned money in their purchase. This service is not for the publisher. It is for the reader. It cannot be bought

"Lastly, our editorials are for the most part not editorials We have adopted the policy of discussing editorially, rather than in detached form, the propaganda necessary to the success of the organization We formerly undertook to print each month at least one editorial on a scientific subject, and practically all discussions in the editorial section were, in fact, by way of editorials, whether or not Obviously, an intricate and involved problem, such, for instance, as the machinations of quackery, in opposition to scientific medicine, and particularly legislation relative thereto, cannot be embraced in a few high-sounding phrases, however talented the editor may be We often wonder whether we should not revert to the original and classic standards of editorial writings It would suit us much better to do so, but we are rather apprehensive that our propaganda, which is necessary, and must be promulgated in print, would go unnoticed if printed in the miscel-laneous section of the Journal It takes words to express thought, and put it over Some of us cannot write very well any other way, and many of us don't understand any other sort of writing That is not a criticism It is an ob-There are two reasons why people do not comprehend well written articles First and foremost, it is a lack of brain power and training Second, and perhaps most usually, it is a lack of time and disposition to give Doctors are thought to the matter in hand necessarily educated men The conclusion is that the doctor does not comprehend because he does not take the time and go to the trouble Attractiveness and conciseto concentrate ness in writing will help there, but the great bulk of readers will not care to concentrate on the cryptic, correct diction of the high-class editorial writer

"There are other problems met with in compiling the various numbers of the Journal, too many for detailed reference here. We revert to our thought in the beginning of this discussion. Do we print too much, or too little, or material of the wrong sort or in the wrong combination, or what about it? We would, indeed, be appreciative of constructive criticism. We do not care for the other kind."

(Continued from page 1388-adv xvi)

county health department is the presentation of the entire plan and program to the local medical society. If approval is withheld by the societ, no further activity is engaged in relative to the development of the local health department The soundness of this plan is proven by the very sub-tantial growth and wide extension of fulltime county health work during the past five

DENUNCIATORY EDITORIALS

This political season demonstrates the u-clessness of violent denunciation interperation like the howling wails of a child, is evidence of vigorous strength that elicits amusement other than pity An example of amusing vituperation is afforded by a recent number of one of our exchanges which says

"Aside from the loathsome and penetrating odor of the American skunk, it is a very charming animal

"We found such a creature at a meeting, but it was not the neat little black and white animal of our boyhood days It appeared in

the form of a big man in avoirdupois but a skunk in disposition

"Invited to present a paper as an honored guest one of the speakers appeared and was given the attention he deserved reverted to type The air has ever since fairly recked with his evil smelling odor rushed to some inexperienced or palm itching son of the pen who broadcasted, through the Associated Press ideas he never dared express Apparently he was their in the meeting The Rocky Mountain region was flooded by his self praise. He made no new discoveries but tried to make an advertisement of his appearance on the program ethical conduct is its own condemnation'

The essence of humor is a seriousness out of proportion to the occasion. This writing has an air of humor which belongs to the smoking room of the medical club. If we were running a joke page, we would certainly put this abstract in it However, doctors on the Atlantic seaboard are more subtle, though hardly less efficient, in their methods of securing medical publicity

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(Continued from page 1387—adv xv) valuable contributions to the therapy of pellagra by the fine practitioners of this section"

PHYSICIANS AND PUBLIC HEALTH IN TENNESSEE

The October issue of the Tennessee State Medical Journal contains the following description of the physician in public health work by Dr E L Bishop, Nashville, State Commissioner of Health

"One of the greatest teachers of preventive medicine has said that the practicing physician is the most essential arm of preventive medicine

"It is the universal experience of the State Health Department that the partnership and cooperation of practicing physicians can be secured if problems are taken to the individual physicians and organizations concerned, frankly discussed and a course of procedure agreed upon. This method of managing problems that are to any extent controversial has proven universally successful and has become a basic element in our policy.

"In illustration of this policy, let me cite the activities of the newly established Division of Tuberculosis Control in our Department

"Before a clinic is established in any county, the whole plan of activity is discussed before the County Medical Society, or, where there is no medical society with a majority of the local physicians Care is taken to explain every step in the development, contact and follow-up of the diagnostic clinics The Medical Society is told that the State Health Department will not at tempt the development of a single clinic unless definite approval is given by the society instance has this approval been withheld. It is, I believe, a proper function of the public health worker to assist in finding early cases, since these cases would not consult a physician until after the disease was well advanced and presented obvious symptoms On the other hand, if case finding is to be of any value, the discovered cases must be placed under the active care of a physician, for discovery is useless unless treatment is The successful partnership program available in this instance is demonstrated by the fact that practically every case discovered in the diagnostic clinics has been successfully placed under the care of the family physician

"Another item in our policy will further illustrate our point of view. The Division of Local Organization of the State Health Department has charge of the development and coordination of full-time county health departments. The first step looking to the establishment of a full-time

(Continued on page 1389-adv xvii)

the profession needs the public. There must be co-operation. Heywood Broun tre columnist. has this to say about medicine: In the long run the heretics or reformers, call them what you will return to the hospitable arms of Mother Medicine Sometimes the vast majority of organized pracbuoners seem set and sealed against well derronstrated mnovation, but in the long run truth will prevail' If we, in our generation can leave the practice of medicine a little better, we will not have hved in vain. We should always realize that ours is a real profession and we can say that Descartes the French philosopher, was right when in the seventeenth century he said 'If ever the human race is raised to its highest practical level, intellectually morally and physically science of medicire will perform that service

RURAL DOCTORS IN ILLINOIS

The September issue of the Illinois Medical Journal points to the following letter by Dr Paul R. Howard, of Kankakee, regarding the reasons for the decline of rural medical service

"The article in the August issue of the lournal from the 'National Grange' relative to the country doctor situation is interesting but does not place the blame where it be-The farmer is to blame ceased to adequately support the country doctor and the basic reason for this is ease

of transportation

"I started practicing nearly thirty years ago in the horse and buggy age. In those days it ordinarily took two hours to go twelve miles Nowadays the farmer in that community can drive fifty miles in the same length of time and he does In that community today the local doctors get nothing but emergency cases and confinements and other work among people who are too poor to get away The confinements all go out of town, (if able) much of the surgery goes out without even consulting local men Whereas, the town used to support four or five doctors it is now able to support only two, and they are hard up The people are still there, the sickness is still there, but it is on wheels travelling to the

hig towns
"The farmer has deserted the small town and doctor, not the doctor the small town and

the farmer

It is not specialization except in this respect that the farmer will get into his car and go to a specialist himself without even consulting the home doctor, and an awful lot of them do"

THE **PSYCHIATRIC** DUARTERLY

THE PSYCHIATRIC QUARTERLY is the official organ of the New York State Department of Mental Hygiene which includes in its scope the Psychiatric Institute of New York City, and the institutions for the insane, the mental defectives and epileptics of the state. Quarterly's list of subscribers includes psychiatrists and neurologists in nearly every state of the union and the provinces of Canada, and in South America, England, Scotland, France, Belgium and China. Leading articles appearing in the October, 1928, issue follow:

TREATMENT OF THE MANIC-DEPRESSIVE PS3 CHOSES

By Dr August E Witzel

ILLUMINATING GAS POISONING (Research studs)

By Dr Armando Ferraro and Dr L Raymond Morrison

Symposium on Relation of Psychiatry to CRIME AND CRIMINALS

EXPECTATION OF MENTAL DISEASE (Research studs)

By Dr Horatto M. Pollock and Benjamin Malzberg
Development of Special Institutions

FOR EPILEPTICS IN THE UNITED STATES By Dr William T Shanahan

INTER-RELATIONSHIP OF PSYCHIATRY AND SURGERY

By Dr William Seaman Bainbridge Malarial Inoculation in Cases of De-

MENTIA PRAECOX (Research study) By Dr George L Warner

RELATION OF EXOGENOUS FACTORS TO THE ONSET OF GENERAL PARALYSIS (Research study)

By Dr Leland E Hinsie

INTELLIGENCE QUOTIENT IN EPILEPTICS (Research study)

By Dr Harold A Patterson and Delma E Tonner

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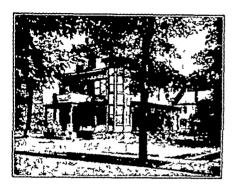
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WORK FOR COUNTY MEDICAL SOCIETIES

The Journal of the Oklahoma State Medi Association of September makes the follows editorial comments on the field of work of t County Medical Society

"This is the beginning of the open season county medical societies, or it should wherever even the smallest congregation

physicians can be gotten together

"Rural physicians especially have been i usually busy, and will be for some time, cari for the additional load imposed by a wi existence of malarial infection There are new roads for the control of this infection. its control and eradication should prove great interest to physicians and benefit to t Thousands of Oklahoma children a public now entering the public schools, and this ve massing will produce a sharp rise in the d eases incident to children These diseases a accompanied by mildness, severe illness at considerable fatality to life Some of them a preventable, others fairly easily controlled at treated, while some are very difficult of co All of these problems are subject variations and exceptions as to behavior When physicians meet and discuss them, r lating their failures and successes, their ba flements, and how they met them, then ever one present has an insight to the other fe low's problems, and it is a dull man, indec who may not either reap some benefit or pasome along to his fellow practitioner

"County society officers should at once pla for prompt meetings and reorganization order to reap benefits from the time an

occasion'

COMMUNITY MEDICINE

Dr Norman M MacLeod, of Newport, Pres dent of the Rhode Island Medical Society, di cussed Community Medicine as follows in h annual address before the Society on June 7, 192 as reported in the Rhode Island Medical Journa of October —Editor's note

"Community medicine means to many phy sicians that the public is usurping the function of the profession in educating and caring for the There are some persons and som agencies that are too enthusiastic, and would we come the advent of real state medicine, but th rank and file of the public still have faith in th Real progress is the result of in profession dividual investigation, and state medicine would tend to lessen individual activity

"The community needs the physician in further ing the ideals of preventive medicine, and surely

(Continued on page 1391-adv xix)

PERVICOUS AVENTA

esting the lease of Demygrae of Section (Louisianes of comof Section (Louis) will pertransfer the Charles (Newson of the Standard equating from

tenis has been considered enmely a leccipain disease of distes in which encessive heartypost the set only is held responsive invoice severe enemia. In

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rer of the epoch-making the crear of the effect of lives, and we lesser extent of lichney, upon the anemia, it will be necessary that seems our older where as to

us greeks that the the these was it is very difficult indeed to concern of hemolysis itself teng effected by a good factor. The more taking by mornin of a "

carrilar type of provein should carrilly have no effect on a discussion having a first some of hypothetical toxus in the body which destroy the red cells. It would seem note equitable than to adjudge periodous anemia as a disease

somewhat similar to or related to the so-called deficiency discases. Liver supplies the element which the individual suffering from permicious anemia needs. This particular food factor definitely brings about the

maturation or ripening of the red cells so that they can come out into the general circulation. If they become capable of doing this or it is rendered possible

for them to get in the blood stream, the anemia disappears and the classical picture of this pernicious type of blood dys-

crasma is gone"

dys-

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THE MANAGEMENT OF DROPSIES

By WM S McCANN, MD, ROCHESTER, N Y

From the Department of Medicine of the School of Medicine and Dentistry University of Rochester, Rochester, N 1 and the Medical Clinic of the Strong Memorial Hospital

ROM a purely clinical standpoint a rough classification can be made of oedemas

I Circulatory or Mechanical oedemas

II The so-called Renal oedemas Oedemas associated with renal abnormalities

III Nutritional oedemas

IV Oedemas associated with thyroid deficiency

V Localized oedemas due to vasomotor and neurotrophic disturbances

In any given case it may be difficult to decide
what factors are operating to produce the dropsy
For instance a patient with a chronic nephritis
may have oedema from renal insufficiency, or
from heart failure secondary to the hypertension,
or both factors may be operating. Again, this
patient may have been a long time under a dietary
regime which restricted the protein intake until
a true hunger oedema was added to his other difficulties

In severe myxoedema the hydrophilic tendencies of the body are well known, yet when true dropsy is added to myxoedema it may be of cardiac origin, owing to the arteriosclerosis and anemia which so often develops in the course of myxoedema

The pure nutritional oedemas, occurring without evidence of obvious cardiac or renal insufficiency are rare at present in prosperous and peaceful America, yet only 10 years ago they were common enough in the Central Empires suffering from a "hunger blockade" (1) They are still occasionally seen here as the result of perverted appetite, abnormal dietary fads of cranks, and sometimes because of excessive reduction of protein intake by a physician's orders. The writer has a strong personal conviction that the latter cause operates to produce oedema in many cases of chronic nephritis, sometimes alone, and sometimes in combination with other factors.

*Read at the Annual Meeting of the Medical Society of the State of New York at Albany N Y May 23 1928

In beri-beri and epidemic dropsy (2) we have somewhat different variants of the simple hunger oedema due to insufficiency of protein in the diet

In complicated cases some light is thrown upon the mechanisms involved by the responses to therapy. The general measures available are as follows

- (1) Salt restriction is fundamental in all The accumulation of oedema fluid is oedemas accompanied by a retention of sodium. In general water follows sodium. It is the sodium ion of the salt which is important, not the chlorine Salt restriction aids to prevent massive accumulation of fluid in heart failure, as well as in renal disease. One can produce wide fluctuations in the weight curves of my oedematous patients by being alternately liberal and sparing of salt in the diet In hunger oedema there may be polydypsia and polyuria with retention of chlorides, which will be increased by liberal salt intake but only slightly reduced by salt restriction Even in serum disease there is a disturbance of salt excretion
- (2) Digitalis In chronic nephritis with oedema one may be in doubt as to the extent to which cardiac failure enters in until after the use of digitalis in full therapeutic doses

Residual oedema in patients with severely damaged hearts is frequently observed, even when the kidney function seems to be good and after exhibition of digitalis in optimal quantities. The measures to be resorted to for the reduction of residual oedemas of this kind will be discussed below under diuretics. Digitalis is the most important diuretic, as the majority of dropsies are of circulatory origin. The writer has on record a loss of 120 lbs of body weight as the result of use of digitalis and salt restriction.

(3) Directics other than digitalis The safest of these is water itself In many cases of dropsy, not of circulatory origin, the oedema may be protective to some extent Especially is this true in acute and subacute nephritis Christian, some

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the same patient, who had arteriosclerotic heart disease with congestive failure

In Figure 1 is shown a marked decrease in weight of the patient due to the action of potassum citrate during the period in which digitalis was accumulating. This chart shows also very clearly that over-digitalization decreases the efficiency of the circulation with a diminution in vital capacity and increase in body weight, when the optimal dose, calculated by Eggleston's method, had been exceeded

In Figure 2 it will be seen that the patient, under the influence of toxic amounts of digitalis, had again increased considerably in weight. A diuresis was obtained by the use of 21 gm potassium citrate daily. Digitalis was being lost from the body during this time. As the amount fell below the optimal level of digitalization the amount of potassium citrate was decreased and the weight rose, to fall again when the larger doses of potassium citrate were resumed. When the urea was substituted for potassium citrate (20 gm daily) the weight rose, to fall again when potassium citrate was resumed.

That the diuretic effect is due to the potassium ion, and not the citrate ion, is shown in Figure 3. The weight is seen to remain nearly constant while sodium citrate was being given, followed by a decrease in weight starting immediately the potassium salt was used.

Calcium salts have been used both in oedema with heart failure and with nephritis wnter's experience with it has been most favorable in the latter group of cases There is at precent under treatment a case of chronic nephnts with a persistent oedema which had resisted all treatment including digitalization, severe salt restriction, parathormone, calomel, ammonium chloride and novasurol, and several tappings for hydrothorax When calcium nitrate was given in doses up to 30 gm per diem a diuresis ensued in which the salt excretion rose and the weight fell for the first time in many weeks A graphic chart of this case is not yet available Massive albuminuna and hematuria, low serum calcium, low total protein of the serum, with a decrease in the alglobulin ration, were observed in this patient

Severe toxic symptoms appeared after the patient had received about 200 gm of calcium nitrate in 8 days. The pulse became rapid, weak and small. The blood pressure fell. There was rapid shallow breathing, marked asthenia and a blue-green cyanosis. The latter was probably due to formation of nitrous oxide—themoglobin, as it was not marked in those cases developing the other toxic symptoms while under treatment with calcium chloride.

Such toxic phenomena have been observed three times. They are most alarming when they occur So far no deaths have occurred from this cause. They may be relieved by the administration of

sodium as bicarbonate, by mouth, in doses of 5 grams repeated at 2 hour intervals, or without this they may wear off in the course of 36-48 hours if calcium is discontinued

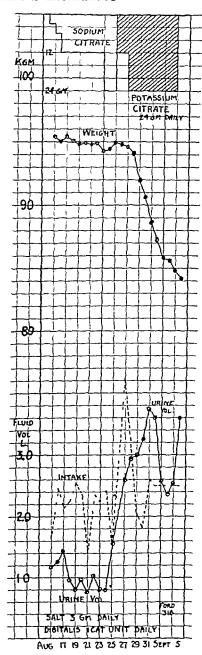


FIGURE 3

Contrasting Action of Sodium Citrate and Potassium Citrate on Weight Curve Same patient as in Figures

1 and 2

So far no toxic effects of the potassium ion on the heart have been observed, though in one case the development of anginal attacks may have had some relation to it

Novasurol and other diuretics dependent upon the action of mercury or bismuth are frequently years ago, showed how dangerous were those duretics which act upon the kidney itself, such as purin diuretics, theobromine, caffeine, etc. On the other hand, in such cases, water may be tried safely provided one desists in time in case diuresis does not ensue. The water, of course, must be given without salt.

We have the record of a diuresis induced by water in a patient with acute nephritis. Salt was carefully excluded and the water ingestion was increased. An almost complete suppression of urine was replaced by a diuresis in which large quantities of nitrogenous matter were washed out of the body. The amelioration of toxic phenomena was great. The diuresis did not carry out an increased amount of sodium chloride, in fact, the oedema increased a little, but vomiting and twitching ceased and the nonprotein nitrogen in the blood decreased.

Parathyroid Extract was given to this same

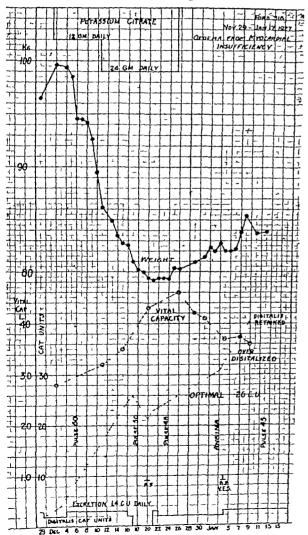


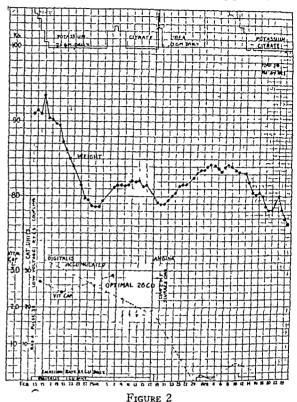
FIGURE 1

Effect of Potassium Citrate and Digitalis on Weight

Curve in Heart Failure

patient in a small dose of 10 units. A diuresis ensued with a great outpouring of salt and water with a resultant drop in weight.

A similar diuresis was related to the administration of parathyroid extract in a second case. The weight had previously been dropping at a steady rate due to salt restriction. Following parathyroid



Effect of Potassum Citrate and Urea on Weight Curve in Heart Failure Same patient as in Figure 1

extract there was a distinct acceleration of weight loss due to diuresis with an increased excretion of chlorides

These two cases were reported by the writer (4) with a third case, together with somewhat similar experiences of Davidson, Mason, and Meakins Since then the writer has tried it without success in three other cases of obstinate dropsy with nephritis. It may be that the parathyroid hormone is capable merely of accelerating a duresis which has been initiated by other means, without being able to initiate it. In a fourth case the patient had an intractable diarrhea induced by parathormone on two occasions. The blood calcium was decreased. No diuresis occurred, but weight was lost as a result of the diarrhea. Until its action is better understood the parathyroid extract will probably have a very limited usefulness.

Potassium salts have proved to be of great value in our hands in the management of residual oedema in cardiac patients. The three charts which follow represent repeated observations of

ets and tetany This is a sterol extracted from yeast and has a potency far exceeding that of any other anti-ricketic agent. We gave this preparation by mouth as has been done by others. In a few instances, owing to repeated convulsive seizures, we thought it necessary to give irradiated ergosterol intravenously. This measure resulted in prompt allaying of the convulsions and brought about no unfavorable clinical manifestations.

Case 1 W G, 5 months old, colored, was admitted in April, 1928 Since the age of 6 weeks he had been having several generalized convulsions a day. He had been nursed for one month, following which cow's milk, farina and orange juice had been fed. He had received no Cod Liver Oil

He showed ricketic rosaries, a big head, pot belli, umbilical hernia, laryngospasm, and carpopedal spasm. Blood serum calcium 5.2 mg per 100 c c., inorganic phosphorus 6.9 mg per 100 c c X-ray of the long bones showed cupping

The following table is quite interesting

V ^E LI Dae	ग्राप्ट	Calcium per 100 c.c.	Phosph mg per		Irradiated c. Ergosterol	Remarks
•	26 27	5.2	69	10 mg	intravenous	6 convulsions 2 convulsions No convulsions
N'ay	11	10 6 10 8	7 0 8.4	10 mg	intravenous	Ne convulsions Laryngospasm
4 4	18 25 26	9 9 10 8	6 4 7 0	10 mg	by mouth	absent Resting quietly Resting quietly Resting quietly

Comment Active manifestations of tetany associated with rickets in a colored infant, admitted in the spring almost exclusively bottle fed (cow's milk) The administration of irradiated

ergosterol was followed by marked improvement Case 2 L. C, admitted May, 1928, was 6 months old and white He had had 10 convulsions in the day prior to admission. He had been fed cow's milk exclusively since birth and had also received orange juice and cereal but no Cod Liver Oil. The day after admission, the baby had 5 generalized convulsions with loss of con-

Date	ng	Calcium		rganie phorus Irraduated	
May	22	Let. 100 C C II	g per	phorus Irradiated r 100 c c. Ergosterol	Remarks
	23			~	10 convulsions
-	22 23 24 25	69			6 convulsions
	25		5 1	10 mg intravenous	5 convulsions
T	26	_	-	∢	2 convulsions
June	I	10 4	58		No convulsions
4	2			10	Restless
4	5			10 mg by mouth	No convulsions
4	-	_		10 mg by mouth	No convulsions
*	8	10 6	43	a by mouth	Resting quietly
44	-			10 1	Chvostek absent
	12			10 mg by mouth	No consalmons
ч	15			75 mg by mouth	[Carpopedal
4	19	115	64	10 mg by mouth) Spasm absent
	-,		-	10 mg by mouth	Resting quietly
				we of mouth	Resting quietly

sciousness, spasm of face, and tonic and clonic contractions of the extremities. The next day there were two similar convulsions

The infant showed a red and injected nasal and pharyngeal mucosa, temperature of 101° F, enlarged emphysis, Chvostek's facial phenomenon and carpopedal spasms. The blood serum calcium was 69 mg per 100 c c and inorganic phosphorus 51 mg per 100 c c respectively

The effects of irradiated ergosterol can be seen

in the chart

Comment Manifest tetany probably precipitated by an upper respiratory infection, during the spring in a child ted cow's milk. The administration of irradiated ergosterol effected a rapid cure.

Case 3 E B, a colored infant of 6 months, was admitted in May 1928. He had been fed condensed milk and orange juice but no Cod Liver Oil. His head perspired freely. He had a large head (45 cm.), ricketic rosaries, anterior fontanel (5½ x 5 cm.), a distended abdomen and bowing of both tibiae (antro-posterior and lateral). X-ray of the long bones showed the fuzzy ends. Blood serum calcium, 74 mg per 100 cc., inorganic phosphorus, 55 mg per 100 cc. He was observed for a month, with the following results.

Drte	mg	Calcium per 100 c c. n	Phos	rganic phorus Irradiated r 100 c c. Ergosterol	Remarks
May	16 23	7 4 6 4	5 5 5 8	2 mg intravenous 5 mg intravenous	Restless Restless
June	25	8 3 8 4	58	_	Resting quietly Resting quietly Resting quietly
"	8	90	5 8	10 mg by mouth 10 mg by mouth	Resting quietly Resting quietly

X-ray of the long bones showed decided improvement, with a definite line of calcification

Comment A case of latent tetany which showed improvement clinically, in the serum calcium content, and in the bones, following irradiated ergosterol medication

Conclusion

The administration of irradiated ergosterol markedly increased the blood serum calcium in a few days

Furthermore, it promptly stopped the convulsions in infants who were in a tetanoid state Irradiated ergosterol was given intravenously in this type of case, although we do not advise this route of medication. It may be better to resort to this method in cases of tetany which do not yield rapidly to the usual measures and when life may be threatened.

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1 Hess, A. F., Windaus A. Development of Marked Activity in Ergosterol Following Ultra-Violet Irradiation Proceeding of Society for Experimental Biology, 1927, Vol. 24, p. 461

Note-Serum Calcium and Phosphorus determinations per formed at the Pathology Lab P & S, N Y through the courtesv of Dr Alfred F Hess

successful in obstinate dropsies, but in cases with renal damage their use is questionable

Figure 4 shows the weight loss in a case of dropsy from prolonged protein starvation were no signs of heart failure, or of renal dis-

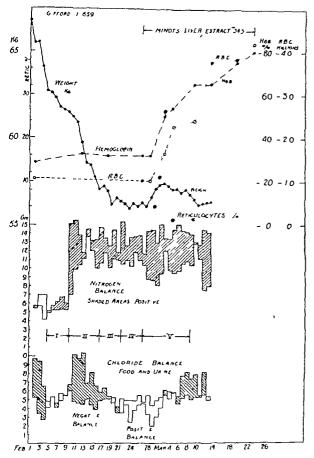


FIGURE 4

Subsidence of Hunger Oedema in patient with permicious anemia and osteoporosis

The patient had lived for 15 years on a diet chiefly consisting of starches, in addition the patient had pernicious anemia and a severe osteopo-It is well to recall in this way that oedema may result from manition alone. It is the writers

belief that in many cases of chronic nephritis the dropsy may be partly due to manition as a result of over-zealous restriction of protein intake by Such cases may improve greatly on physicians a more liberal ration of protein b

Conclusion

- 1 The basis of management of all dropsies is restriction of salt intake
- 2 The circulatory factor in an extensive dropsical state is best determined by the response to full physiological doses of digitalis
- 3 Residual oedema after digitalization, in cases of circulatory origin, is often relieved by doses of potassium citrate of 20-24 gm daily
- 4 In oedemas associated with nephritis with hematuria water is the safest diuretic. A water diuresis may often be obtained provided the diet is salt free A water diuresis, if obtained, is valuable in relieving the intoxication of renal insufficiency
- 5 Calcium salts may be tried in obstinate cases of dropsy with renal disease in the chronic stages Definite calcium intoxication has been observed in 3 cases, with weak rapid pulse, low blood pressure and asthenia The antidote is sodium.
- 6 Further trials of parathyroid extract have been disappointing The evidence indicates that it will sometimes accelerate a diuresis already started
- 7 Underlying some cases of obstinate dropsy there may be a thyroid insufficiency, and one must also remember that long continued protein starvation may be a contributing factor. In dropsy with nephritis, as well as with nephrosis, a liberal protein ration may be very beneficial, if protein intake has been previously restricted to an extreme degree

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IRRADIATED ERGOSTEROL IN THE TREATMENT OF TETANY By MORRIS GLEICH, M D , AND SAMUEL GOODMAN, M D , NEW YORK, N Y

From the Pediatric Department of Harlem Hospital, New York City

F we concede that a diminution in the serum calcium salts is the primary cause of tetany, medication which raises the calcium content of the serum should be the all-important factor in the prevention and treatment of this nervous symptom-complex

Hess and Windaus suggest the use of irradiated ergosterol for the treatment of infantile rick-

of gas, especially after eating, more or less neuralgic pains throughout the body Careful examination revealed parenchymatous nephritis, casts with degenerated epithelium attached, large amount of albumin She had been ailing for a year or more and was pregnant two months Basham's Mixture with a regulated diet was ordered. In about two weeks she was feeling fairly well, very little albumin, indican only slightly increased, casts were far less in number but sufficiently present to show Bright's Disease still existed

This young woman had two perfectly healthy children, both born some time previous to 1918 She was cautioned to call her doctor with any appearance of nervous symptoms, continued on a moderately restricted diet and Basham's Mixture, to be used at least for a week out of each remaining month before delivery

I did not see her again for about three years when she consulted me, not only for herself, but the little boy It was evident that he was suffering from a marked degenerative condition - ears, head and chest abnormally large, asthma was marked

We know, as physicians, that a person weighing 150 pounds should have present 25 pounds of carbon, 7 pounds of lime, 11/8 pounds of phosphorus, 1/4 ounce of iron and other chemical ingredients in proportion We further realize that these come from the food taken by mouth and that they must be present in as near a normal amount at all times as it is possible to have them

Resisting power is furnished the human being through the nervous system Phosphorus is the nutrition of the nerve cells, and to a great extent, the same applies to the bones

Going back to the animal kingdom, it is found that both father and mother, but especially the latter while in colt bearing season, not only receive the most careful attention, but are fed accordingly

How is it with the human being especially the mothers of today? Their bodies are deprived of nutriment by underfeeding so they will not become fat, tobacco is used, the snioke being inhaled, resulting in the absorption of nicotine which acts most deleteriously on the nerve cells, but above all, and probably the most important, "the candle is burned at both ends" by the candle is burned at both ends" by turning day into night, with parties, the A machine of any kind, is rested during the 24 hours This, to avoid deterioration in the component parts The human body, and especially the brain cells, demand the same treatment, otherwise sooner or later trouble the sarely ensue - not always of necessity in the adult, but the offspring that is merely a

Rickets is a commonly observed word today,

and especially in the literature of commercial houses dealing in cod liver oil. In a few words, rickets involves all tissues, especially the bones in which softening occurs with deformities Many opinions are expressed as to the cause –hereditary syphilis, climate, etc – but we know one thing positively the condition is due to perverted nutrition, the chemical substances are not furnished the system in sufficient quantities Many claim, and the claim is well substantiated, rickets in a great measure is due to an absence of certain rays (ultra violet) supplied by the sun, plus what is known as vitamines These have been classified from A to D, but lately E has been added Who can tell when the alphabet will become exhausted? If we accept the theory of evolution—that the human being sprang from one cell and that cell was vegetable in nature, that it was sunlight that made it grow and flourish in the dim dark past, has not the same sunlight a similar effect on the human cell of today?

To prove the great value of sunlight one has to but cover a plant Even the grass covered for 36 to 48 hours commences to turn vellow Yet with all this evidence, we see young couples housing themselves up in apartments where a ray of sunshine never enters They have no verandas, no yards and when baby is born not a particle of sun reaches it except possibly a few hours that it may be taken out in a carriage or car If malnutrition has not already started, it soon does after baby is born

What we, as physicians, can do is a question for debate Women, as already alluded to, are the chief constructionists for nine months, many for the first two years Women are the ones to nhom attention must be directed

Two methods seem to be of avail to us one, psychical impression, the other, physical Woman is a bud of Eve Eve was noted for her vanity and susceptibility to suggestion Thus we find that we have a hard subject to work from a physical standpoint women must be given to understand that 10% of all babies born of smoking mothers die before the second year, that same thing is one of the most important causes of high blood pressure (the nicotine irritates the vaso motor centers, causing contraction of the vessels), that depriving themselves of sufficient nourishment so as to remain thin, jeopardizes the lives of their coming child, that rest, especially sleep, is conducive to resisting power in the unborn baby and that sunshine, not only for herself while carrying the baby, but later in life, is of the utmost importance.

From a physical standpoint, from the moment of conception and until the child is born, the mother should be looked after carefully as to those chemical elements that go to make

THE COMING GENERATION*

By J HENRY DOWD, M D, BUFFALO, N Y

"Care for baby's teeth before baby is born," said Dr W W Montgomery, a celebrated dental authority, at a meeting of their association some time ago

This is one of the most intelligent statements ever made, but in the opinion of the writer, it should not only refer to babies' teeth,

but babies' bodies

The day has not yet arrived when the human being gets the same attention as the dumb brute, it is a question whether it ever will, for affinity, known as love, has always been blind and probably always will be

That the breeder, and especially if he is working along scientific lines—hypotheses that can be proven by facts—wants a race horse, a draft animal, a hunter, white, black or bay, he can produce just such an animal In fact one celebrated breeding establishment has sold their progeny six months before they were born with a guarantee as to speed They were rewarded in fully 95% of the cases The explanation is simple, they knew the ancestors back to the third and fourth generation

That the same condition could be produced in the human family, there is not a question of doubt, but here enters "love at first sight," marriage without a question of ancestors and followed with a hit and miss progeny

Of one thing we are very sure a child is but an ancestral bud and this new born child, of which all believe, commences to live only after it has breathed oxygen from the outside air, has in reality been living for centuries, yes, ever since the day of Adam and Eve

But that is a question that need not necessarily be considered here for the life that it has lived as a paternal cell is confined to that great biologic force, the soul Let us consider the child from a physical standpoint

Not only must the father and mother be taken into consideration, but, as Henry Ward Beecher once said, "back as far as the third and fourth generation"

Whether the offspring be male or female, for the first nine months after conception, the mother is in absolute control, in fact for the first five years she is sole critic, dietician and guide

Man is a construction job There is no more difference between the builder that constructs and equips his factory with defective material than there is with the mother that supplies poor nutrition for her child, both will suffer

That mothers are furnishing defective nutri-

*Read at the meeting of the 8th District Branch of the Medical Society of the State of New York, at Buffalo, N Y, Oct. 2, 1928

tion today, there is not a question of doubt. Cod liver oil, the second day after birth, and continued as a regular diet for four or five years, mastoiditis becoming almost as common as measles, and the various other conditions with which we come in contact daily, seem to portray but one thing a generation of children coming into the world with very little resisting power. They are built on defective, porous foundations.

The following case, and it is only a sample of what all physicians are meeting today, bears out most conclusively the writer's opinion

T, age 10, seen in consultation at the Buffalo City Hospital This little boy had never been what can be called well and robust, always subject to colds and pains and aches of different character Some weeks before seeing him, he was suddenly taken ill, pains in the side, temperature ranging from 101 to 104, rapid pulse but no chills. On seeing him at the hospital, the temp was 103, pulse 98, severe abdominal pain Examination showed a very large liver and spleen, mitral murmur, very large ears and head, abnormally large chest with rosary, in fact, he was in a most pitiable condition. He had been in the hospital for three weeks and although at that time the red cells were 4,200,000, on entering the hospital they were 2,000,000, the whites 30,165 From the attached history, practically every one of the 26 billion cells had been examined, but only a tentative diagnosis of Splenic leukemia or anemia, had been suggested

The father and mother of the boy were healthy, robust people. He had two older brothers who had always been perfectly well and attended school every day

The boy was born during the influenza epidemic of 1908. His mother contracted that disease and nursed the baby at all times, extending over months in which the trouble hung to her. The baby had no artificial food

The writer prescribed Basham's Mixture for the little boy In about two or three weeks he was able to go home. Three weeks later a careful examination showed the blood to be in an almost normal condition as to cells and hemoglobin, indican and temp normal, as was the phosphatic index His liver and spleen, however, remained very large He had reentered school

The present condition may be simply a remission. He is far from normal and in all probabilities his state is due to defective nutrition during the first year or more of life.

Case 2 Mrs B consulted the writer as she was not feeling well—headaches, large amount

HEALTH CONDITIONS IN THE SOVIET UNION

By J V DePORTE, Ph D, ALBANY, N Y

Director, Division of Vital Statistics New York State Department of Health

HEALTH is an essential element in the life of any human group. Individuals may and have reached the heights of achievement even with a handicap of indifferent or poor health, but no social unit can function normally and preserve and develop its cultural and material treasure unless a sufficiently large proportion of its members possess the basic factor of physical health. The significance of any changes in the political or economic structure of a social group is directly related to the biological permanency of that group.

The Soviet experiment of planning the life of a great nation along theoretically developed, but hitherto untried, lines of personal and community conduct has for the last ten years fived the attention of the entire world upon the Moscow domains In the early period of the new regime stories of the Russian civil war, of the Red and White terror, the activities of the Cheka formed the bulk of news despatches originating within, but mainly from without, the country In recent years, with the stabilization of the Communistic government, other phases of Russian life took pre-eminence The state of agriculture, the growth of industrial activities, local and international trade, literature, the spoken and silent drama, represent now the bulk of published accounts of Russia In regard to one important aspect, however, the public health, we still know little It may, therefore, be worth while to summarize the latest official facts available on this subject

The Union of Soviet Socialist Republics extends over a territory of 8,504,093 square miles as compared with 8,764,586 square miles before the World War * The restoration of Poland, the formation of the Baltic States, the loss of Bessarabia, and the readjustment in the boundaries of the Caucasus resulted in a loss of 260,493 square miles, or 3 per cent of the old territory, inhabited by 24,689,600 persons The population of the Union, according to the census of 1926, was 145,806,624 In 1914 the number of persons within the present territorial limits was 135,599,015. Thus, the terrific losses caused by the World War, by the civil war, by epidemics and famine were more than offset by the natural increase in popula-About one-sixth of the population (25,-760,879) lived in cities The two capitals had a population in excess of a million Moscow (2019,453) and Leningrad (1,616,118)

in size was Kiev, with 593,873 There were altogether eighty-five cities over 50,000, of these, thirty-one were over 100,000 Women outnumbered men by more than five million. In the entire territory there were 928 men per 100 women, in the urban part the ratio was 932, in the rural, 927 men to 100 women.

VITAL STATISTICS FOR 1925

We present below a table of the birth and death rates and the rates of natural increase of the population in the three most important administrative units of the Soviet Union and for comparison, similar figures for the Registration Area of the United States and for the State of New York

		Віктн	RATE DEATH NATU	
I 17700	Population*	RATE	RATE INCRE	ASE
Russian Socialist Federated Soviet Republic	99,593,212	47 0	25 9 21	1
White Russian Socialist Soviet Republic	4,895,450	41 0	18 6 22	4
Ukrainian Socialist Soviet Republic	28,713,678	31 5	13 8 17	7
Burth Registration Area in Continental United States State of New York	87,636,000 11,172,913	21 4 21 9	11 8 9 12 2 9	

^{*}Estimated as of July 1, 1925

†The Birth Registration Area consists of states whose registration of births is 90 per cent or over complete. In 1925 it included thirty-three states.

Thus, in the Russian Socialist Federated Soviet Republic both the birth and death rates were more than double the corresponding figures in the U S Birth Registration Area death rate as high as that recorded in the former territory is unknown in this country or in the State of New York The most unfavorable rate ever registered in this State (214) was that of 1890 In the last quarter of a century the highest rate (188) was registered in 1918, during the influenza epidemic. The highest birth rate recorded in the State of New York was 246 in 1914-practically half of the rate in the R S F S R. in 1925 Even with a tremendously high death rate, the birth rate of the Soviet Republic was so high that the natural increase in population, 1 e, the difference between the birth and death rates was greater than the birth rate of either the Registration Area or of this State

INFANT MORTALITY

Figures are available showing the deaths of infants under one year of age in the three main soviet republics and in their urban and rural subdivisions. The following table presents the rates of infant mortality, 1 e, the number of deaths of

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bone, blood and tissue As to those already mentioned, iron, phosphorus and lime are as necessary as fresh air, water and sunlight. The mother furnishes these while the child is in utero. If she shows an abnormality, the child will suffer accordingly. The laboratory is a most valuable assistant but for those that cannot avail themselves of such, the writer would submit the following as most efficacious methods which may be carried out in a very few minutes by any general practitioner.

Speaking from a fundamental standpoint, the fact must not be lost sight of that it is the nervous system that is behind digestion, assimilation and metabolism, that this system has a specific nutrition that should be present at all times in a normal amount, and used the same But phosphorus, which is their nutrition, does not stop with the nerve cells—it is a component part of every cell of the human body Cod liver oil for vitamin D, or sunlight as it may be looked upon, may be true, but more truth is in the fact that the active principle of cod liver oil is phosphorus. May this element not be the vitamin of sunlight?

Ascertaining the condition of the nerve cells as to nutrition, is analogous to a red cell count with an estimation of hemoglobin for the blood, fully as easy to ascertain, if not more so

In making the phosphatic index, use the second urme passed in the morning, preferably about 10 o'clock

Fill the Phosphatometer with urine to U, add solution* to S, shake thoroughly and set aside for ten minutes. If at this time the precipitate is below NP, or light and fluffy and does not fall, nerve cell nutrition is below normal and must be supplied artificially. When the precipitate is above NP, the neurones are in a state of excitement and sedatives must be given lest the reserve become depleted, which is always followed by the condition known as neurasthenia.

Albumin in the urine shows anemia, when Bright's Disease, urinary inflammation (gonorrhea, cystitis, pyelitis or abscess of the kidneys) and certain heart involvements

Eliminating these conditions, if the phosphatic index is normal, give iron, if it is below normal, nerve cell nutrition phosphorus

Indican shows intestinal fermentation, when it is present in excess, digestion and assimilation are interfered with. With a practically normal index and the blood in the same condition, a bowel movement every day with 5 grains of sodium salicylate, will quickly correct the condition. If the index is low, or ane-

mia present, these must receive attention at the same time

In reporting the following cases, the writer does not wish to infer that these young mothers would have developed high blood pressure, eclampsia or other distressing symptoms, nor would the babies have been rickety, but both young women produced offsprings free from any taint whatsoever and have been exceptionally well since birth

Mrs J P, Age 27, backache, marked fatigue, leucorrhea, neuralgic pains in legs, pregnant about six weeks Careful examination showed no pathological conditions, blood pressure normal, urine, gravity 1010, no albumin, casts, crystals or pus, lots of vulvar epithelium, indican greatly increased, Phos Index 80% minus, crystals showed a want of nutrition Phos Comp, 20 drops with 15 drops of Fl Ex Valerian was ordered to be taken in milk 20 minutes after meals. In the course of two weeks all symptoms had disappeared and she felt fine, Phos Index showed 15% minus, crystals normal This prescription was continued for about three weeks and again during the seventh month

This young woman had a normal delivery, her milk was abundant, she nursed the baby until weaned. The baby, which is now four years old, walked very early, has never had a day's illness and never has taken a dose of cod liver oil.

Case 2, shows even more evience what can te produced This young woman was in a most miserable condition and suffered greatly during the first few weeks of pregnancy Because of social and other frivolities, she was in a very low condition of health, weighed but 119 pounds No pathological condition was evident but the urine showed a large amount of albumin, was opaque from epithelium, indican much in excess, the index was 95% below nor-The same prescription was used This young woman, who at delivery, weighed 178 pounds, was attended by Dr Irving Potter, who brought a baby girl weighing 91/2 pounds Mother had an overabundance of milk the second day, made a rapid and uninterrupted recovery At eight months, the baby had 6 teeth, weighed 20 pounds. In two years she has never been sick except with a cold for a couple of days no cod liver oil was necessary

In conclusion, it may be stated People always bring troubles upon themselves. We, as physicians, must try and convince parents, especially those with marriageable daughters, that aping a leader who is generally some female looking for sensation and glory, is simply following the dictates of a disordered mind. It will surely bring grief and their offspring ill health and resentment later in life.

^{*}Magnesium Sulphate, Animo Chlo, 'Aq Amimo (10% common kitchen variety) of each 1 oz water 8 ozs Let stand two or three days before using

HEALTH CONDITIONS IN THE SOVIET UNION

By J V DePORTE, Ph D, ALBANY, N Y

Director, Division of Vital Statistics New York State Department of Health

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Place 1	POPULATION*	BIRTH RATE	DEATH 1	RATE OF NATURAL NCREASE
Russian Socialist Federated				.,
Soviet Republic	99,593,212	47 0	25 9	21 1
White Russian Socialist Soviet Republic	4.895.450	41 0	18 6	22 4
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Republic	28,713,678	31 5	13 8	17 7
Birth Registration Area in				
Continental United Statest		21 4	11 8	96
State of New York	11,172,913	21 9	12 2	9 7

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infants under one year per 1,000 living births We are adding, for comparison, the total infant mortality rates and the rates in the urban and rural areas of the U S Birth Registration Area and of the State of New York in the same year, 1925

RSFSR	213
Urban*	174
Rural*	218
White Russian SSR	125
Urban*	110
Rural* .	128
Ukrainian S S R	146
Urban*	121
Rural*	148
US Birth Registration Area	72
Urban†	73
Rural†	<i>7</i> 0
New York State	68
Urban†	68
Rural†	66

^{*}Urban includes all cities, rural the rest of the territory t Urban includes municipalities which had, in 1920, a population of 10,000 and over Rural designates the rest of the territory

Thus, in the RSFSR, one out of five children born alive died during the first year. The mortality was more favorable in White Russia and the Ukraine. In all three divisions rural mortality was higher than urban, while in the US Birth Registration Area and in the State of New York the contrary was true.

The highest rate of infant mortality ever recorded in the State of New York since the time when the registration of births became sufficiently complete for statistical purposes (1914) was 99 in that year. The highest rate recorded in 1925 in the thirty-three states of the Registration Area was 905 in Delaware.

COMMUNICABLE DISEASES

Pre-war Russia was in many ways a paradox among nations While, politically and industrially, it was one of the most backward of the civilized countries of the world, in many of its intellectual and social activities it was the peer of any The science and practice of medicine may be taken as an instance of this observation though to the lay public of other countries the high minded self-sacrificing Russian physician became a familiar figure only comparatively recently, largely through the artistic works of Chekhov, members of the medical profession knew and valued the work of their Russian confreres long before Chekhov's plays appeared on the boards of our theatres need of sickness reporting was recognized in Russia many years ago and the work of its medical statisticians had deservedly high re-It is not likely that the days of the Revolution have dampened the zeal of the

Russian practitioners for careful scientific work and their reports of sickness probably have a considerable degree of accuracy

We are listing below the number of cases and the case rates per 100,000 population from certain communicable diseases reported in 1925 in the Soviet Union and we are adding for comparison the corresponding figures for the State of New York

Table I Reportable Communicable Diseases Cases and Case Rates per 100,000 Population

Union of Soviet Socialist Republics and New York State 1925

	Diate 17	-		
	បន	S. R.	New Yor	k State
	Cases	Rate	CASES	RATE
Typhoid fever	167,100	115 2	2,900	26 0
Typhus fever	72,600	50 1	15	0 1
Relapsing fever	19,800	13 7		
Malaria	5,427,300	3,741 7	139	12
Smallpox	18,400	12 7	286	_ 2_6
Measles	653,000	450 2	29,606	265 0
Scarlet fever	270,900	186 8	19,488	174 4
Whooping cough	350,700	241 8	15,034	134 6
Diphtheria	71,700	49 4	13,423	120 1
Epidemio influenza	2,839,000	1,957 3	4,087	36 B
Dysentery	301,500	207 9	61	5
Epidemic encephalitis	1,900	13	468	42
Anthrax	16,800	11 6	9	1
Tuberculosis	1,216,400	838 6	20,040	179 4
Pulmonary	946,800	652 B	18,939	169.5
Other forms	269,600	185 9	1,101	99
Syphilis	503,700	347 3	28,777	257 6
Gonorrhea	362,200	249 7	10,095	906
Scurvy	70,000	48 3	•	*
Trachoma	845,100	582 6	51	5

^{*} Data not available

In addition to the types of sickness shown in the preceding table there were also recorded in the entire territory of the USSR. 12 cases of Asiatic cholera, 113 cases of glanders, 257 cases of bubonic plague, 485 cases of leprosy, and 46,300 bites by rabid animals. The last figure includes, in all probability, all cases of bites regardless of consequences and therefore, cannot be compared with the experience of this State, since our records show only cases in which the person bitten developed rabies. Most of the cases of plague and leprosy occurred in the Asiatic provinces

The striking facts disclosed in the table are the great prevalence in the Soviet Union of malaria, grippe, dysentery, tuberculosis, and trachoma Persons, who in 1925 were afflicted with malaria to a sufficient degree to require medical attention, numbered five and one-half millions or almost four per cent of the population. The reported cases of influenza numbered almost three million or two per cent of the population. There were eight hundred and fifty thousand reported cases of trachoma and more than three hundred thousand cases of dysentery. The corresponding numbers of cases of these diseases in the State of New York were almost negligible. Cases of tubercu-

losis numbered almost a million and a quarter and the case rate was more than four times the rate in this State. In proportion to the population, reported cases of venereal diseases were also more numerous than in this State. Then we note seventy thousand cases of scurvy, a title not even given in our list of reportable diseases.

It is surprising to find that in the Soviet Union there were relatively fewer cases of diphtheria, the rate being 494 as compared with 1201 in the State of New York. In this connection it is important to remember that here the reporting of diphtheria is practically complete while in the entire territory of Russia many cases are, undoubtedly, never brought to the attention of a physician We shall obtain a better picture of the situation if we compare the prevalence of diphtheria in Moscow and New York City Since Moscow is the center of all Soviet activities, the registration of sickness in that city is undoubtedly more complete than elsewhere in the country In 1926 the diphtheria case rate was 1049 in Moscow and 118.7 in New York City 1927 the Moscow rate was 1511, while the rate in New York City was 2262 In other

words, it is probably true that diphtheria is less prevalent in Russia than it is in this country, although the disparity between the rates may not be as large as the published figures seem to indicate

Causes of Death

No figures are available showing mortality by cause in the entire Soviet Union. We have, however, detailed figures for the city of Moscow. The number of deaths and the death rates from the leading causes in Moscow in 1927 and, for comparison, in New York City during the same year are shown in the following table.

Deaths in Moscow in 1927 totalled 28,209, in New York City, 70,430 The death rates per 1,000 population were 135 and 118, respectively. The mortality from most of the indicated causes of death was higher in Moscow with the following striking exceptions. The death rate from syphilis in Moscow was only 21 as compared with a rate of 92 in New York City. Mortality from cancer was somewhat lower in Moscow, 1013, the New York rate being 1249. The death rate from alcoholism was 114, while the New York City rate was 136. The death rates from homicide and

Table II Deaths and Death Rates per 100,000 Population from Important Causes Moscow and New York City 1927

710200	W and New 1011	City 1727		
	Moso	New Yo		
-	DEATHS	RATE	Deaths	Rate
All causes	28,209	1,346 9	70,430	1,179 6
Typhoid fever		8 9	78	1 3
Typhus fever	186	8	2	10
Polones e	16	0	4	
Relapsing fever	2	6	1	
Malaria	12		37	6
Measles	854	40 8		
Scarlet fever	921	44 0	102	1 7
Whooping cough	294	14 <u>0</u>	279	47
Diditheria	325	15 5	717	12 0
Epidemic influenza	410	19 6	680	10 6
Dysentery	184	8 8	7	. 1
Erysipelas	241	11 5	282	47
Epidemic encephalitis	-12	2	161	27
Epidemic cerebrospinal meningitis	10	5	120	20
AUDITAT CONTRACTOR OF THE PROPERTY OF THE PROP		4	2	
Rabies	9 5	$ar{2}$	6	1
Tuberculosis	3,291	157 1	5,140	86 1
Pulmonary	2,527	$120 \bar{7}$	4,444	74 4
Other forms	2,521 764	36 5	7696	iī 7
Syphilis	44	2 1	548	- 9 ż
Purulent infection, septicemia	334	15 9	63	3 0
Cancer and other male		101 8	7,455	124 9
Cancer and other malignant tumors Benign tumors	2,122	1 6	321	5 4
Alcoholism	34	11 4	813	13 6
Disposed of the	239	107 7	2,388	40 0
Diseases of the nervous system	2,255	145 2	20.178	337 9
Diseases of the circulatory system	8,042	172 9	8,068	135 1
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	3,622			
Secure of the dimention contorn	3,397	162 2	4,628	77 5
- der herst sentromio	83	*15 2	179	*13 1
All other puerperal causes	65	*11 9	515	*38 2
Old age Suicide	719	84 3	197	3 3
Homicade	490	23 4	1,073	18 0
Tromide	122	58	366	6 1
Violent deaths (except suicide and homicide)	1,155	55 1	4,604	77 1
Ill-defined diseases	641	30 <u>6</u> ∖	42	7
Unknown	35}	1 7/		•

^{*} Rate per 10,000 total births, including stillbirths.

other types of violence, except suicide, were also more favorable in Moscow. The death rate from the diseases of the circulatory system was 145 2-less than half of the New York It is particularly interesting to City figure note that while the mortality from puerperal sepsis was lower in New York City, the death rate from all other puerperal causes, 382 per 10,000 total births, was more than three times the Moscow rate, 119 The fact that the loss of life in childbirth is higher in this country than in practically any civilized country in the world has been a source of concern to our medical profession for a number of years *

The outstanding negative facts in the Moscow death record are the greater number of deaths from typhoid fever, tuberculosis (all forms), the important diseases of childhood measles, scarlet fever, whooping cough, diphtheria, the diseases of the nervous system, of the respiratory system, and of the digestive The death rate from suicide was organs. somewhat higher than in New York City The greater death rates shown under the rubrics of "old age" and "ill-defined diseases" have no particular significance except as an indication that the Moscow health authorities are less insistent upon the statement of a more definite diagnosis

MEDICAL PERSONNEL

The number of physicians registered in the RSFSR in 1925 was 16,854, or one physician per 5,909 persons. In the State of New York the number of physicians in that year was 17,006, or one physician per 657 persons. The shortage of medical personnel in Russia was particularly

marked in the rural territory which had a corps of 6,333 physicians to serve the needs of more than eighty million people, or one physician per 13,038 persons. If we add to the recorded number of graduates of medical schools the group of Feldshers** we obtain a total of 35,359 medical men, or one per 2,187 persons in the entire territory, while in the rural territory the ratio was one to 4,441

The situation in Russia as regards dental service was even worse. The number of registered dentists was 2,282, or one dentist per 43,643 persons. In the State of New York the corresponding number was 8,430, or a ratio of one to 1,326

Registered midwives numbered 5,411 in the Federated Republic, or a ratio of one to 18,406 persons, the corresponding figures for New York State were 1,767 midwives or a ratio of one to 6,323 persons

Conclusion

The purpose of this paper has been to present in brief form the outstanding facts regarding the health situation in Russia. No attempt has been made to relate the facts to the monumental political and social changes through which Russia is passing. In fairness to the present government we must remember that the high death rates, the great prevalence of certain epidemic diseases, the inadequacy of medical services were among the legacies of the imperial regime. Whether or not the new order of things will bring about an improvement in health conditions, only time will show

SINUS CONDITIONS ASSOCIATED WITH COUGH IN TUBERCULOSIS*

By H ST JOHN WILLIAMS, MD, POUGHKEEPSIE, N Y

THERE is no doubt but that soon after the creation of man, respiratory affections made their advent into the scheme of things

Although classified as a symptom, a cough has been the despair of physicians and the nightmare of patients. The first cough usually happens shortly after birth, an effort on the part of Nature to clear the baby's respiratory tract of mucus. Throughout all the rest of life, at some seasons of the year and for one reason or another, Nature attempts to get rid of irritating material in the respiratory tract, by means of the cough

From earliest times, therapeutic agents in great

*Read at the Annual Meeting of the Medical Society of the State of New York at Albany, N Y, May 22 1928.

numbers have been tried in the treatment of coughs, the ultimate object being to ease the cough and give the sufferer relief Except in certain types of tuberculosis and malignant coughs where sleep is imperative, it is bad practice to fall back to sedatives and narcotics because it is not assisting nature nor having the desired systemic effect on the cause

We believe the main etiological factors in chronic cough are, first, pulmonary infiltrations and thickenings with or without enlarged root glands most often following pneumonia, influenza and sinusitis and, second, enlarged bronchial root glands and peribronchial thickening and bronchiectasis Eighty per cent of the cases

^{*} See Maternal Mortality and Stillbirths in New York State 1915 1925 published by the New York State Department of Health, 1928

^{**} Feldshers in pre war Russia were graduates of elementary professional schools in which they were taught the rudiments of medical theory and practice. Feldshers were permitted to engage in medical practice under the guidance of a physician while in rural districts many medical centers were largely in charge of only a Feldsher.

of bronchiectasis are associated with infection in the upper respiratory tract

Any respiratory infection may cause inflammation of bronchial root glands, engorgement of blood vessels or enlargement of bronchi

They cause routinely symptoms of cough and expectoration extending over a long period of time. Where no organism can be found and where X-ray and physical findings are negative, they are not called positively tubercular yet when we realize that all active tuberculosis has a history of months of coughing, is it not probable that a certain percentage of this undiagnosed group will become tuberculous? By recognizing this eventuality, we should be able to devise methods to prevent it.

We have done much in the recognition of beginning pulmonary tuberculosis. Why can we not accomplish equally as much in the early recognition of non-tuberculosis and inflammatory bronchitides.

.While authorities and statistics differ as to percentages, it is estimated that from 5 to 16% of diagnosed pulmonary tuberculosis is not tuberculosis, and because of that condition, every persistent cough should be investigated by a nose and throat specialist, as sinusitis is apparently the largest etiological factor in this non-tubercular group of chronic coughs

I wish to cite the following examples of the disappearance of cough following the treatment of infected sinuses

A High School Student, 16 years old, negative past history, following a severe cold and bronchitis, developed a chronic cough with profuse expectoration, lost weight and strength, developed night sweats and had occasional attacks of haemoptyses Diagnosed pulmonary tuber-At this time came under treatment Physical signs were comparatively negative, sputum negative for tubercle bacilli X-ray showed bronchiectasis The general condition and cough did not improve under the routine treatment for tuberculosis Sent to nose and throat specialist who found and cleaned up an infected spenoidal sinus and the general condition rapidly improved and the cough stopped

A Factory Worker, 23 years old, negative past history, gradual onset of cough, expectoration, weakness, fever, loss in weight, hoarseness Diagnosed as pulmonary tuberculosis. At this

time, came under treatment Diagnosis confirmed by physical examination, sputum and X-ray Most marked symptom was a severe and uncontrollable cough Condition gradually failing, laryngitis became more severe and an increasing deafness developed Sent to nose and throat specialist who cleared up infected sinuses and helped the ear condition. The cough greatly diminished and the general condition, pulmonary condition and laryngeal condition improved steadily so that patient is now almost well

A Saleswoman, aged 42 years, following frequent colds and long hours on her feet began feeling over-tired, exhausted, lost weight, developed cough and expectoration, became faint at work, examined by company physician and diagnosed as pulmonary tuberculosis time came under treatment Past and family history negative, sputum negative, physical signs and X-ray practically negative, a questionable diagnosis of tuberculosis made, cough in this case not severe but patient sent to nose and throat specialist because of frequent and severe headaches Infected sinus drained and cleared up, headaches relieved and also the patient cured of her other symptoms with a remarkable gain in health, weight, strength Able to return to home and business

A Housewife, aged 58 years, yearly attacks of bronchitis and asthma, growing more severe each year with severe cough, marked prostration, anaemia, dyspnoea and increasing sputum occasionally blood streaked At this time came under treatment for tuberculosis but responded very slightly and was continually prostrated by asthmatic attacks and coughing spells Sputum negative, physical signs of chronic bronchitis X-ray Sent to nose and throat showed bronchietasis specialist because of headaches Infected sinus cleared up and whole general condition improved with practically complete loss of cough, no asthmatic attacks, gain in weight and strength and patient able to return again practically well to her home and family

This small group while far from conclusive is suggestive of the benefits and satisfaction to be derived from cooperation between the chest specialist and the nose and throat specialist. The positive case of tuberculosis has been greatly helped, the non-tuberculous cases returned to health and possibly prevented from becoming tubercular.



NON-OPERATIVE TREATMENT OF INTUSSUSCEPTION*

By GEORGE M RETAN, MD, SYRACUSE, N Y

E have been taught that the only treatment for intussusception is a surgical operation Before the advent of surgery and during the earlier days when surgery presented greater dangers, intussusception was treated by the injection of fluids into the colon or by the induction of gas in to the large bowel. There are many cases of intussusception recorded in the literature that have been successfully treated in this manner. The largest series are those reported by Koch and Oerm consisting of 400 cases treated by enema. The mortality in this group of cases treated non surgically was lower than a similar group freated surgically. The deaths were due to an incomplete disinvagination of the bowel

I have developed a new method of reducing intussusception that eliminates this danger and makes the non-surgical treatment safe

I published a report in the American Journal of Diseases of Children for May, 1927 About the same time Dr V R Stephens of Berwin, Ill, reduced intussusception using the same method and published this article in the same Journal, January 1928 The description of this method follows

The child is placed on a horizontal fluoroscopic table and barium in water is injected into the rectum by gravity under a pressure of 3 or 4 feet The barium will stop at some level below the intussusception The barium supply is turned off There is then a column of barium in the colon and above this a column of gas. Above the gas is the obstruction The inner side of one hand is placed transversely across the abdomen to apply pressure on the sigmoid This is done to prevent the barium from escaping Pressure is carefully and intermittently made on the colon with the palm of the other hand, forcing the barium upward This advancing barium forces the gas upward, distending the colon and exerting an even pressure against the obstruction The result of this procedure is watched in the fluoroscope

If the obstruction is not relieved, the column of barium will be seen returning when the pressure is removed. This pressure should be applied intermittently while the operator is watching the result thru the flouroscope. If the obstruction is relieved the colon should be filled with barium and its outline carefully studied. If the colon cannot be completely outlined, the child should be operated.

CASE REPORTS

Case 1 W F H, a boy, aged 9 months, was seen Sept 21, 1926, with the complaint of a nasopharyngitis and croupy cough since Sept 17

Castor oil had been given the day before examina-

The tissues were flabby, the fontanel was 2 inches wide, the parietal bosses were thickened, and definite rosary was present. There were no teeth. The chest, heart and abdomen were normal. The nose and throat were inflamed. The temperature was 98.0

On September 22, the stools, passed four times daily, were loose, and continued to be loose until September 26, when the infant vomited the feeding given at 6 am and continued to vomit at intervals during the morning. In the afternoon, vomiting was much less. The vomitus contained saliva and mucus At 5 pm there was a bowel movement containing fecal material was examined in the afternoon An abdominal tumor was not found The temperature was normal, and except for a few fine rales heard in the bases of the chest, the observations were negative The infant seemed better during the night but vomited again at 10 a m on September 27 There had been a mucous stool at 4 a m The mother reported that he acted as if he were in a stupor and slept except at intervals when he cried out as if in pain

On examination, the extremities were cold A few scattered fine bubbling rales were heard posteriorly in the lower part of the chest domen was relaxed Evidence of tenderness or muscle spasm was not present. Above the navel in the midline could be felt a sausage shaped tumor about 4 inches (10cm) long The temperature was 98 6 and the pulse 140 A diagnosis The infant was of intussusception was made placed on a horizontal fluoroscopic table, and barium was injected slowly by gravity into the It would only enter to the junction of the sigmoid and the descending colon Manual pressure as described above was applied to the abdomen, forcing the column of barium upward along the descending colon The procedure was repeated about six times when the resistance was suddenly relieved and the bowel partly filled with barium A roentgenogram was immediately taken and shows the intussusception partly disinvagin-More barium was then injected and the colon completely filled Attempt was then made to palpate the tumor and it could no longer be felt

The attitude of the infant immediately changed from apathy or irritability. He seemed hungry and cross when disturbed. He was given diluted orange juice, containing some sugar every half hour. Further vomiting did not occur. Recovery was complete.

Case No 2 P M P, a girl, aged 1 year, was seen January 2, 1926

^{*}Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y, May 22, 1928

There was a history of nasopharyngitis for the past ten days. For three days the stools had been loose. There had been nine stools during the last 24 hours. The baby vomited several times during the day. Examination was negative except that abdomen was slightly tender, generally

On January 3rd there was only one stool This contained blood and mucous. The vomiting continued. The physical examination was negative except for the persistence of slight abdominal tenderness. The abdomen was reexamined carefully several times because of a suspicion that the baby was developing an intussusception. No tumor could be felt however. Rectal examination was negative. Temperature 98. Pulse 120.

At 5 pm baby was again examined She had continued to vomit at intervals of about fifteen minutes. Temperature was 100 Pulse 160 The baby appeared to be in shock. The extremities were cold, the eyes were dull and listless. There was a fretful cry. There was a sausage shaped tumor lying transversely across the abdomen at the level of the umbilicus. The baby was taken to the office and placed under the fluoroscope. A suspension of barium was injected into the rectum.

The suspension entered to the splenic flexure where it stopped suddenly. The right hand was pressed against the sigmoid to prevent the escape of the barium and with the other hand pressure was applied to the descending colon.

Several times during this procedure the bowel emptied as it seemed to be extremely sensitive (The baby had had a colitis for 3 days)

Each time the colon was refilled and pressure was again applied forcing the suspension upward

The colon was then filled to see if the intussusception was completely relieved

Immediately following the reduction of the intussusception the baby changed The dull expression in the eyes became bright and the mother remarked that the baby looked natural again The abdominal tumor could no longer be felt

She was given two ounces of water every two hours and this was not vomited. During the night she passed gas several times from the bowel. The baby made an uninterrupted recovery

Case No 3 S A G, a girl, aged 9 months, was seen March 5, 1926 She had been breast fed When 2 weeks old she had had attacks of breath holding with cyanosis which were promptly relieved by roentgen-ray treatment of the thymus

gland This had not recurred On March 4, she began to vomit at 5 30 pm. and continued vomiting at intervals during the night. She passed a mucous stool containing blood during the night

The infant was first seen at 4 pm, March 5 She had vomited three times during the day a greenish fluid containing mucus. She had slept during the day but had awakened at intervals, crying as if in pain

The infant appeared sick The eyes were sunken, the fontanel was depressed, extremities cold Examination of nose, throat, chest and heart The abdomen was relaxed was negative mass was felt above and to the right of the navel This mass seemed about 3 inches (76 cm) long and about the thickness of a thumb The temperature was 101 and the pulse 150 A diagnosis of intussusception was made. The abdomen was examined under the fluoroscope Barium in water was injected into the colon and passed upward beyond the spleme flexure and across the transverse colon for a distance of about 3 inches Here it stopped abruptly. Manual pressure then was exerted carefully in an effort to disinvaginate the bowel, but without success The infant was immediately taken to the hospital and operated Intussusception was not found The ascending colon and the first part of the transverse colon were twisted into a mass and were blue twisting was relieved by the surgeon, and the infant recovered

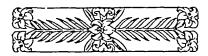
Case No 3 illustrates the necessity for immediate operation if the obstruction is not relieved by this method. The abdomen must be opened if the colon cannot be completely visualized following the reduction of the intussusception or if the patient is not relieved of symptoms.

Provided the above described procedure is carefully followed, there can be no danger in using this method. We have the following means of determining if the obstruction is entirely relieved.

First, complete visualization of the colon This is still more emphatic if some of the barium can be forced into the ilium

Second, relief of symptoms It is surprising to see the immediate relief of all symptms of shock following the complete disinvagination of the bowel There should be no more vomiting and gas is passed from the bowel The abdominal tumor disappears

If there is doubt as to the complete reduction, the abdomen should be opened at once



EPIDEMIOLOGY OF WHOOPING COUGH* By EDWARD S GODFREY, JR, MD, ALBANY, NY

SUFFICIENT excuse for reviewing the epidemiology of whooping cough is that in 1926 it caused more deaths in New York State, exclusive of New York City, than any of the other acute communicable diseases of childhood (Fig 1)—nearly 60 per cent more deaths than from diphtheria or measles, more than 3½ times as many deaths as from scarlet fever This is not due to any comparative increase in prevalence or to any accession of virulence The death rate shows a tendency to decline though at a slower rate than the other diseases mentioned The principal reasons for this are that we have not at our disposal the reliable prophylactic and therapeutic agents that we have in diphtheria, there has not been the great decrease in virulence which has marked scarlet fever, and we have not made the progress in impressing the public as we lately have in measles with the importance of proper care and the danger of the disease to young children

ogy of the disease The cause of the paroxysmal nature of the cough is unknown

The specific bacilli are thrown out in large numbers during the act of coughing during the so-called catarrhal stage and in diminishing numbers in the paroxysmal stage. As might be expected from this, the disease is most readily communicated during its early stages, especially during the catarrhal stage when from the symptoms the true nature of the affection can only be suspected The disease may be transmitted over a period of several weeks as in the case of so-called "Pertussis Pete" cited by Luttinger Whether there are healthy human carriers or not remains to be discovered Although so designated "Pertussis Pete" was not a "carrier" in the usual sense since he was still coughing when he caused the last case attributed to him

Although a disease of the respiratory tract and presumably transmitted by the secretions

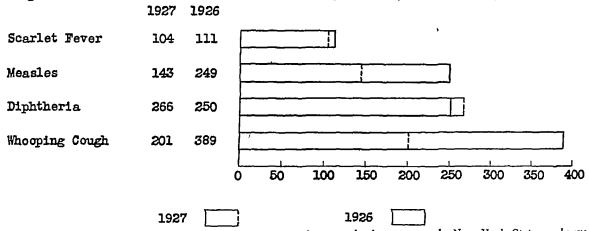


Fig 1-Number of deaths from scarlet fever, measles, diphtheria, and whoaping cough, New York State, exclusive of New York City, 1927 and 1926

A further excuse for such a review is found in the paucity of epidemiologic data and the maccuracy of much that has been published Whooping cough is apparently an epidemiological anomaly and is worthy of intensive field investigation by local health departments both in order to develop needed basic information and to test practical measures for reducing the mortality

The generally accepted exciting cause of whooping cough is the Bordet-Gengou bacillus which proliferates so numerously as to pack the interstices between the cilia of the trachea, thereby mechanically preventing their normal movement. This packing of the ciliary interstices constitutes the only specific pathol-

from the respiratory tract of an infected individual reaching the respiratory tract of a susceptible individual, whooping cough has not the well marked summer decline that characterizes other diseases believed to be thus transmitted (Fig 2) Diphtheria shows its greatest incidence in the late fall or early winter, pneumonia, in the late winter or early spring, measles and scarlet fever from March to June On the other hand our New York State figures do not show, on the average, a summer increase in prevalence as stated by several writers on the subject, although in two successive years (1916 and 1917) the maximum number of cases were reported in July (Table 1) In eleven of the last 15 years the maximum has occurred in the months of November, December, January and February Once

^{*}Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y, May 22, 1928.

each it has occurred in May and March The maximum month in all these years however has seldom been as much as three times the number of cases of the minimum month though twice it has had five times and once six times as many The month of minimum cases is usually September (7 times) or October (3 times) of the average minimum month to average

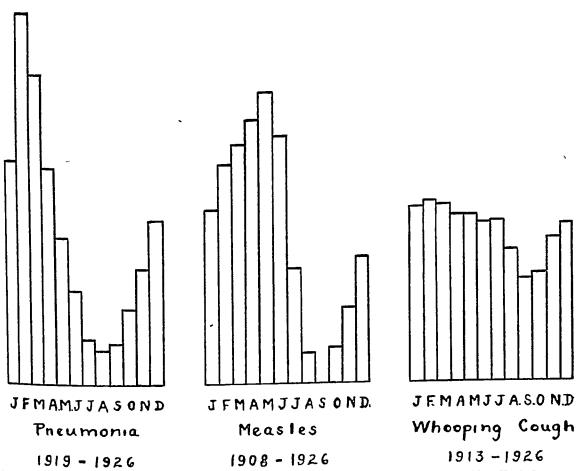


Fig. 2-Per cent distribution of cases of pneumonia, measles aid whooping cough by months, New York State, exclusive of New York City

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YEAR	Jan	FEB	Mar	APR.	May	JUNE	July	Aug	SEPT	Ост	Nov	DEC	TOTAL
1913 1914 1916 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927	462 850 587 952 676 1469 222 1152 2060 615 1492 1772 1028 1435 1068	395 641 602 794 790 1063 255 812 2287 780 1155 1472 983 1706 1218	416 902 612 868 860 1304 241 1109 1983 792 1203 1447 1011 2077 1131	321 940 469 795 1164 1217 159 855 1711 738 1205 1300 902 1751 705	382 1166 444 1099 1248 1374 308 996 1578 785 1049 1206 830 1508 769	482 914 486 1019 1163 1156 311 1131 1350 893 810 1021 821 1380 807	408 448 596 1292 1565 1041 571 1376 1223 815 874 1202 894 1190 794	597 381 467 933 1025 794 518 1242 833 834 784 887 726 932 702	300 256 277 509 833 610 444 904 536 707 686 762 633 900 493	359 262 578 460 1147 331 680 877 434 814 820 776 642 802 564	608 411 657 584 1223 331 989 1405 457 1062 1107 883 697 1094 848	790 682 801 550 1064 274 910 1835 637 1108 1414 966 1041 1105	5520 7853 6576 9855 12758 10964 5608 18694 15084 12599 18694 10208 15880 10179

Number of cases reported each month—New York State, exclusive of New York City Monthly maximum in bold face Monthly minimum in small type.

maximum month for cases has been 48 100 Measles by contrast shows 5 100

On the other hand there is a very sharp rise in the August mortality of whooping cough, 95 per cent of the deaths of the past 14 years falling in that month (Fig 3) The highest mortality has been in March with 117 per cent of the annual deaths from whooping cough. The indicated case fatality rate is highest in September (44 per cent) with August (42 per cent) second (Fig 4). This would seem to contradict the commonly repeated statement that the disease is milder in warm weather. This indicated fatality rate is not due, entirely at least to greater

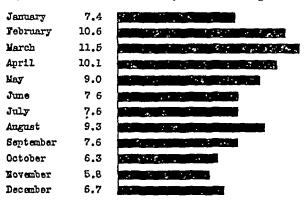


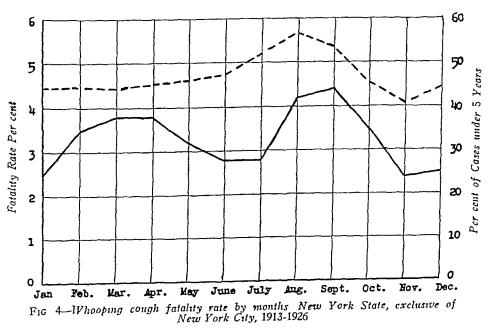
Fig 3

Percent distribution of deaths from whooping cough by months, New York State, exclusive of New York City 1913-1926

malignancy in the disease during those months A similar rise is observed in the "off season"

of all other communicable diseases and is partly due to the lag of the deaths behind More than half of the whooping the cases cough cases die subsequent to the second week of the disease, hence a month of low morbidity following a high one will show a higher fatality rate since the deaths are charged to the month in which they occur instead of to the month in which the disease begins Another factor is the higher percentage of cases among young children during the summer months the disease is much more fatal in early childhood, a higher percentage at this age means a higher percentage of deaths regardless of other considerations (Fig 4) An additional cause is found in the tendency to report cases more completely during periods of prevalence and even more perhaps in the tendency of people to call a physician during such periods we think works in two ways to reduce the indicated case fatality rate (1) Cases are better reported and (2) cases are given better care and an actual decrease also occurs

Whooping cough presents another variation from the usual epidemiology of respiratory diseases, viz—in general throughout the registration area of the United States the death rate is higher in rural than in urban communities taking 10,000 population as the dividing line. This is not true in New York State, or in New Jersey, or in the New England States but does hold true for the west and south (Fig. 5). The disease is much more fatal in negroes in the South than for whites, and in the South negroes are relatively more numerous in the



Solid line—Fatality rate (Deaths per 100 cases) All ages

Broken line—Per cent of total whoofing cough cases in children under 5 years

rural than in the urban districts. But this cannot account for this peculiarity elsewhere. In New York the highest average death rate for the past 12 years has been in places of from 10,000 to 20,000 inhabitants, it has been lowest in villages of less than 2,500, the latter observation being true also of diphtheria, scarlet fever and measles (Fig 6). The death rate for the unincorporated towns (the "truly rural' section of the State) is somewhat higher—an observation which is also true of scarlet fever, diphtheria, measles and poliomyelitis. We interpret this as indicating less efficient

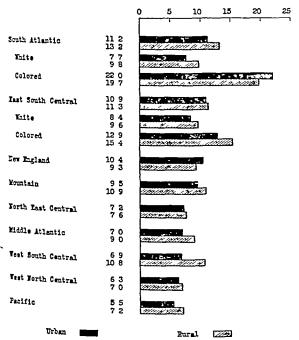


Fig 5—Death rates, per 100,000 population, from whooping cough US Registration Area by Geographical Divisions, Urban and Rural 1919-1923

care due to a smaller proportion of the cases having medical advice and nursing service

A third anomaly of whooping cough is its higher death rate in southern than in northern states, partly but not wholly accounted for by the greater mortality among negroes (Fig 5) Here again is a contradiction of a frequently encountered statement that the disease is milder in warm countries than in cold Whether it actually is less frequent or less fatal in tropical countries is a point we have not determined as the data is not immediately available

Still a fourth peculiarity of whooping cough is its preference for females. It is generally stated that the majority of cases and deaths at each age are among females although our New York State figures show that under 1 year the males slightly exceed the females (Table 2). The average ratio at all ages in New York State, exclusive of cities over 200,000 is 106 cases among females for every 100 among males and 112 deaths among females for every 100 deaths among males. The case fatality rate was 2.72 per cent for males and 2.87 per cent for females at all ages.

When we come to the age distribution of the cases and deaths we find a stronger incentive to postpone the attack until after the third year at least, than we do even in First, because of the very high fatality rate in very young children, and, second, because there is apparently a decrease in susceptibility, independent of a recognized attack, as years go on It is quite possible that with the development of the larynx, the characteristic "whoop" is frequently absent and the symptoms less distressing in a considerable The Boston Whoopproportion of the cases ing Cough Commission has found that 4 per cent of the cases coming under their observation gave

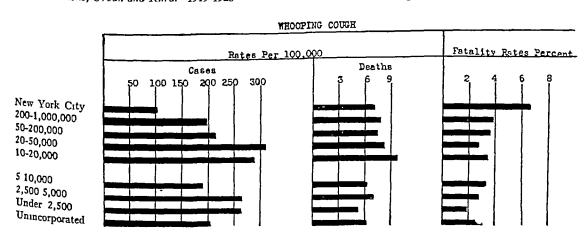


Fig 6—Case, death and fatality rates for whooping cough according to size of community (density of population)

Average for New York State 1915-1924

WHOOPING COUGH

AGE Under 1 Year 1 Year 2 Years 3 Years 4 Years	Cases 103 98 91 94 95	DEATHS 104 80 62 64 82
5 Years	92	70
6 Years	96	67
7 Years	97	91
8 Years	92	44
9 Years	105	25
Under 5 Years	96	91
5–9 Years	95	66
10–14 Years	96	50
15–19 Years	82	40
20 and Over	44	60
TOTAL	94	89

Table 2—Whooping cough cases and deaths ratio of males per 100 females, New York State exclusive of New York City—1915-1924

positive cultures for the Bordet-Gengou bacillus although they never coughed or vomited during the entire course of the illness. Postponement therefore means not only fewer deaths but possibly a smaller proportion of cases with distressing symptoms

Ninety-five per cent of the deaths occur during the first five years of life, 60 per cent in children under 1 year old, 80 per cent in children under 2 years (Table 3) Unlike measles there is no period of congenital immunity Children are susceptible at birth and about 3 per cent of the reported cases occur during the first year of life. It is impossible to state with any accuracy the case fatality rate since whooping cough is the most poorly reported lethal communicable disease of childhood (Table 4) Mumps, German measles and chickenpox are probably no better reported but since they seldom cause death the fact is of less practical importance

One reason for this poor reporting is probably that relatively few cases are seen by physicians or if seen, it is during the catarrhal stage and a diagnosis of whooping cough is not made After the "whoop" begins many mothers, and practically all grandmothers, consider themselves quite as competent as a physician to deal with the situation Considering the rather uncertain results obtained from drugs and vaccines their opinion is possibly justified so far as older children are concerned but not for those under five years old Another reason for the poor reporting of whooping cough is that the cases are seldom investigated and followed up to discover missed and unreported previous cases and subsequent cases among Luttinger investigated 2310 cases contacts in New York City and determined the source

of infection in over 88 per cent of them. If this could be done in New York City it should be possible to ascertain the source in over 95 per cent in smaller places, and in this event whooping cough would be well reported.

From the available figures, however, it is

WHOOPING COUGH

	PERCENT OF	FATALITY RATE		
AGE Under 1 Year 1 2 3 4 5 6 7 8 9	CASES 7 9 8 1 9 7 10 6 10 5 11 0 10 9 8 7 6 5 4 1	DEATHS 56 9 23 1 7 9 3 6 2 5 1 4 1 0 9 5	PER CENT 20 07 7 96 2 29 95 66 36 26 28 23 14	
Under 5 Years 5-9 10-14 15-19 20 and Over	46 8 41 2 8 5 1 4 2 1	94 1 4 0 6 3 1 0	5 62 27 20 58 1 33	

TABLE 3—Per cent of total cases and deaths and fatality rate at each age, all places under 200,000 population—1915-1924

possible to state with considerable certainty that the disease is very fatal during the first two years of life, quite fatal during the third year and rarely fatal from the fifth to the fifteenth year. Our figures for the five years 1920-1924 show a fatality rate of 16 per cent among children attacked under 1 year of age, 6½ per cent at age 1, a little less than 2 per cent at age 2 (Table 3) These indicated rates are about twice as high as for measles at the same ages and

WHOOPING COUGH

*Urban = Places of 10,000 population and over *Rural = Places under 10,000

Table 4—Average per cent of deaths found not to have been reported as cases—New York State exclusive of New York City—1922-1926

as previously stated emphasize the importance of at least deferring the attack

Whooping cough is apparently the most common communicable disease in the preschool years—at least of those which frequently cause death A series of "disease cen-

suses" taken in various communities in this State have shown very nearly 50 per cent of those entering school to have already had an attack Since it is among this 50 per cent that 95 per cent of the deaths occur, control through the schools can be of but little benefit Such control would probably be futile in any event if Luttinger's findings in New York City hold true elsewhere Of the 2310 cases which he investigated over 1500 acquired their infection through neighborhood contact and only 6 per cent through the schools

The deductions to be drawn from the foregoing facts seem to point to the necessity of epidemiological studies of the disease in various localities, in order to fill in the gaps of our present knowledge and to test out promising methods of control or of at least reducing the death rate There are no tables extant such as we have for scarlet fever, diphtheria and measles showing the number of non-immunes who escape the disease in families in which a case occurs In consequence we have no basic data with which to compare the results of specific prophylaxis or the results of attempted isolation in the family We also need better data for determining more nearly the precise fatality rate at different ages and a number of controlled observations on the results of prophylaxis and treatment is also great need for some practical means of making an early diagnosis in the absence of the characteristic paroxysmal cough The socalled cough-plate method is entirely too elaborate for everyday use by the general practitioner

The Boston Whooping Cough Commission reports that about 60 per cent of exposed persons given large doses of freshly prepared whooping cough vaccine did not contract whooping cough. The vaccine was prepared from strains of the Bordet-Gengou bacillus which induce a high agglutination in injected animals Their first dose, either prophylactically or therapeutically, consists of ten billion organisms in a 1/2 cc dose, followed in forty-eight hours by twenty billions and forty-eight hours later by thirty billions Therapeutically forty billions

are given at four to five day intervals through the paroxysmal stage It was recently stated by Dr Lawrence Smith that ordinarily a total series of four to five injections was sufficient The prophylactic doses should be given within the first few days after exposure, but if a longer interval has elapsed a fourth dose of forty billion should be administered. It is believed by the Boston Commission that even though the disease is not entirely prevented the course is aborted According to this Commission, the X-ray treatment is most useful in clearing up long standing cases in older children and is also beneficial in the earlier stages in very young infants

It seems to me, however, that from a practical standpoint our greatest need is to see that young children are protected as far as possible either by isolation or by vaccine, or by both, and that if attacked they be given the benefit of medical advice and such nursing care as the community can afford This means carrying out much the same plan for whooping cough as for measles—a warning to the general public through the newspapers of the presence of the disease in the community, of its dangers, especially in early life, of the distressing nature of the disease even in older children, and of the possibility of preventing or modifying the disease through the timely use of vac-It means a particular warning to the parents of small children either through the distribution of pamphlets through school children or through the mail, or as far as possible by personal visits by the public health It means a follow-up of the reported cases for the purpose of discovering other cases, especially children under 5 years old, in the family or neighborhood and through them contacts or potential contacts things will serve to awaken the public to the very great danger of the disease and result in more of them being given adequate care, a reduction in the number of complicated cases, quite possibly a reduction in the incidence of the disease—especially during early life, and almost certainly a reduction in the number of deaths

THE CANCER SITUATION IN THE STATE OF NEW YORK, IV THE 1927 STATISTICS

By JOHN M SWAN, MD, FA.CP, ROCHESTER, N Y
Chairman of the New York State Committee of the American Society for the Control of Cancer

The 1927 statistics of mortality in the State of New York were published by the Health Department as of March, 1928 Under the title "Outstanding Facts," the Department of Health says "Cancer, with the highest death rate yet registered, is now second in importance among the causes of death. In 1926 it was third, in 1917 it was fifth, and twenty years ago it was eighth"

Cancer was responsible for 14,254 deaths in 1927, against 13,613 in 1926, an increase of 641, or 47 per cent. The annual average for the years 1922-1926 was 12,714, so that the increase of 1927 over the annual average was 1540, or 121 percent.

The death rate per 100,000 population was 1243 in 1927, against 1203 in 1926, an increase of 33 percent. The annual average deathrate for the years 1922-1926 was 1153, an increase for 1927 of 90 percent.

In the State of New York, outside of New York City, the total deaths for 1927 numbered 6,806, against 6,580 for 1926, an increase of 226, or 34 per cent. The annual average for the State outside New York City for the years 1922-1926 was 6,192, so that in 1927 there were 614 more deaths than the five year average, or 99 per cent.

The death rate per 100,000 population was 123 8 against 122 0 in 1926 an increase of 14 per cent. The annual average deathrate for the five year period 1922-1926 was 119 1, so that the 1927 rate was 47 per cent. higher than that of the five year period.

The following twenty counties had death rates lower than that of the State outside New York City *Broome, 1171, *Cattaraugus, 1084, *Chautauqua, 1038, *Clinton, 872, *Erie, 1196, Franklin, 1025, Genesee, 1164, *Herkimer, 1212, *Livingston, 1096, *Monroe, 1221, *Montgomery, 1180, *Niagara, 1035, *Onondaga, 1152, Putnam, 1140, *Rockland, 927, *Schenectady, 1104, Schoharie, 1200, *Schuyler, 1177, *Sullivan, 653, *Tioga, 1043

In 1926 the highest death rate in the State was given by Cortland County (1883), in 1927 the highest rate was given by Columbia County (1832), Cortland County having a rate of 1456 Except in Hamilton County, in which no deaths from cancer were recorded, the low-

est rate for 1927 was given by Sullivan County (653)

In the counties with the largest populations the rates are Erie, 1196, Monroe, 1221, Onondaga, 1152, Oneida, 1383, Albany, 1450, Broome, 1171, Niagara, 1035, Chautauqua, 1038, Orange, 1321, and Schenectady, 1104

In the counties in which there are Medical Schools, the rates are again below the rate for the State at large, except in Albany County Albany, 1450, Onondaga, 1152, Monroe, 1221, Erie, 1196

The question of cancer belts may again be answered by a negative, taking the same groups of counties that were used in the paper on the 1926 statistics (1) Central Group Cortland, 1456, Cayuga, 1673, Chenango, 1422, Tompkins, 1505, Onondaga, 1152, Tioga, 1043, Broome, 1171 Northwestern Group Niagara, 1035, Orleans, 1588, Monroe, 1221, Livingston, 1096, Genesee, 1164, Erie, 1196 The Southern tier, Chautauqua, 1038, Cattaraugus, 1084, Allegany, 1358, Steuben, 1368, Chemung, 1543, Tioga, 1043, Broome, 1171, Delaware, 1372, Sullivan, 653

The highest rates for 1927 were reported from Cayuga, 1673, Chemung, 1543, Columbia, 1832, Dutchess, 1627, Essex, 1556, *Fulton, 1655, *Ontario, 1654, Orleans, 1588, Otsego, 1609, Tompkins, 1505

COMMENT

- 1 The death rate in the State outside of New York City was lower in 1927 than that of New York City itself and lower than that of the State as a whole This is the first year that this has been the case
- 2 The counties in which the teaching institutions are located have death rates lower than the rate in the State outside of the City of New York, except Albany
- 3 There is no evidence, from the study of these statistics, of the existence of a "cancer belt" in the State

Reference

1 Swan, New York State Jour Med, Mar 15, 1928 28 327

^{*} These counties had death rates in 1926 below the rate for the State outside New York City

^{*}These counties were among those with the highest death rates in 1926

GUMMA OF ORBIT*

By THURBER LeWIN, M D, BUFFALO, N Y, AND CLEVELAND WHITE, M.D, CHICAGO, ILL

TUMMA of the orbit is of infrequent occurrence, when encountered, it usually presents some degree of difficulty in di-An opportunity to thoroughly study such a lesion recently and its rapid involution under one of the newer antiluetic remedies form the basis of this report

CASE REPORT

A man of 42, excellent general health, had been refracted by one of us (T L) in December, He had worn reading glasses for five jears, his eyes having been tested by an optometrist. Under a cycloplegic, a compound hyperopic astigmatism was found in each eye and glasses were ordered to correct this condition A complete ophthalmological examination showed the media to be clear, nerve heads of good color, sharply defined, central cupping and lamina cribosa visible, the vessels, maculae and periphery negative

Approximately ten months later his left eye began to rapidly protrude and his vision was becoming greatly impaired in one week's time As his condition grew worse, the eye began to Thinking he had an acute rhinitis, he consulted a throat and nose man whose examination was negative but advised an X-ray of the This was done, and at the same time the roentgenologist, at the patient's suggestion included a dental X-ray The report was made that a hazy mass was present, apparently deep in the left orbit, in the medial upper portion As it was thought possible that this mass was connected with a sinus, both ethmoid and sphenoid sinuses were opened but nothing was found. He was then requested to have his eyes rechecked

Ophthalmological examination was as follows, Viz OD externally negative, media clear, nerve head slightly oval, axis 90 degrees, of good color, sharply defined edges, central physiologic funnel cupping with lamina-cribrosa plainly Vessels were normal, arterial venous balance good, macula and periphery were negative Vision's gl 6/15-2, c.gl 6/6

OS globe markedly protruding, media clear, disc hyperemic, round, edges very blurred, no cupping noted The veins were somewhat overfull and there were several areas of retinal No hemorrhages nor exudates were noted and the macula and periphers were negathe Vision s gl 6/60 c gl 6/60 Upward rotation was somewhat restricted

Because of the clinical appearance of the tumor, the X-ray findings and the sudden appear-

ance, a blood Wassermann was taken to check the

strong possibility of its Leing a gumma The blood Wassermann with the Kolmer Standardized technique was strongly positive

TREATMENT

To avoid a therapeutic shock (Hernheimer) it was decided by one of us (CW) to institute treatment with bismuth following Stokes' 1 cardinal principles to eliminate such a reaction, especially the focal phase. Bismuth was given once weekly for six doses with potassium iodide internally, the tumor shrank very decidedly in size A course of arsphenarmine was then given and there was very little diminution in the size Continuing treatment with bisof the tumor muth, the gumma began to shrink in size again

There has been a gradual but not complete subsidence of the protrusion and a full return of vision to 6/6 correction. There is one degree The nerve head is very slightly of exophoria paler than normal with sharply defined edges, vessels, macula and periphery remains negative The spinal fluid examination was essentially negative

COMMENTS

De Schweinitz² quotes Mracek that syphilitic periostitis most frequently attacks the orbital margins, and may occur in a gummatous or a sclerosing form, the site is usually in the upper or outer wall and causes symptoms in accordance with its size and location Tuberculous periostitis occurs chiefly in children and usually in outer or lower margins

Ball 3 states that the periosteum of the orbital bones is occasionally attacked by lues in its tertiary stage though it occurs much less frequently there than in the other cranial bones

The response to bismuth therapy combined with iodides is worthy of notice but its worth in such cases can only be evaluated by use in a large series of such lesions

Summary

A brief description of a gumma of orbit is reported because of the unusual diagnostic difficulties encountered. Bismuth therapy played an unportant part in its resolution

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Read before The Buffalo Ophthalmological Club May 1928

AID FOR NEEDY PHYSICIANS

By LINSLY R. WILLIAMS, M D, NEW YORK, N Y

E have received during the past few years inquiries as to the number of elderly physicians who are in need of relief and suggestions of several methods of aiding them

A recent suggestion recommends that an annuity and insurance fund be created which would grant to every physician at the age of sixty or sixty-five a sum of \$100 a month and that an endowment fund of a million dollars would be needed to pay for the management expenses. It is obvious that such a fund would be desirable, and that the earlier a physician began payments toward a fund the smaller the amount of money that he would pay would be. A plan to provide a fixed sum annually at the age of sixty or sixty-five would require the payment of fairly large premiums annually for physicians who were forty years of age or more

Several efforts have been made to relieve physicians and their families when in need, the earliest of which was the Society for the Relief of Widows and Orphans which was a membership association organized in 1842 which pays to widows and children of members in varying amounts a total of from \$1,000 to \$15,000 annually. The annuities amount to a maximum of \$900 a year and less if the widow has an income of her own

The New York Physicians Mutual Aid Association is primarily a non-profit making insurance company in which the beneficiary receives \$1,000. This Association will loan to its members up to \$500 without interest and if this money is not repaid the amount loaned is deducted from the face value of the policy upon the death of the member. The rates for insurance in this Association are the same irrespective of the age of the applicant, but no members are accepted who are over forty-five years of age.

Neither of these associations can act as a relief association for a needy physician.

The Eastern District Medical Society of New York City raises money from its members and friends which it uses in granting annuities to needy physicians without regard to race, creed or color

Under the leadership of a number of prominent physicians an effort has been made during the past few years to raise money to create the New York Physicians Home No permanent building has as yet been obtained but a small number of retired physicians have been cared for

There are several insurance companies which

furnish health and accident policies primarily for physicians

Two questions present themselves Do physicians as a class need a cooperative fund which will provide an annuity for each member at the age of sixty or sixty-five? Second, are there a sufficient number of physicians, who through ill health or financial reverses are in need of financial assistance, to require the organization of a physicians' relief association?

If a plan were devised for a cooperative fund to grant an annuity for all who belonged to it, it would undoubtedly be limited in scope, for the larger number of young persons, whether physicians or not, either anticipate financial success or long life or take out insurance from regular life insurance companies. Unless such a scheme could be made compulsory for all physicians or at least for physicians who were members of the State Society, the numbers insured would be limited and it is quite likely that those who were in later life in need of financial aid would not be members of the fund

There are a certain number of physicians who are in need of relief, but exactly how many in this state is not known. Studies made by the New York Physicians Home discovered a score or more of physicians who needed and were willing to accept what practically amounted to almshouse care.

The physician who has led a busy and active life but whose earnings have not been sufficient for him to set aside a sum to care for him in his old age is usually a self-respecting type of individual who should not go to a home for the aged whether restricted for physicians or others, but preferably should be cared for in the home of a relative or friend, and if necessary, an allowance should be made to assist the family which cares for him

How large a number of physicians there are in this class is not known nor can it be determined without a study being made, and it would seem unfortunate to undertake the organization of a new fund for the relief of physicians or their families or the organization of an annuity fund without determining in advance the average age of physicians engaged in practice and some definite information as to the incomes available for physicians sixty years of age or over It would seem wise to make a study in order to ascertain if it is essential to provide allowances of some kind for needy or aged physicians If after such a study is made this were found to be necessary, then a proper organization should be created by the physicians themselves and not by any outside agency

SKETCH OF A PLAN TO FOUND AN ORGANIZATION TO PROVIDE PENSIONS FOR PHYSICIANS AFTER THE AGE OF SIXTY YEARS

By EDWARD L MEIERHOF, MD, NEW YORK, N Y

THE medical profession has, for generations, given itself most freely and unselfishly to the amelioration, saving, and prolongation of life. In fact, much of the effort and time has been expended without any financial compensation. Is it not therefore possible that the members of the profession should plan to do something for themselves at a time of life when their earnings, for one reason or another, are apt to decline?

Judging the future on the basis of the past alone, the economic struggle for the doctor is a most difficult one However, the cost of training, in time and money, required to become a properly qualified physician today is so much greater than a generation ago, that comparison becomes almost impossible In addition, the present cost of initial equipment, in the way of rent and other overhead expenses, makes it highly needful for the beginner to obtain, quickly, a proper income from his professional work if he is to survive and not be weighed down with financial handicaps The fact that there is a gradually increasing encroachment into the realm of the individual doctor by corporate and institutional bodies is likewise relevant

Another phase of the question is presented in the great mental strain to which the physician is subjected, due in great measure to the complexity of scientific demands upon him. It therefore appears doubtful that the future doctor will be able to stand this mental strain during the later years of life.

So that without further consideration of the many obvious conditions which influence the financial status of the physician, it is felt that some monetary provision should be made for his later years. There are many who would retire from work, let us say, at about the age of sixty to sixty-five years, if they were able to do so, but in many cases the income from their savings is madequate for this. The proposed establishment of homes and special funds for down-and-out doctors shows that there must be a need of this kind—to a limited extent, it is to be hoped

The ideas embodied in the Pension Plan are such as to do away with the humiliation of charity. The purpose of the fund, or foundation, is that every member shall automatically be made a recipient of a pension. The sum of \$1,200.00 is fived as a tentative amount to be paid. Twelve hundred dollars annually may not seem to be a large sum, but if this amount is added to an otherwise inadequate income which the doctor may have, it will mean much to many individuals

It is proposed, in the beginning, to enlist the support of at least 10,000 physicians, who will pay \$75 00 or more annually, plus a small additional sum, the latter for the purpose of taking care of the overhead expense in the management of the funds. In addition it is proposed that there be an endowment fund of \$1,000,000 00 or more, to be obtained from laymen as well as from medical men of sufficient means to make the endowment possible

When will the payment of the pension commence? It is suggested that it commence some time about the age of sixty to sixty-five. To physicians who are totally disabled before reaching that age, however, the payment of the pension will begin at the time of disability. It is thought that the recipient of the pension should continue to pay his annual subscription to the fund. In the beginning, it would not be feasible to apply the full pension, nor would this be possible for a number of years.

How would this pro rata amount be determined? It is proposed to require a membership of 30 years, in order to become eligible to the full pension of \$1,20000, so that any member who has reached the age of 60 years would be entitled to a pro rata portion of the full amount of the pension, if he had not contributed for the entire 30 years. For example, if a member had contributed for 15 years, he would be entitled to 15/30 of the amount, unless he would elect to postpone the time for the acceptance of his pension, say, until he is 65 years of age-in which event his pro rata portion would be 20/30 is to be hoped that every beginner in the practice of medicine will join this fund early, so that eventually every one will be the recipient in full of the pension

Who will administer this fund? A committee made up of officers or past officers of some of our leading medical bodies? The money is to be entrusted to a bank or trust company as a custodian account

Can the medical profession launch such a movement and maintain its existence, or should a lay body undertake this enterprise?

Before preparing this paper a number of doctors were consulted and, without any exception, they are most enthusiastic over the suggestion of undertaking it within the profession

One more thought Shall this be a local, state, or national organization?



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Next Annual Meeting in Utica, June 3-6, 1929

For list of officers of County Medical Societies, see November 15 issue, advertising page xxv

MEDICAL CIVICS

How physicians may discharge their civic duties is discussed at every conference of officers of medical societies. It was considered at the Tri-State Conterence, which is reported on page 1437, and at the American Medical Association conference of State Secretaries and Editors, reported on page 1435

The medical societies of the state and counties of New York are among the leaders in dealing with the subject in a practical way

The practice of civic medicine or public health is co-relative with the private practice of medicine and its promotion is the object of the Public Relations Committee of the Medical Society of the State of New York whose last meeting is reported on page 1432 mittee plans to stimulate every county society to assume the leadership in the discharge of the civic duties which devolve upon physicians as a group called the medical profession

MEDICAL PHILOSOPHY

When two or three doctors get together informally, they philosophize and moralize on the subject of the practice of medicine, yet they are impatient when they have to listen to a formal subject on medical philosophy, probably because then they cannot talk back. Doctors are not noted for being good listeners

One day in the early fall, four persons sat in a hotel room and spent the morning talking about the philosophy of the practice of medicine. There were present an officer of the Medical Society of the State of New York, an official of the State Department of Health, a surgeon, and a lawyer who knew medical affairs, and this is what they said

The Health Official "Washington County was the scene of a controversy and dead-lock between the doctors and the lay health organizations until a physician was elected president of the County Tuberculosis and Public Health Association, and now public health work goes on smoothly with the lay organizations assisting the medical profession"

The Lawyer "The antagonistic attitude of the lay health organizations toward the doctors is founded on the reasons which are good, even if they are not sufficient. We lawyers are accustomed to consider both sides of a case in order to discover the plan of attack or defense of our opponent. In every dispute there are facts which support our opponents, and other facts which support our opponents, and there is a third group of facts which are basic, and would be conceded by both parties. If the disputants would sit down together and define their common facts, there would not be much left to dispute over

"Lay organizations are prone to act on insufficient facts, as for example when they insist on putting iodine in public water supplies in a section reputed to be goitrous. The advisability of that procedure is to be judged by the doctors only, and in such a matter as that there can be

The Surgeon "Suffolk County has shown the way how other county medical societies can obtain public opinion to support the policies of the medical profession."

may now other county medical societies can obtain public opinion to support the policies of the medical profession. The lay organizations recommend the necessity of creating public sentiment in favor of public health work, and they say, 'If doctors will not attempt public health work, we will stage a demonstration which will lead the public to assume the work at public expense,—and we can do it with our millions of endowment'"

The Health Official "Take the matter of county health officers Many rural counties are too small to need a county health officer A population of 150,000 would justify the formation of a county health unit, but a small county, such as Warren, could not support the kind of unit that is advocated by lay organizations. In

fact, Warren County already has a tuberculosis hospital, public health nursing, and sanitary inspection, and is doing pretty good public health work on county-wide basis, and so it does not need an extensive system"

The Lawver "Doctors are the persons best able to judge the health needs of a county, but how could the medical profession go about the task of ascertaining and estimating these needs? If a doctor were deputized by a county medical society to plan a system of public health work for your county, what would he do? Obviously the first thing to do would be to survey the county and take stock of the existing groups or organizations that are already doing public health work. Then he would make a list of projects in which additional work should be undertaken"

The Health Official "What the doctors want to do may not be what the lay workers want Doctors wish to confine their efforts to activities whose results are sure, but some laymen criticize the doctors for not rushing in to apply every new discovery indiscriminately, such as scarlet fever antitoxin, for example"

"Doctors are The Medical Society Officer slow to respond to demands which they are already able to supply Take periodical health Doctors send cases to hospitals examinations for examinations and laboratory tests which they can do themselves They encourage a drift of public sentiment toward clinics. State medicine is fostered by doctors as well as laymen Physicians should not need to take a course of instruction on how to make a periodical examination of a well person in distinction from a sick one Doctors need to be awakened to their opportunities in applying preventive medicine to well people"

The Surgeon "The awakening will come, not by forcible methods but by evolution The doctors of my city were opposed to public nurses, and said they would not let a nurse tell them what to do, but when a maternity nurse was employed, the doctors were very glad to have her provide sterile dressings and help in maternity cases The doctors now ask for the public health nurses and complain when they cannot get them No forcible means were adopted, but public health nursing came as a natural means of supplying a real need in the community"

The Lawyer "It was the same among lawyers who, 50 years ago, opposed examination and insurance of real estate titles, for they said the insurance companies would take away their law business, but now lawyers are the best patrons of title insurance companies"

The Health Official The lawyer can say whether or not a title is valid, for he has access to definite records The doctor cannot always tell whether or not a patient has tuberculosis"

The Surgeon "A doctor can make a scientific diagnosis in every case, if he will It is easy for a doctor to persuade patients to submit to complete examinations If periodic examinations were made, doctors would discover the premonitory signs and symptoms of cancer before the cancer has developed Talks to the public on the subject of cancer tend to make neurotics from fear of the disease, and to lead them to shun their doctors when they have a suggestive sign

of cancer Periodic examinations when little or nothing is said about cancer will prevent cancer much more effectively than popular talks on the suggestive signs of the disease. I will not give cancer talks or take an active part in an anticancer campaign, and as a result I have been accused of being an obstructionist. I do not believe that surgeons should remove a suspicious part and tell the patient that she is now protected against cancer."

LOOKING BACKWARD

This Journal Twenty-five Years Ago

Fee Splitting The first page of this Jour-NAL of December, 1903, contains two letters, the first of which could hardly be written today

"A physician, a member of our Association, was recently asked to see a patient in consultation by the latter's family physician, also a member of the Association. When the consultation was arranged for by the family physician, the consulting physician was requested to reduce his regular fee one-third.

"A few days after the consultation, the consulting physician received the following letter

"'Dear Doctor Should any inquisitive friends of the patient to whom you were called in consultation by me recently call on you to find out the condition of the patient, etc, please simply give them the facts of her disease, or condition, prognosis, etc, mentioning nothing about the fee, as I had to charge a little extra to cover my expenses, you may not be approached, but as country people do queer things, I mentioned this beforehand'

"To this the following reply was sent

"'You will probably remember that you requested me to reduce my fee one-third on account of the modest means of the patient's family, and I think you did wrong in adding

anything to the sum you paid me for my services to your patient, I think, however, that you should have charged for your own services under your own name'"

Euthanasia The same Journal has the fol-

lowing suggestion regarding euthanasia

"At the annual banquet of the New York State Medical Association on October 21st, one of the speakers was the Rev Merle St. Clair Wright, of the Lenox Avenue Unitarian Church In the course of his remarks he said

"I appreciate the practical difficulties in the way of the practical application of the doctrine, but it seems to me that it is not beyond the bounds of possibility Of course it would be necessary to have the advice and approval of men of the highest scientific attainment. The city might be divided into districts, and every application should be considered most carefully, not merely by physicians, but by some eminent clergymen selected for the purpose And, of course, there should be the consent of relatives and the consent, even the request, of the patient himself But where all these conditions are fulfilled, and where the prolongation of life is simply the prolongation of hopeless agony, it seems to me that it would be proper that such a patient should quietly, decently, modestly, be allowed to end the sufferings It seems that such a course would be a step forward in civilization and a step further away from barbarısm"

Take note that the suggestion was not made by a medical man. It would not have been made at all if the author had expected that he would have anything to do with the practical ap-

plication of his remarks



MEDICAL PROGRESS



Vitamin A as an Anti-Infective Agent.— H N Green and E Mellanby state that since the recognition of vitamin D (the antirachitic vitamin) as an entity distinct from vitamin A, those with experience in nutritional work have felt that to call vitamin A the "growth-promoting" vitamin is a misnomer, for good growth often takes place in its absence if the diet is otherwise complete. From the early days of its recognition it has been thought that vitamin A was concerned with resistance to infection, at least of a specific type The authors have made an extensive study with detailed post-mortem examinations of animals brought up on a vitamin A deficient diet was found that practically all the animals died with some infective or pyogenic lesions, while in the control animals receiving vitamin A these lesions were absent As regards the infective lesions that developed, xerophthalmia was not so common as might be expected, only 38 per cent. of the animals developing this lesion. In the 93 A-deficient animals examined the most characteristic condition was lack of adipose tissue and general visceral atrophy, but almost as prominent was the evidence of infection, only two animals of the 93 seeming to escape this Abscess at the base of the tongue was found in 72 per cent of the animals, infection of the urinary tract in 44 per cent, and pus in the nasal sinuses or in the middle ear in 20 per cent Infection of the alimentary tract was quite common, usually appearing as a terminal event. presence of vitamin D does not prevent the development of these morbid conditions writers feel that vitamin A plays an important part in conferring resistance to many types of infection, and suggest that infective and pyogenic conditions, even septicemia and acute rheumatism, be considered with relation to the vitamin A intake—British Medical Journal, October 20, 1928, 11, 3537

Practical Application of Vitamins—Erich Nassau of Berlin, first discusses the vitamin requirements of individuals which depend on the age, the season of the year, the state of nutrition, individual disposition, and special factors such as pregnancy, illness, etc. There is clearly a marked individual quotient by reason of which some subjects suffer privation while others of the same class escape, and at times we can notice this as a family peculiarity Age as a factor is shown for example in vitamin-A deficiency, for while the infant develops xerophthalmia the older subjects are attacked

by night blindness For the ocular troubles of the nursling cod liver oil is a sufficient Premature children are especially predisposed as are also the debilitated, while from March to May is the seasonal period of maximum development The author merely mentions in fine print the relationship of vitamin B to beriber, which is a purely exotic Vitamin C and its relationship to infantile scurvy and the treatment of the same with fresh fruit juices are trite subjects and the author adds but little to text-book information, but insists that there are types of anemia in childhood which benefit through the treatment of infantile scurvy even if the latter be not actually present. As to how far the new liver dietetic treatment owes its virtue to the presence of the C and other vitamins is as vet undecided The results of deprivation of vitamin D and its application in medicine are, of course, bound up with the causation and treatment of rickets, a subject which just at present is receiving plenty of attention The author is silent as to other vitamins Naturally vitamin E has as yet no medical uses, while vitamin X of some authors and its relation to pellagra is at the present time-as shown by the choice of the symbol "X"-an unknown quantity - Deutsche medizinische Wochenschrift, September 21, 1928

Treatment of Infection of the Urinary Tract -Knud Kelsted and E Schiot review the hitherto reported forms and results of acid therapy in infections of the urinary tract, and relate their experience with a series of 70 cases (28 cases of pyelitis and 42 of cystitis) In all cases the treatment consisted in the administration of calcium chloride or ammonium chloride with urinary disinfectants (hexamethylene tetramine, 1 gram three times a day, salol, I gram three times a day, or hexylresorcinol, 03 gram three times a day) calcium chloride and ammonium chloride the dosage was first 1 gram, then 2 grams, three times a day, and eventually 2 grams four times a day With this treatment 12 (171 per cent) of the 70 patients were cured, excluding the indwelling catheter cases 20 per cent were cured. In discussing the reasons for failure in such a large percentage of cases certain points are brought out Continuous treatment over a long period of time is necessary or six days of starvation may be of value in some cases Alternation of acid and alkali treatment should be tried in cases of pure colon bacillus infection without tendency to

calculus formation Other urinary disinfectants may bring some progress In some cases it is impossible to produce an acid urine since the quantity of ammonia produced is so great that it neutralizes the acid Further, the ammonia formed on cleavage of hexamethylene tetramine will also be instrumental in lowering the degree of acidity when this remedy is Perhaps the decomposition of leucocytes and epithelial cells may render the urine The bacterial growth counteracts the acid treatment Certain strains of bacteria are more resistant to acids than others. In the majority of cases in the authors' series large quantities of fluid were given. This may have been a mistake It would seem reasonable to combine the acid-disinfectant treatment with a restricted fluid intake -Acta Medica Scandinavica, September, 1928, lxix, 3-4

Sporadic Trichinosis in Mankind — G Adamy of Hamburg, associated with the medical clinic of the Hamburg-Eppendorf Hospital, announces that when the practitioner is confronted with the combination of fever and eosinophilia he must at once think of trichi-This is an old rule although there are usually plenty of other symptoms to go by, as initial diarrhea, tendency to edemas, especially of the eyelids, violent muscular pains, diazo-This picture is especially in reaction, etc evidence since the institution of compulsory meat inspection, and in the absence of the former epidemic incidence only sporadic cases are now likely to be encountered Meat inspection from its very nature cannot absolutely prevent the disease, for it is restricted to certain localities of the body It is true that some other diseases may at times present the combination of fever with eosinophilia but mistakes can hardly occur in the case of scarlet fever and some other maladies It is otherwise with polymyositis which, from its simulation of trichinosis, is called by some "pseudotrichinosis", but this is an excessively rare condition and in the few cases on record there have been no gastroenteric disturbances author has recently seen two cases of sporadic trichinosis, the first of which through the edematous manifestations closely simulated an acute nephritis, but the blood picture led to the correct diagnosis The other case simulated a sepsis thought due to thrombophlebitis, for the fever curve suggested the former while the swelling of the face suggested an erysipelas with associated phlebitis Negative bacteriological finds and the blood picture of trichinosis cleared up the situation—Munchener medizimsche Wochenschrift, September 14, 1928

The Virus of Yellow Fever—This subject was discussed in much detail by A Pettit and

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25 per cent by splenectomy The author sees no necessity to wait for hypertrophy of the spleen before operating, for he would test the theory by removing the normal spleen as a disburdening of 25 per cent may be sufficient to prevent or remove ascites If no radical operation is undertaken the subject of puncture must come up and the question is when to puncture If one waits until the last moment the organism may be forced to make better anastomoses than if one punctures early At the same time early and systematically repeated punctures have been used, although without benefit. In these cases there is some danger of fatal hemorrhage from rupture of an esophageal varive. If the liver is the subject of stasis of cardiac origin, heart tonics may give good results. In all cases a saltpoor diet and diuretics are good adjuvants --Klimsche Wochenschrift, October 14, 1928

The Effect of Strain on the Heart -After describing the mechanism of heart failure, Paul D White discusses the intrinsic and extrinsic factors concerned in producing heart The intrinsic factors are the various types of valvular disease, congenital defects, pericarditis, my ocardial disease, and diseases of the great vessels In recent times the myocardium has been regarded as of paramount importance and fully able to compensate for the valvular defects. It is now appreciated that no matter how good the heart muscle may be, it may fail under the burden of long continued valvular disease The extrinsic factors, with the exception of hypertension and hyperthyroidism, are of far less importance than the intrinsic factors Under proper conditions the most strenuous exertion is well borne by the healthy heart There is still some doubt as to the heart becoming enlarged as the result of exercise The so-called athletic heart and cardiac disease attributed to military service usually belong to the effort syndrome While exercise must be prescribed with care for persons with heart disease, if the heart is competent a little exercise is probably beneficial Accidents do not produce special heart strain unless they affect the heart directly by injury When heart disease is found after accidents it has almost invariably been present before, but not recognized should be possible for the accident hoard to grade compensation according to the responsibility of the accident, as is the law in Kentucky, and not as in most States, to consider it wholly or not at all responsible normal heart pregnancy, obesity, and overeating are not strains Infectious diseases do not impose any particular burden on the heart, unless they actually cause heart disease, as do serious rheumatic disease and diphtheria

The routine administration of digitalis in an infectious disease, therefore, appears unwar-Even in pneumonia it may be wisest ranted to withhold cardiac stimulation unless it is obviously needed. Diseases of other organs may cause heart strain, usually, but of slight degree Anemia and nutritional diseases impose quite a severe burden. Altitudes of less than 10,000 feet place a relatively slight tax on the healthy heart. Anesthesia and surgical operations exert a variable strain, but less apparently on the heart than on the nervous control of the circulation. The custom of forcing the intake of fluids imposes an undue cardiac burden and may lead to congestive There is little evidence that alcohol, tobacco and coffee produce any deleterious effects on the healthy heart except transiently as irritants, save when alcohol taken in excess everts a toxic effect. Nervous (mental and emotional) strain, in the present era, is doubtless more of a factor than ever before—New England Journal of Medicine, October 25, 1928, cycix, 17

Spontaneous Gangrene in the Limbs of Other Than Aged Subjects —Dr Max Grasmann refers to the obscurity which still exists in some of the aspects of this affection Traumatic, arteriosclerotic, and diabetic forms are simple enough, but in many cases there is a lack of type and even the mechanism of embolism and thrombosis may be absent author comments at some length on the condition known as thromboangitis obliterans which has been described at length in Leo Buerger's monograph This has now become well known throughout the world and occurs frequently in all countries, although under a variety of names The author relates a personal case which occurred in a man of 34, an age relatively young for this affection was a history of syphilis (Wassermann now negative), of abuse of nicotine and of abdominay typhus, but on the first outbreak of the present condition he was seemingly in good health Extremely severe pains in the lower limbs were accompanied by pale and cold skin and other evidence of interrupted circulation The pains were so violent as to cause collapse Gangrene then appeared about the toes on the left side and an amputation was performed above the condyles. The patient also had severe abdominal crises and latterly the symptoms appeared in the left upper extremity, and gangrene set in in the right lower extremity followed by another amputation with death trom post-operative pneumonia. As autopsy was refused the only documents were those furnished by the amputated limbs. The arteries were found in perfect condition without any trace of either thrombosis or embolism

calculus formation Other urmary disinfectants may bring some progress In some cases it is impossible to produce an acid urine since the quantity of ammonia produced is so great that it neutralizes the acid Further, the ammonia formed on cleavage of hexamethylene tetramine will also be instrumental in lowering the degree of acidity when this remedy is given Perhaps the decomposition of leucocytes and epithelial cells may render the urine less acid The bacterial growth counteracts the acid treatment Certain strains of bacteria are more resistant to acids than others. In the majority of cases in the authors' series large quantities of fluid were given. This may have It would seem reasonable to been a mistake combine the acid-disinfectant treatment with a restricted fluid intake -Acta Medica Scandinavica, September, 1928, lxix, 3-4

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By LLOYD PAUL STRYKER, ESQ Counsel, Medical Society of the State of New York

THE APPLIED ART OF PSYCHOLOGY AND THE LAWS OF THE STATE OF NEW YORK*

THIS is a large topic to compress within the fifteen minutes which have been assigned me. It will be possible to treat it only in the barest outline. At the outset I would emphasize that in what I here say I am speaking solely for myself alone, and not for any clients whom I serve

You will, I am sure, acquit me of any affectation of a learning which I do not possess when I remind you that the word "psychology" is de-rived from two Greek words, "xoxy" meaning the mind or soul, and " xoyos " a theory Psychology has been defined as "The science of mind or of mental states and processes, mental science, the science which treats the analysis, laws of connection, and conditions of mental phenomena"1 The consideration of this subject would seem to contraindicate the need for any excursion into ancient history, as everyone knows that psychology is said to have originated with Pythagoras, and that Aristotle worked out a fairly complete psychological system, an important principle of which was the association of ideas

The wide-spread present day interest in psychology is no doubt due to Sigmund Freud, whose Studien über Histerie appeared in 1895 This work expounded a new treatment, the socalled catharsis which consisted of putting the patient in a hypnotic state, and the examination by the physician while under this condition of the forgotten original circumstances under which the symptoms first appeared Somewhat later Freud blazed out a new trail of his own, and abandoning hypnosis developed a technique in the socalled psycho-analytic method under which the pathogenic material of which the patient was unconscious was revealed by means of free association and by the interpretation of dreams Freud heavily stressed the relation of sex to psychology His works aroused interest not only among physicians and psychologists, but attracted the enthusiastic attention of the lay public throughout the world

"Everyone," says Professor H L Hollingworth in his Applied Psychology, "is familiar with the great increase in the popularity of psychology within recent years. The number of books on psychological topics, the number of so called psychological plays, of reference to psy-

chology in the newspapers and magazines, of efficiency bureaus and similar enterprises in the business world, all indicate remarkable changes in the status of psychology "2"

No aspiring novelist or dramatist of today would think of producing a novel or a play unless it were plentifully sprinkled with much of the familiar patter of popular psychology. Behaviorism, reaction patterns, psychological patterns, complexes, disassociation, catharsis, dualism, neuro dynamic inhibitions, auto suggestion, nerve elements, aneurism, neurasthenia, hysteria, psychopathology, the unconscious mind, repression, sex instincts and their motivations, ego instincts, auto-erotism, and Heaven knows what else, are now a part of the vernacular of every newspaper and magazine reader and theatergoer

To this loud babel of sound, there are added the voices of many who rush in where angels, and perhaps scientists, might fear to tread "Psychoanalysis," says Dr John T MacCurdy in his Problems in Dynamic Psychology, "has become highly popular as a result of its therapeutic achievements on the one hand, and also, probably, because its insistence on one dominating and specific unconscious tendency, namely the sexual, has made a wide and often morbid appeal" 3

"The question as to what this system really is," he continues, "has become each year more pressing while a number of factors have contributed to obscure the problem Four of them are important The first is that psychoanalysis has never been formally taught but has been learned in the main by independent observations of men originally inspired by the scattered and unconnected writings of Freud and his immediate followers * * * Theoretically, psychoanalysis aims at an investigation of the patient's entire life, a task which is practically impossible of comple-Consequently the analyst must make a selection, and this is apt to be made on a basis of personal bias, the analyst selecting those mental trends for special investigation which are likely to strengthen his particular hypothesis * * * Unquestionably patients do find relief, particularly at the beginning of an analysis, simply from the conviction that the treatment is potent to charm away their symptoms. This should rightly be termed suggestive influence and psychoanalysts have no hesitancy in so naming it But permanent cure, they claim, does not con-

^{*} Pead before the Society of Medical Iurisprudence, New York Academy of Medicine October 8, 1928

They were, however, under-developed with small caliber and thin walls. Nothing but functional causal elements such as angiospasm could be postulated—Munchener medizinische Wochenschrift, September 28, 1928

The Chemistry of Senile Tissues—Prof M Burger and Dr G Schlomka have given intensive study to this subject and have arrived at long and somewhat diffuse conclusions Two basic concepts must be isolated The first deals with the individual organs or organsystems, the bloodvessels being first thought of in this connection The second refers the changes to some dominating factor in the nervous system or gonads According to the first concept the organs all grow old together, although naturally changes in the bloodvessels must be followed by various secondary changes in the individual organs The second concept in the case of certain incretory glands gives some hope of checking old age by grafting Two terms are used to distinguish these two concepts. If all the organs age together the condition is one of synchronia, and if one organ or system can age precociously the corresponding term is heterochronia. The authors have sought to determine the physiological decadence of individual organs by various tests, including chemical analysis. Thus in the aorta there is a progressive accumulation of cholesterin from zero at birth to 1123 mgms in the period 60-80 years. Other structures were examined, each having its special criterion While there is normally a close harmony in the ageing of organs, heterochronia may exceptionally be in evidence. The mere fact that the tissues tend to dry out uniformly shows that from the angle of physiology alone, synchronia is the norm Heterochronia is pathological—Klinische Wochenschrift, October 7, 1928

Palm Color Test.-W W Duke, writing in the Archives of Internal Medicine, October, 1928, xlii, 4, describes a simple and practical clinical method for the diagnosis of anemia and plethora Laboratory methods have certain shortcomings, are open to error in interpretation, and often are not available to the general The color of the palm of the hand is influenced by few conditions except anemia and plethora By comparing the patient's hand with that of a normal person, one can demonstrate slight deviations from the optimum in the quanto wof hemoglobin in the general circulation. In making the comparison the patient and the normal person should either stand or sit comfortably The hand of each should be semi-flexed at about the level of the apex of the heart or a little above for a few moments, until constant permanent color has been established. It is essential that the

distance between the hand and the base of the heart be identical in both the patient and the normal person (the physician himself, if his palm is normal in color), and that in neither should the skin of the palm be stretched Certain red and white spots, should they appear, can be eliminated if both the hand of the patient and that of the control are held at a slightly higher level If the patient is slightly anemic his hand will be paler than that of the normal person, if he is plethoric the abnormal redness will be so marked that it could not possibly be overlooked tions which may interfere with the test are marked cyanosis or jaundice, Renaud's and other diseases of the arteries or veins, skin diseases and chilblains The test is not accurate in patients whose hands have been scalded or kept in hot water a great deal, in a few patients with goiter and in rather obese persons over middle age, whose hands often show more color than usual, and also in cases The test is not applicof syncope or shock able in pernicious anemia, as this condition gives rise to an unusually rosy color in the superficial tissues, even when the capillary red count is reduced by one or two million or more Keeping in mind these exceptions, the physician will find the palm test a simple, accurate, and direct method of examination which can be used fearlessly in diagnosis. After blood transfusion and during and after venous section the test is a most reliable guide in deciding whether or not an adequate amount of blood has been introduced or withdrawn

Furuncle and Carbuncle —H Heinlein is impressed with the fact that these lesions cannot be treated by single formulae and that treatment must be individualized Sometimes he has aborted beginning furuncles with a drop of carbolic acid Good results have been seen in the individual case from the Bier-Klapp method, phototherapy, radiotherapy, autohemotherapy, autovaccine, Besredka's antivirus, etc In the case of dangerous furuncles on the lips, cheeks, etc, expectant treatment is indicated only at the outset and for a brief period After that we must excise-never incise, and the author believes that the radical elliptic incision is a sure life-saving precaution which should give 100 per cent recovery treatment of carbuncle the same kind of in-Riedel practised dividualization is necessary radical excision as far back as 1883 and recom The author mended it to the world in 1891 has made use of it for many years in cases not too far advanced and in localities which permit it, with uniform success The scars from the granulation process are large but relatively smooth and not very disfiguring -Münchener medizinische Wochenschrift, October 5, 1928

pretend to apply a science of which they are ignorant, or of which they have but a vague smattering, may work injury to their patients

The public policy of this and other enlightened States and Nations, has long recognized the need of protecting the public against the claims of incompetent pretenders Thus, for decades it has been unlawful for anyone to practice law or medicine until the State has approved of his qualifications by a proper system of examination and licensure This principle has been carried into innumerable other avenues, thus, no one can be a dentist or a pharmacist, or an optometrist, or a chiropodist, without passing an examination and having his qualifications certified by the State Even a chauffeur must now be licensed. Indeed under our present Statutes the owner of his own car is forbidden to drive until he has demonstrated his capacity to do so without injuring others, and has received his driver's license This is sound, sensible, wise and in further ance of the public welfare

From reliable official sources I am informed that there are in this City, a number of socalled "Psychologists', who practice "Applied Psychology", and who in this connection solicit, and for pay accept, patients whom they advise in regard to their mental and emotional equilibrium, and their mental derangements, and who have and maintain offices in the City for that purpose Some of these I am told, are careful to limit their work so as to exclude any advice with regard to "physical conditions" others, I understand, are not so careful in that respect None of those to whom I now refer are licensed to practice medicine in this State Some of them appear to have graduated from first class institutions of learning, while the academic background of others is more sketchy Some of these men appear to possess a good knowledge of the science of psychol-Some have published books, some, no doubt, are sincere in their belief that they are of real service to mankind, others it is probable, are actuated by the ordinary motives of the quack Do these so called psychologists, who are not licensed to practice medicine, but who engage in the practice of so called applied psichology, violate the Laws of this State?

The law which they violate, if any, is that which forbids a person to practice medicine without a license, and makes such practicing a crime. To the layman who associates the practice of medicine with surgery, or the giving of pills, it would probably seem far fetched to consider the practice of applied psychology as the practice of medicine. But I am concerned here with legal definitions. What the practice of medicine is in this State has been carefully defined for us by Statute as follows. "A person practices medicine * * * who holds

himself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition, and who shall either offer or undertake by any means or method, to diagnose, treat operate or prescribe for any human disease, pain, injury, deformity or physical condition "10"

An analysis of the definition reveals two main elements (a) the holding out as being able to diagnose, etc and (b) the actual offering or undertaking to do so Both elements must be present. The practice of medicine has been judicially defined as not consisting merely in the administration of drugs or the use of surgical instruments Thus in the Allcutt case the defendant who was not licensed to practice medicine, advertised that he was practicing Mechano Neural Therapy He took patients, made diagnoses, prescribed diet and conduct. and received pay for his consultations and It was held that he was guilty of practicing medicine without a license, despite the fact that he neither gave nor applied drugs or medicines, nor used surgical instru-The Appellate Division said "To confine the definition of the words 'practice medicine' to the mere administration of drugs or the use of surgical instruments, would be to eliminate the very cornerstone of successful medical practice, namely, the diagnosis would rule out of the profession those great physicians whose work is confined to consultation, the diagnosticians, who leave to others the details of practice "11 The defendant's conviction was affirmed 12

That branch of fraud and quackery embraced in the so called practice of chiropractics, with one voice has been condemned by the Courts. A chiropractor who is not licensed to practice medicine but who plies his unlawful calling is a criminal 18

Let us here, however, note that the law prohibiting the unlicensed practice of medicine contains one important exception, it does not prohibit "the practice of the religious tenets of any church" Thus, in the case of People Cole, the defendant was not a licensed physician but a practitioner of the Christian Science Church He assumed by silent prayer and for a money consideration, to practice the healing art upon a patient who was troubled with an infection in his eyes, and pain in the back He made no diagnosis and prescribed no remedy He was convicted but the Court of Ap peals set aside his conviction by reason of the e ception just referred to But the Court said "The religious tenets of a church must however, be practiced in good faith to come within the exception When such practice is a fraud or pretense it is not excepted from the general prohibition When wrong is practiced in the name of religion it is not protected by consti1428 LEGAL

sist in loss of symptoms alone but in such a reorganization of the patient's mental life, as to make the unconscious forces, which motivated the symptoms, actually productive of happiness and efficiency. In other words, cure rests not on an abolition of symptoms such as suggestion may affect, but on a redirection of unconscious strivings which suggestion does not attempt to produce and which, in fact, occurs spontaneously. This is the ideal. In practice it is probable that with host of incompetents who advertise 'psychoanalysis' as their mode of treatment there are many patients who receive under this title nothing but suggestion—and clumsy suggestion at that "5"

"Psychoanalysis," says A A Brill, "has attracted many charlatans and quacks who find in it a medium for the exploitation of the ignorant classes by promising to cure all their ailments by psychoanalysis This, as everyone knows, is nothing new in medicine, there is no disease which is not cured by quacks. One could therefore easily remain silent and think that any person who is foolish enough to entrust his mind to quacks deserves no consideration, but as I feel somewhat responsible for psychoanalysis in this country, I merely wish to say that, whereas psychoanalysis is as wonderful a discovery in mental science as, let us say, the X-ray in surgery, it can be utilized only by persons who have been trained in anatomy and pathology As a therapeutic agent psychoanalysis at best has a very limited field, it can only be used in the treatment of special cases It cannot cure cancer, it cannot make an adjustable citizen out of a defective 'radical,' it cannot return an arrant young husband to a neurotic elderly lady, it has no more to do with the separation of mismated couples than the miscroscope with the dissolutions of In fine it cannot make a normal person out of an idiot, and does not give a philosophy of life to a person who has not brains enough to formulate one himself But it has already rewritten all the mental sciences, and in the hands of trained psychiatrists it can cure the most chronic psychoneurotic affections "6

It may be well here to recall and to emphasize that Sigmund Freud was a doctor. He was a student of medicine and of the mind. But even his doctrines have been subjected to critical analysis. No better criticism has come to our attention than that of Dr. John MacCurdy. "In 1913 and 1914," he writes, "Dr. Hoch and I spent some hundreds of hours together in reading critically what Freud had written. To our surprise it was found that his fundamental principles were not internally consistent."

I am attempting no personal appraisal of Freudian doctrines Such an effort would be outside the field of this paper, and far beyond my own capacity I go no further than to assert that all of these subjects belong to medical

science They deal with the study of the mind The mind is a part of the human body human body in all its parts and functions is the domain and the proper province of the physician Certainly is this true with respect to any diagnosis, treatment or prescription. Nor is this any the less true because many important contributions have been made to the subject by nonmedical men The relation of psychotherapy to medicine has been stressed by Dr Eric McNam-He speaks of psychotherapy as a "modern branch of medicine" "The frequent apparent absence," he declares, "of adequate physical factors in the causation of many functional nervous and mental diseases, the dualism which distinguishes between the spheres of action of mind and body, and the apparent potency of the psychic activities of one person directed upon the mental state of another, combine to justify the practice of psychotherapeutics Nevertheless, even with a proper respect for most recent developments, it is still difficult to be sure as to which is the most successful method, or whether a combination of physico- and psycho-therapeutics may not be better than either alone. It is strange to note how exceedingly exclusive the methods of therapy are apt to be Those who perform miracles or heal by processes such as those of Christian Science claim no technical skill in medical diagnosis or any regard for it, but variation in treatment according to variation in diagnosis or at least according to the various aetiological factors discovered might be expected from the scientifically trained Nevertheless, too frequently, the persuasionist, the hypnotist, or the analyst apply their methods, much in the way that their precursors of long ago applied their nostra, with entire lack of discrimination"8

Psychoanalysis, psychiatry, psychotherapy, and applied psychology, are all related, in that, in one way or another, they treat of mental abnormality. The subject of my paper is "The Applied Art of Psychology and the Laws of the State of New York" "Applied Psychology" has been defined by Professor Hollingworth as "The application of the findings of psychology, the affairs of daily life"

The word "applied" means, "put on, directed or employed" When used in connection with a science it means, "that the laws of the science in connection with which it is used are employed and exemplified in dealing with concrete phenomena, and in this use the word applied is distinguished from abstract or theoretical, as for example, applied chemistry, applied mathematics, etc "0"

The applied art of psychology means, the employment of the science of the mind, or of mental states and processes, in dealing with concrete human minds. Those who employ or apply a science, should be learned in that science. Those who are not learned in, but who nevertheless

mind which science does not yet understand But those who ought to understand both the body and the mind better than all others, are the men who through a long course of study, and proven qualifications, are authorized by the State to practice medicine

"The power of the State," said the United States Supreme Court, "to provide for the general welfare of its people, authorizes it to prescribe all such regulations as in its judgment will secure or tend to secure them against the consequences of ignorance and incapacity, as well as of deception and fraud means to this end it has been the practice of different States, from time immemorial, to exact in many pursuits a certain degree of skill and learning upon which the community may confidently rely, their possession being generally ascertained upon an examination of parties by competent persons, or inferred from a certificate to them in the form of a diploma or license from an institution established for instruction on the subjects, scientific and otherwise, with which such pursuits have to deal The nature and extent of the qualifications required must depend primarily upon the judgment of the State as to their necessity If they are appropriate to the calling or profession, and attainable by reasonable study or application, no objection to their validity can be raised because of their stringency or difficulty * * * Few professions require more careful preparation by one who seeks to enter it than that of medicine It has to deal with all those subtle and mysterious influences upon which health and life depend, and requires not only a knowledge of the properties of vegetable and mineral substances, but of the human body in all its complicated parts, and their relation to each other, as well as their influence upon the mind The physician must be able to detect readily the presence of disease and prescribe appropriate remedies for its removal Everyone may have occasion to consult him, but comparatively few can judge of the qualifications of learning and skill which he possesses Reliance must be placed upon the assurance given by his license, issued by an authority competent to judge in that respect, that he possesses the requisite qualifications

Due consideration therefore, for the protection of society may well induce the State to exclude from practice those who have not such a license, or who are found upon examination not to be fully qualified * ** No one has a right to practice medicine without having the necessary qualifications of learning and skill, and the Statute only requires that whoever assumes by offering to the community his services as a physician that he possesses such learning and skill, shall present evidence of it by a certificate or license from a body designated by the State as competent to judge of his qualifications "18

I believe that there has been no adjudication of the Courts as to whether or not a person practicing applied psychology is practicing medicine within the statutory definition. Until such decision has been made no one can predict what it will be No doubt the Courts will decide the question upon the basis of the particular facts presented in each particular case which may arise. If in such a case it is found that the applied psychologist is in fact diagnosing, treating or prescribing for a physical condition, and is not licensed to practice medicine, he will be convicted of a crime

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- 6 Fundamental Conceptions of Psychoanalysis, by
- Dr A A Brill, p IV
 7 Problems in Dynamic Psychology, by Dr John T MacCurdy, p XI
- 8 The Encyclopaedia Brittanica, Vol. 32, p. 208
- 9 Century Dictionary, p 274
 10 Public Health Law, Sec. 161, subd. 7
 11 People v Allcutt, 117 App Div 546, p 549
 12 People v Allcutt, 117 App Div 546, p 553
 13 People v Ellis, 162 App Div 288.
 People v Mulford, 140 App Div 716
 14 Education Law Sec. 1262

- 14 Education Law, Sec. 1262
 Public Health Law, Sec. 173
 15 People v Cole, 219 N Y 98, pp 111, 112
 16 Definition of diagnosis, Goold's Medical Dictionary
- 17 Century Dictionary, p 4701
 18 Dent v West Virginia, 129 U S 114, quoted in People v Mulford, 140 N Y 716, pp 717, 718, 719



tution or statute", and further that it was a question for the jury "Whether the defendant was in good faith practicing the tenets of such a church within the meaning of statutory exception" 15

This exception is not directly germane to our discussion, as the "Applied psychologists" so far as I am aware, do not claim to practice "The tenets of a church" One of these practitioners however, points to his studies in several theological schools as an evidence of his qualifications A person who practices applied psychology by definition, is dealing necessarily with the conditions of mental phenomena it is his purpose to readjust the mental and emotional equilibrium of the mentally sick, he must necessarily make a study of their condition and determine what it is To do this requires diagnosis Diagnosis is "The recognition of a disease from its symptoms "16 Having made his diagnosis the applied psychologist might be said to undertake to "freat" his patient Certainly he prescribes for him if he tells him what to do The Century Dictionary defines "prescribe" as meaning to "advise* * a remedy for disease", and quotes these three lines from Shakespeare's Richard II

"Wrath-kindled gentlemen, be ruled by me, Let's purge this choler without letting blood,

This, we prescribe, though no physician "17

The question might still be asked as to whether or not the emotional or mental condition of a patient falls within the statutory definition of a "human disease, pain, injury, deformity, or physical condition" Inasmuch as the mind is a part of the body, it would seem that any disturbance in the proper functioning of the mind is a disturbance of a "physical condition" The precise nature of the diagnosis, treatment or prescription is unimportant, because the statute prohibits an unlicensed man from doing these things "by any means or method"

An able and loyal member of the medical profession of this State has written me that "there is no doubt that a number of these psychologists are practicing medicine, and particularly psychiatry illegally, and that their activities constitute a violation of the medical practice act", but he continues, "I personally am inclined to believe that many non-medical individuals have a legal right to carry on work which some medical men might regard as the practice of medicine" I should pause here, to observe that what I am endeavoring to consider is not what "some medical men might regard as the practice of medicine" but how the Courts might regard it

The letter previously quoted from continues, "I think two points should be considered First, speaking by and large, the average physician

is woefully ignorant in the fundamentals of psychology and psychiatry Second, the greatest recent advances in psychiatry have come from the psychology which has been developed largely by non-medical men" As to the knowledge or ignorance of the average physician in the fundamentals of psychology and psychiatry, I consider myself unable to entertain or to express a competent opinion. But the fact that recent advances in psychiatry have come from psychology developed by non-medical men, would not to my mind constitute a valid reason for permitting those who are not licensed physicians to practice applied psychology, if such practice may be deemed to fall within the definition of the practice of medicine

In this same letter my informant says "What I wish to indicate is that I doubt, for example, whether the 'human diseases, pain, injury, deformity, or physical condition' of the medical practice act can properly include the multitudinous educational and social maladaptations with which most practicing physicians so madequately deal" This is the statement of a wise and sane member of the medical profession As to this I again express my inability to form or express a competent opinion But if practicing physicians do inadequately deal with these maladaptations, it would seem to me that the remedy lies in better education of physicians in the field of psychology rather than permit unsponsored men to do the work

From my limited reading of the various writers upon the subject of psychology, I would gather that in the past few years, especially, there has been a vast growth of learning on this subject, and that there is as yet no unanimity as to proper deductions to be derived from this new knowledge. theories are constantly advanced and either The behaviorists' criticized or disproven school, for example, has its protagonists and its critics. Some psychologists apparently view psychoanalysis with more approval than Accepted scientific deductions no others doubt will come In the meanwhile, is it wise to permit self-styled psychologists to hold themselves out as capable of treating mental disturbances of whatever kind they may be? If psychology is to be regarded as a separate and special field, distinct from medicine, then it seems to me that the legislature should take recognition of this fact and provide for the examination and licensure of "psychologists" But I would consider such a plan unnecessary and unwise To my mind it would be wiser to leave to the medical profession the diagnosis, treatment and prescription for all disorders of If they do this inadequately now, that is a matter which can be corrected in the future in the curricula of the medical schools

There is much both of the body and the

DUTIES OF COUNTY PUBLIC RELATIONS COMMITTEES

The following five duties and functions of the Public Relations Committee of a county medical society were adopted by the Committee on Public Relations of the Medical Society of the State of New York on June 17, 1927, approved on the same day at a joint meeting of the committee with a similar committee of the State Charities Aid Association, and printed in this Journal of July 15, 1927, page 797 These five functions were again approved by the Committee on Public Relations at its meeting on July 7, 1928, and were printed in this Journal of August 15, 1928, page 1009

The Five Functions

- 1 Make a complete survey of health agencies in the county, noting the names, membership, program and manner of carrying on their work.
- 2 Collect data concerning all types of medical activities, both curative and preventive, and whether promoted by official or unofficial agencies
- 3 Confer with director or proper committee of every agency or organization interested in conducting or promoting curative and pre-
- ventive medical activities in the county, with regard to its program, for the purpose of offering assistance in the development of the medical phase of such program
- 4 Confer frequently with the public health committee of the County Society regarding the methods employed in public health work throughout the county
- 5 Be prepared to take leadership in developing medical programs of county agencies

THE RELATION OF PHYSICIANS TO VOLUNTARY HEALTH AGENCIES

The following eight principles were formulated at the joint conferences held between February 16 and March 9, 1928, by representatives of the Medical Society of the State of New York, the Cattaraugus County Medical Society, and the State Charities Aid Associa-

tion and the Milbank Fund, adopted by the House of Delegates of the Medical Society of the State of New York on May 21, 1928, and printed in this Journal on May 1, 1928, page 495 They were again printed in this Journal of July 1, page 803

The Eight Principles

- 1 The essential part of public health work being preventive medicine, there should be no failure on the part of official and unofficial health and welfare organizations to recognize the importance of the local practicing physician
- 2 All those associated in the conduct of public health activities must recognize fully that preventive medicine is the doctor's rightful field and that laymen must at all times look to the medical man for guidance and leadership therein
- 3 Public health work within a county involves three participating factors, lay organizations, official governmental agencies, and the members of the county medical profession
- 4 The evolution of a county health program should be the evolution of medical forces within the county. It is not only the duty but the prerogative of the local physicians to assume leadership in the organization.
- 5 The function of lay organizations and employees of the county health organizations, acting under the leadership of the practicing physicians of the county, includes assistance in

- educational work, in helping those who are unable to carry out the doctor's advice, and in providing means whereby the public health program may be carried out
- 6 Lay organizations are needed in the county Their cooperation is to be welcomed by the physicians. They are needed for the great educational work they can do, for their influence on public opinion, legislation and laws, and in many other ways. But preventive medicine must be controlled and guided by the medical men of the county
- 7 As the function of the county health officer is not to exercise the function of the physicians of the county but to explain the facilities and stimulate the use of these facilities by the citizens, therefore, before any innovations are put into effect by a demonstration or other agency, they should first be thoroughly studied and discussed by the medical society and the professional membership of the county board of health
- 8 All local publicity should be of fact and simply to inform the people of the county of public health work which is being done, why it is being done, and why it should be done



NEWS NOTES



PUBLIC RELATIONS COMMITTEE

A meeting of the Committee on Public Relations of the Medical Society of the State of New York was held in the Transportation Club, Hotel Biltmore, New York, on November 9, 1928, with all the members present,—Dr James E Sadlier, of Poughkeepsie, Chairman, Dr W H Ross, of Brentwood, Secretary, Dr A J Hambrook, Troy, Dr O H W Mitchell, Syracuse, and Dr W D Johnson, Batavia There were also present Dr Harry R Trick, Buffalo, President of the Medical Society of the State of New York, Dr E A Vander Veer, President elect, Dr J S Lawrence, Executive Officer, Dr Frank Overton, Executive Editor, and Dr Thomas P Farmer, Syracuse, Chairman of the Committee on Public Health and Medical Education

Dr Sadlier presented each member with a typewritten outline of the subjects to come before the meeting

Dr Ross presented a written outline of a plan for making a survey of each county with special reference to the lay health organizations in the county. This communication was printed as an editorial on page 1363 of the November 15 issue of this Journal. On motion the plan of the survey was adopted.



BASIC MAP FROM THE AMERICAN MAP COMPANY, NEW

Outline of districts of the members of the Committee on Public Relations

Dr Ross also presented a survey of Suffolk County as a concrete example of the descriptive, as distinguished from the statistical, method for making the surveys. This is printed as survey number one on page 1433 of this JOURNAL

The committee then allocated the counties among its members according to the accompanying map, and each committeeman was instructed to stimulate each county society in his district to appoint a Public Relations Committee whose first duty should be to make a survey of the organizations giving medical service in the county

Dr Farmer, Chairman of the State Committee on Public Health and Medical Education, said that his committee had emphasized the graduate education phase of its work, but that many counties already had Public Health Committees which were doing excellent work. It was decided that if a county had an active Public Health Committee it should be considered to be the Public Relations Committee, also Dr Farmer said that he fully approved this plan

The committee next discussed methods of informing the officers of the County Societies and the members of the Public Relations Committees of the objects and plans of the State Committee on Public Relations The decision of the committee was that the best statements of the objects of the Committee on Public Relations were those contained in the eight principles adopted by the House of Delegates on May 21, 1928, and printed on page 803 of the July first issue of this Journal, and in the five principles contained in the 1927 report of the Committee on Public Relations, printed on page 797 of the July 15, 1927, issue of this Journal. It was voted to publish these two sets of principles in (These principles are reprinted the Journal on page 1433 of this Journal)

The Committee also authorized the preparation of reprints to contain the plan of Dr Ross, the two sets of principles, and extracts from the minutes setting forth the plans of the committee. It was voted to order 1,000 reprints for the use of the members of the committee in their Districts

There was considerable discussion regarding the activities of a county committee after it had made a survey. It was understood that the very fact of making the survey would involve a compliance with four of the five points outlined by the State Committee on Public Relations, and that, when a survey was completed, the county would have made an excellent start toward assuming the leadership that was assigned as the fifth duty of the county committee

W H Ross, Secretary.

CONFERENCE OF STATE SECRETARIES AND EDITORS

The American Medical Association held its annual conference of State secretaries and editors on November 17 and 18 in the headquarters of the Association, 535 North Dearborn Street, Chicago, Ill Those who attended it from New York were Dr D S Dougherty, Secretary of the Medical Society of the State of New York, Dr Orrin Sage Wightman, Editor-in-Chief, and Dr Frank Overton, Executive Editor

The Conference elected Dr T B Throckmorton of Iowa, Chairman The program which had been prepared by Dr Olin West, Secretary of the American Medical Association, was as follows

"Friday, November 16—10 00 A M

"Address, Edward B Heckel, Chairman, Board of Trustees of the American Medical

Association, Pittsburgh

"The Work of the Council on Medical Education and Hospitals with Hospitals and Laboratories N P Colwell, Secretary, Council on Medical Education and Hospitals, American Medical Association, Chicago

"Organizing for Efficiency H H Shoulders, Secretary, Tennessee State Medical As-

sociation, Nashville

"2 00 P M

"Address M L Harris, President-Elect, American Medical Association, Chicago

"A Number of Things Mr J G Crownhart, Secretary, State Medical Society of Wisconsin, Madison.

"More About the Educational Work of the Illinois State Medical Society Harold M Camp, Secretary, Illinois State Medical Society, Monmouth.

"Showing of the Harvey Film

"Saturday, November 17—9 00 A M

"The Objects of a State Meeting W G Ricker, Secretary, Vermont State Medical Society, St Johnsbury

"The State Medical Journal—Its Peculiar Field. Frank Overton, Executive Editor, New York State of Stat

YORK STATE JOURNAL OF MEDICINE, New York"
Since the number of topics was small, abundant time was given for discussion Nearly all the papers and discussions set forth the details of the experiences of secretaries and editors in inspiring the members of county societies to activity and making the annual meeting of the State society of practical value

Doctor Heckel extended the greetings of the Trustees of the American Medical Association Dr N P Colwell distributed reprints of the surveys contained in the Hospital number of the Journal of the American Medical Association of March 24, 1928, and explained the

means and methods of the investigation of the committee with special reference to those hospitals which could qualify for the training of internes in order to meet the laws of those states which require a year of hospital interneship before they can take the state licensure examinations

The paper of Doctor Shoulders dealt principally with methods used for arousing the interest of the small medical societies of Tennessee Three methods were especially described

(a) Combining several small societies into one major one

(b) Assisting the State Department of Health to arouse societies to take part in public health problems, especially those of an

emergency nature

(c) Putting on good programs for the District Branch meetings. In some instances this has resulted in the societies combining several for scientific meetings, but retaining their autonomy for demonstration purposes.

This paper was discussed by thirteen speakers, some of whom had used the methods of Doctor Shoulders with success, and others gave accounts of additional methods which

they had tried

Doctor Watkins, of Arizona, described a society of twelve members meeting every two weeks without a program, but instead, of a set program the members discuss the cases which they were treating in their private practice.

Dr R. B Adams, of Nebraska, described two devices used by the Nebraska State Medical Society

(a) Giving instructions to the students in the State Normal schools so that they would be able to carry messages of confidence in the physicians to the scholars in district schools

(b) An extensive exhibit at the State Fair with demonstrations and health examinations

Dr W G Ricker, Vermont, spoke of the Hospital Staff meetings as competitors of the county societies, and suggested a merger of the two Other speakers said that the remedy lay in one or two directions,—either confining staff discussions to strictly hospital topics such as the causes of deaths of hospital patients, or having the county society meet in the hospital with the staff providing a clinical program

Dr Wheaton, of Montana, suggested the use of the State Journal to carry instruction and inspiration to the rural members. This would require the writing of the reports of interesting meetings in an attractive manner.

Dr H O Reik, of New Jersey, spoke of the effect of the visits of state officers to the county societies, and said that the officers of the New Jersey Medical Society had visited

PUBLIC RELATIONS COUNTY SURVEY, No 1,-Suffolk

Suffolk was one of the counties surveyed in 1925, and its record is contained in the New York State Journal of Medicine of April 24, 1925, page 702 The record holds good for November, 1928, except that the population and the number of doctors are both increasing

The County Medical Society continues its leadership in all lines of medical endeavor and service which was begun in 1912 with a two-year campaign which resulted in the establishment of a County Tuberculosis Sanatorium and a highly successful system of field service for the discovery and treatment of tuberculosis patients. All the anti-tuberculosis service centers in Dr. E. P. Kolb, the Superintendent of the Sanatorium, who is also Secretary of the Suffolk County Medical Society, and one of the Executive Committee of the County Tuberculosis and Public Health Association

The County Medical Society continues to publish a monthly eight-page News Letter, and has expanded its scope to include the Dental and Veterinary societies, the County Tuberculosis and Public Health Association, the Board of Child Welfare, and all other organizations having to do with public health. The Tuberculosis Association sends about a thousand copies to persons outside of the professional ranks

The County Medical Society has continued some of the clinics which were described in the former survey, but group meetings, centering around the hospitals, have largely taken the place of the clinics. The largest and most successful group is that centering in the Southside Hospital at Bay Shore. This group contains about 40 doctors, and meets twice monthly—once as the Staff of the Hospital, and again at an evening supper followed by an educational lecture. The groups are practically district branches of the County Medical Society, and are considered to be such by the members.

With the groups meeting regularly and often, and the News Letter going to the members every month, the County Society finds two meetings annually to be sufficient. However, those meetings are highly interesting and successful. Each meeting combines three features.

- 1 A social noon-day lunch
- 2 A record and report of the public health and civic projects of the Society
 - 3 A scientific lecture

The last meeting—an average one—was attended by 35 members, seven public health nurses, and ten wives of the members. The nurses and the wives of the members are always invited.

The outstanding accomplishment of the Suf-

folk County Medical Society during the past two years has been the securing of a County Health Department after a two-year campaign whose progress has been described in the News Letters of the past two years

The Society has a Committee on Cancer, whose objects is to provide lectures on the disease before civic clubs. The last meeting of the Society appointed twenty-three physicians, each of whom should represent the Committee in his village, and should arrange for cancer lectures before its civic clubs.

Anti-diphtheria work has been sponsored by the County Medical Society, although its execution has been left to the individual doctors and health officers. The number of immunizations given have compared favorably with that of other counties.

The principal lay health organization in the County is the County Tuberculosis and Public Health Association, a branch of the State Charities Aid Association The leadership of the medical profession in the Association, and the independence of the Association from outside dominance, was settled about seven years ago after a vigorous controversy in which the physicians won every point Physicians constitute half of the Board of Directors, and occupy the offices of president and secretary, two of their number form the Executive Committee of the Association—all with the unanimous consent and approbation of the lay directors

The principal work of the Association is to provide two field nurses for visiting tuberculosis cases. An executive secretary runs a central office, and does much clerical work and correspondence regarding the News Letter and other public health work of the County Medical Society.

About 25 public health nurses are employed in the County Some are school nurses, and some work under the Red Cross, or the Metropolitan Life Insurance Company, but all are loyal to the medical profession. On the other hand, the physicians are loyal to the nurses, and invite them to their county society meetings. The nurses and social workers have an association which meets monthly, and usually has a physician on its program.

Parent-Teachers associations exist in most of the larger villages, and are on friendly relations with the doctors

The medical profession has the support of boards of trade, dinner clubs, social organizations, and the people generally. Its County Medical Society knows the various communities, and adapts its program of activities to their needs

W H Ross

cellent account of the work of the National Committee on the Cost of Medical Care

Journal, Sept 1, page 1056)

Dr Frank Overton, Executive Editor of the New York State Journal of Medicine, was the last speaker on the program of the conference, and had only a limited time in which to present the subject "The Peculiar Field of the State Journals of Medicine" He distributed mimeographed copies of an outline of the talk which he had expected to give and he also distributed reprints of an article which appeared in the New YORK STATE JOURNAL OF MEDICINE OF October 1, on the subject of indexing and abstracting news items regarding the practice of medicine by medical societies He then gave a brief talk showing that the peculiar field of the State Journals of Medicine was to record those activities which belong to the medical profession, or physicians as a group, in distinction from the individual Such records included the promotion of anti-diphtheria campaigns, popular medical lectures, the promotion of county health departments, and the relation of physicians to public health nurses He closed with a brief discussion of improving the State Journals along five lines relating to news items

1 More items

2 More complete explanations of each activity

3 More emphatic forms of printing

4 Indexing the items

5 Abstracting similar items from other jour-

Doctor Wightman, Editor-in-Chief of the New YORK STATE JOURNAL OF MEDICINE, discussed its departments and showed how they met the need of the Society He said that the news department was intended to cover those fields which would have a permanent value in future years as showing the development and evolution of the practice of medicine by the medical societies

Doctor Dempster described the action of the Wayne County Medical Society of Detroit, in raising its dues in order to employ a full time secretary who should devote himself principally to the discharge of the civic activities of the members of the society He said that the growth of the civic consciousness was especially marked among physicians, and that the record of the activities of the medical society, as distinguished from the individual doctor, was contained almost exclusively in the State Journals of Medicine

Dr Olin West spoke at some length on the necessity that the State Journals should record the activities of the societies of the counties and states, for the record constitutes history in the making He said that it was not to the credit of the American Medical men that the story of the activity of a society was not recorded as it developed from day to day He was especially anxious to see a more extensive record of these activities made in the State Tournals, and that it be indexed in order to be readily available

The Harvey film, which was shown on the afternoon of November 16, consisted of motion picture demonstrations of the experiments by which Harvey demonstrated the circulation of the Each experiment was introduced with a description of the demonstration in Harvey's own The film requires nearly half an hour to show, but it has a vivid action which will hold

the attention of a thoughtful audience

TRI-STATE CONFERENCE

The tenth Tri-State Conference of the officers of the Medical Societies of New York, New Jersey and Pennsylvania, was held on November 10, 1928, in the Hotel Chelsea, Atlantic City present from New York were Dr. Harry R. Trick, President of the Medical Society of the State of New York, Dr. James N. Vander Veer, President President Dr. James N. Vander Veer, President President Dr. James N. Vander Veer, President Dr. James N. Vander Veer, President Dr. James Dr. James N. Vander Veer, President Dr. James dent-elect, Dr James T Sadher, Past President and Chairman of the Committee on Public Relations, Dr J S Lawrence, Executive Officer, and Dr Frank Overton, Executive Editor

The principal topic for discussion was "The opportunities of a County Medical Society" Dr Lawrence discussed the opportunities under four headings

Scientific

(a) Clinics on scientific programs of county medical societies, with the cooperation of medical schools if available

(b) Research For example, a county society studying maternal mortality for a year, with every doctor reporting his cases in detail after the manner of a hospital staff meeting Other subjects suggested were the common cold and heart disease.

(c) Reports of studies by hospital staffs

(d) Surgical topics of interest to the general

practitioner

Social advantages, the county society overcoming individualism in the practice of medicine

Public Relations

- (a) Acquire an intimate knowledge of all organizations engaged in health work in the county Dignified silence on public health problems by physicians results in the medical profession being ignored by the people. The people expect physicians to advise the public in all health matters. such as water supplies
 - (b) Cooperation with departments of health
- Internal Relations
 - (a) The "One-Man" society(b) The "Two-meetings" society

(c) Distraction of hospital staff meetings

every county medical society in the state dur-

ing the last year

Dr D S Dougherty, of New York, spoke of the value of the liaison officer for doing field work among county medical societies

Doctor Myerding, of Minnesota, spoke of the value of the woman's auxiliary in stimulating

interest in the county societies

Doctor Long, of Nebraska, said that some societies started the year by appointing a separate program committee for each meeting that was to be held during the year

Mr J G Crownhart, the Secretary of the State Medical Society of Wisconsin, spoke on a number of things, including the following

(a) A description of the meeting of the State Secretaries in the American Medical Association building on November 15

(b) Mimeographed bulletin sent to county

societies monthly

Assisting county medical societies to arrange clinical programs

(d) Transacting business at the end rather

than at the beginning of the meeting

Consolidating smaller societies into units as a last resort and not as a first aid

Dr F C Warnshuis, of Michigan, said that the State Society had arranged a program for smaller societies on the basis of mortality The subject that was chosen for a particular society was the diseases which produce an abnormally high death rate in that county

Dr H M Camp, Secretary of the Illinois State Medical Society, described the educational work of that society One-fifth of the income of the State Society was spent on this work under the direction of a central commit-Two thirds of the money was spent on the graduate education of the doctors, and one third on the education of the public in medical matters

The service of the committee to the doctors consisted in help in society programs, sending out lecturers on scientific subjects, turning over to the county society the management of the State's program of clinics for crippled children, and other activities which were to be of assistance to the doctors in their practice of medicine

The popular education of the public consisted in

Conducting a speakers' bureau for the purpose of giving medical talks to groups of people, such as clubs, factory workers, and high-school students

Radio talks on Tuesday noons

Press news items and health columns (c) Doctor Dempster said that the State of Michigan had a similar committee, but it was under the joint management of a number of the health organizations, including the State Medical Society, the dental society, medical

schools, departments of health, and lay organ-The Committee supplies lecturers, prepares press notes, gives radio talks, and composes outlines with local speakers in popular talks on such subjects as the heart

Dr F B Stephenson of Colorado described the activities of the State Society in public health dur-

ing the State Health Week

Dr Bulson of Indiana, said that Indiana maintains a speakers' bureau in order to supply popular lectures on medical subjects It also sends out a weekly letter on health to the newspapers

Dr J B Morrison, of New Jersey, described the system of popular health instructions in New Jersey, emphasizing principally the work of a full time woman lecturer and the radio talks which are broadcasted weekly

Dr W G Ricker gave a paper on the objects of the state meeting, emphasizing the difference between adhesion and cohesion. He said that his object was to produce a cohesion of the medical profession by means of the friendship and enthusiasm of the societies. He discussed especially three points

(a) The need of giving information of new developments in medical matters or a summary

of the year's progress

(b) Promoting the contact of the medical leaders with the members of the County Societies

(c) The minor position which should be accorded to accessories on the program such as dinners, ladies' entertainments, and exhibits

Doctor Morrison of New Jersey spoke of the excellent results of symposiums in the annual New Jersey also requires papers to be submitted to the scientific committee before they are read

Doctor McBrayer, of North Carolina, said that one-third of the state's membership of 2,200 attends the state meeting. The program committee consists of the eight chairmen of sections, eight counsellors, and about eight other officers, all of whom meet in a joint session and arrange the program a long while before the meeting one-third of those invited to take part in the program are chosen from outside the state

Doctor Adams of Nebraska objected to placing organized sport on the program for it distracts the attention of the members from the scientific program

Doctor Olin West, Secretary of the American Medical Association made a plea for more serious scientific work on the part of the State Medical Society, and said that an extra day of a program meant one more day of golf Doctor West advocated clinics on the programs so as to give the doctors something which they can use when they In his opinion the promotion of the practice of medicine was the principal object of a state society meeting Correlated topics, such as economics and the cost of medical care were secondary However, Doctor West gave an exVeer referred to the unwillingness and possible incapacity of 'the average doctor to take notes and report the proceedings of societies, and therefore a stenographer at every society meeting might be desirable.

Dr Donaldson spoke on the system of having a reporter for every county society as in Pennsylvania and New Jersey, but the difficulty was to find the doctor who liked to do the work. They all dislike to write compositions now just as they did in School

Dr Sadlier said that the realization of the need of reporting the activities of societies was of slow growth in the mind of the officers of state societies. He said that he had made notes on every society meeting that he had attended, but that if they were published, they would require editing in order to avoid giving offense.

Dr Reik said that in the past year every one of the twenty-one counties of New Jersey had been represented by reports in the State Journal

Dr Morrison suggested the great value of a full index and the desirability that it be printed

quarterly

The third topic to be discussed was that of Malpractice Insurance Dr Morrison spoke regarding the danger of doing business with an insurance company which cannot legally operate in the state, and said that Massachusetts and New York were in agreement with New Jersey in this matter (This subject was discussed in the Legal Department of this Journal of August 15, 1928, page 1005, by Mr Striker, Counsel for the State Society, and again on pages 1295 of the October 15 Journal in the report of the special committee on malpractice insurance)

FRANKLIN COUNTY

The regular annual meeting of the Medical Society of the County of Franklin, was held at the Hotel Flanagan, Malone, N Y, on October 24, 1928 Dinner was served at 1 P M, and a business session opened at 2 P M Members present Dr Percival F Dolphin, vice-president, in the chair Dr George F Zimmerman, secretary-treasurer, Drs Hayes, Brumfiel, Stamatiades, White, Blackett, Kingston, Sprague, Thurber, Rust, de Grandpre, Wilding, Finney, Tobin, Perkins, McCarthy Visitor Dr Stanley W Sayer of Gouverneur

Two applications for membership were presented and approved Dr Daniel M Brumfiel, Saranac Lake, and Dr Alfred H Duerschner, Ray Brook.

It was suggested by Dr Blackett that the delegate to the State Society meeting bring before that body the proposition that doctors as well as undertakers be made preferred creditors in the settlement of estates

Moved by Dr Finney, and seconded by Dr McCarthy, that the State delegate bring the matter up before the State Legislative Com-

mittee at the next meeting of the State Society Carried

Moved by Dr Hayes, and duly seconded, that an annual report be asked of the American Association of Medical Milk Commissions of their activities in Franklin County Carried

The following officers were elected for the ensuing year President, Dr Percival F Dolphin Malone, vice-president, Dr Edward S Welles, Saranac Lake, secretary-treasurer, Dr George F Zimmerman, Malone, censor for three years, Dr Raymond G Perkins, Malone, delegate to State Society, Dr Charles C Trembley, Saranac Lake

At the scientific session the following papers

were read and discussed

1 "A Case of Hodgkins' Disease," Dr John M Hayes, Saranac Lake

2 "Pneumonia," Dr F W McCarthy,

North Bangor

3 "Toxemia of Pregnancy," Dr G C de-Grandpre, Tupper Lake

Each of the above papers elicited considerable discussion of practical value

G F ZIMMERMAN, Secretary



(d) Choosing the President and the Secretary The subject was discussed at length by nearly everyone present

Dr James N Vander Veer developed the fol-

lowing topics

- (a) The graduate education work of the New York State Society in overcoming individualism in the practice of medicine
- (b) The plan that the State Society should draw up a uniform program for the meetings of each society

(c) Survey of the hospitals by a county society

(d) The University of Vermont's plan to send each senior medical student out to practice medicine with a doctor in private practice.

(e) Value of visitations of officers of the State

Society to the county societies

(f) Relation to the hospital staff meeting

Dr I G Simonton, President of the Medical Society of the State of Pennsylvania discussed the two topics

(a) The importance of the choice of a meeting

place

(b) Program hogs

Dr James E Sadlier, Chairman of the Committee on Public Relations of the New York State Society discussed the following topics

(a) Contrasts of two pairs of societies, a small with a large one, and one with no leader with one

well led for years

(b) Importance of frequent contacts of the State Officers with the County societies, and the deplorable results of failure of the State Society to advise a county society in solving a problem too big for it

(c) A hospital staff meeting to be considered a district branch of the county medical society

Dr E C Morgan, Past-President of the Pennsylvania State Society, spoke of the plans which were not entirely satisfactory on account of medical politics

(a) Evening meetings beginning with a supper

(b) Meeting in the hospitals in rotation Dr Harry R Trick, President of the New York State Society, spoke on the following topics

(a) Lectures to the senior class of the University of Buffalo on the County Society, its service to physicians, and the reasons why the young graduates should join it, for it will be his medical school, and his fraternity throughout his life

(b) County Societies to be organized for discharging the civic problems of the medical pro-

fession

Dr W T Sharpless, a Trustee of the Pennsylvania State Society, defended the hospital staff meeting and said that where there was a good hospital, the county society also does good work An interesting speaker plus a good dinner gets the crowd

Dr W F Donaldson, Secretary of the Pennsylvania State Society, spoke of the value of sociability among the members in promoting interest in the County Society A member comes in order to meet men of his own set or clique

Dr J B Morrison, Secretary of the Medical Society of New Jersey, described the excellent results following the visits of the State officers to the county societies in New Jersey

Dr H O Reik, spoke of the value of the Women's Auxiliary in promoting attendance at

the State meeting

The second topic for discussion was "The peculiar field of the State Journals of Medicine" Dr Frank Overton, Executive Editor of the New YORK STATE JOURNAL OF MEDICINE, opened the subject by distributing reprints of an article entitled, "Indexing and abstracting news items of Medical Societies," which had appeared in the New York State Journal of Medicine on October first This article showed that news of the activities of the medical societies of the counties and states was found only in the State If anybody wished to find a record of the practice of medicine by a medical society, such as an anti-diphtheria campaign, he would have to look in a State Journal The deep interest that has recently developed in the practice of public health by state and county medical societies makes a full record of that Since the State Journals practice desirable are the organs of the medical societies, they are the natural repositories of news of the activities of the societies along all lines There is therefore a great need that the State Journals should carry full accounts of the activities of the societies

Dr Overton spoke of two phases of the prob-

lem of publishing the account

1 Securing the reports The officers of the societies must realize the value of the records to others who are ambitious to undertake similar work

2 The editors of the Journals must index the items in order that they may be made available in

future months and years

Dr Overton called attention to the department "Our Neighbors" in the New York State Jour-NAL OF MEDICINE, which contains abstracts from other State Journals describing activities which may be of interest to physicians in New York State. He also showed a special index of the Journal for twenty months showing the activities of county and state societies that had been re-This index was by topics and referred to reports of presidents and secretaries and chairmen of committees, as well as separate news topics. The surprising thing about the index was If a similar index were made of the news topics in the New Jersey and Pennsylvania Journals, the list would be far longer than would be supposed by one who had not taken special interest in the items

Dr Lawrence spoke of the desirability of giving a humanitarian touch to the Journal in order to balance the scientific department Dr Vander

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THE DAILY PRESS



MEN AND MACHINES

The daily papers have been filled lately with news of the investigations into the cause of the sinking of the steamship *Vestrus* with the loss of one hundred lives The *New York Herald Tribune* of November 23 ascribes the loss of life to a mental rather than physical failure, and says

"The fact seems mescapable that unless the master of the Vestris had failed in judgment—through what mental stroke no one is ever likely to know—and the officers beneath him had failed in seamanship, no lives need have been lost Granted able seamanship and neither skimping on repairs nor faulty inspection would have cost a life.

"The question plainly lies deeper in the whole conduct of the merchant marine since steam and the great liners transformed the character of seafaring Joseph Conrad wrote feelingly of the change. The master has declined in prestige and power. The vast scale of the business and its machinelike precision have tended to reduce the respect paid to the human factor. Courage did not fail on the Vestris. To the credit of officers, crew and passengers, it can be said that no petty motives prevailed. The main failure that appeared was a failure of training, of command

"No one will wish to speak harshly of fellow-beings who, confronted by a grave test for which they were ill-prepared, failed to rise to the occasion. The occasion calls not for hasty condemnation, but for sober study and reflection. This country is returning to the sea after several generations of absence. The chief lesson of the Vestris, so far as the record thus far discloses, is the supreme importance not of machines, but of men. For its navy as for its merchant manne, America must develop seamen who are fit descendants of its old and high traditions. We

hope that no demand for laws or rules or retribution will blind eyes to this major lesson of the Vestris"

Physicians who practice on the south shore of Long Island can appreciate the editorial A generation ago vessels often ran aground on the bar Physicians were called to attend the injured seamen aboard them, and were rowed to the ships by the crews of the U S Coast Guard stations The crews at that time were composed of fishermen who had lived their lives on the beach and often could not read or write, and were almost afraid of strangers, but they were at home in the surf, for every day they rowed a dory alone through the breakers to tend their fish nets and It was a sight to inspire confidence to see one of these men standing erect like a king on the stern of a tossing life boat, and roaring out his commands to his six oarsmen, who on land were as unlearned and diffident as himself physician had no fear of sea and waves when such a crew of experienced surfmen rowed him to the wreck But today a doctor would hesitate a long while before he would trust himself to a lifeboat, for the crews of the coast guard are required to be educated men, and able to receive and send messages with signal flags, and just because they are educated in book learning, they have had no opportunities to learn to handle a boat in the surf, and so they are likely to be incompetent in a lifeboat

The officers of a sailing vessel fifty years ago were chosen because their ability to command had been tested and proved in a hundred storms and emergencies where machinery was useless, and trained experience, hard and long, was the only source of salvation for both the vessel and

the crew

SNUFF

Do you ever see anyone taking snuff? Somebody takes a lot of it, according to the following extract from an editorial in the New York Herald Tribune of November 11

Four years ago a Chicago antiquary wrote that while 'it has often been stated that snuff taking is practically extinct,' London jewelers report 'a ready sale for daintily jeweled snuffboves' And now our own United States Department of Agriculture comes out with the

startling pronouncement that this country, which a half century ago produced only 2,000 tons of snuff a year, now makes more than 20,000 tons, and that little of it is exported!

"Twenty thousand tons is a lot of snuff Who uses it? The department says that its use is particularly common among workers in industries where smoking is prohibited and among immigrants from countries where snuff taking is still a national habit"



MEDICAL WARES



MEDICAL PUBLICATIONS

The essential of a successful medical book is its truthfulness. A doctor buying a new book on medicine or surgery expects to find in it the latest scientific information on the subject of which it treats. Publishers emphasize their conformity to the latest advance in medical writing and often encourage buyers to place newness and novelty above other qualifications, but a good medical book does not lose its usefulness in a few years, for it still contains as many fundamental facts in science as it ever did. Dr. Abraham Jacobi once said that if a doctor knew medicine as it was set forth in the literature of five years ago, he would not need to study any more

Medical publications may be divided into two great classes (1) periodicals, (2) books Each has its peculiar field and a physician can-

not afford to neglect either one

The peculiar field of the medical journal is that of a journal or diary kept by a doctor, while the medical book is a summary of the doctor's experience and judgment in a particular line over a considerable period of time. When medical literature has accumulated in the medical journals for a year or two, someone with a genius for investigation will collect and classify the records and add those from his own experience and will produce a book which sets forth the state of the science in that particular subject at the time in which it was written

An article or a book represents much more than the opinion and experience of the author Most articles in a journal have been presented before a medical society, and have been subjected to the criticism of the author's colleagues. The fact that they have received the approval of a group of his fellow workers is what makes an author's article valuable to the reader.

When an article is offered to a medical journal, the editor at once looks for the name of the Society before which it was read, and if it has not been given before a Society, the editor will consider the standing and reputation of the author. If the writer is unknown the editor will probably correspond with the County Medical Society to find his standing among his fellow doctors. Only in this way can an editor be reasonably sure that the observations contained in the article are worthy of distribution through the profession.

A medical journal is the crucible in which crude ideas are mingled with those already tested and their dross separated from their

golden nuggets of truth

The medical society initiates the assimilation and purification process, while the Journal preserves the worthy material and sends it forth to be further tested by unknown and even hostile observers. If it survives this second test, it is considered worthy of being added to the great reservoir of accepted medical science which is contained in books.

The medical book embodies the results of analyses and summaries of articles which have appeared in medical journals. A typical medical book will give the source of information on which the opinions are founded—and in nearly every instance they are references to articles in medical journals. Many of the records in the journals to which reference was made will have been generally accepted while others will still be unsettled. The first-class medical book will distinguish between fact and judgment and yet it will give a true picture of the state of knowledge of the subject at the time the book was written, even though some of that knowledge is as yet uncertain

When the nature of diabetes was unknown, the art of medical practice required the elimination of sugar from the diet, but when insulin was discovered the whole science and art of treating diabetes was changed and what was before only a surmise became a certainty. The older books on diabetes were not wrong, they simply lacked the facts of modern scientific knowledge, but it is very seldom that a newly discovered fact or principle will upset the practice of medicine as quickly as insulin has done in regard to diabetes

The value of a medical book will depend on the publishing house as well as the author. The imprint of a first-class house is a guarantee of the value of the book. Few physicians realize the pains and expense which a reputable publisher will take to be sure that a book is true as to its facts. Then, too, there will arise the question of the probable sale of a book. Commercialism is worthily involved in the preparation of a medical book. If the work is needed, it will be bought, while if there is no call for the book, it would be a kindness to tell the author that his time spent on its preparation should be more usefully employed.

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BOOKS RECEIVED



Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review as dictated by their merits or in the interests of our readers.

- DISEASES OF THE EAR, NOSE AND THROAT Medical and Surgical By WENDELL CHRISTOPHER PHILLIPS, M D Seventh revised Edition. Octavo of 922 pages, illustrated Philadelphia, F A. Davis Company 1928 Cloth, \$900
- Surgical Diagnosis in Tabular Outline for Students AND Physicians. By Dr. A. J. Cemach. Authorized translation by Edward L. Bortz, M.D. Large octavo of 109 tabular forms and 129 plates. Philadelphia, F. A. Davis Company, 1928. Cloth, \$12.00
- PREVENTIVE MEDICINE. By Mark F Boyd, M D Third Edition. Octavo of 475 pages, illustrated Philadelphia and London, W B Saunders Company, 1928 Cloth, \$4.50
- AN INTRODUCTION TO EXPERIMENTAL PHARMACOLOGY By Torald Sollmann, M. D., and Paul J. Hanzlik, W.D. Octavo of 321 pages. Philadelphia and London, W. B. Saunders Company, 1928. Cloth, \$4.25.
- Surgical Clinics of North America Vol 8, No 4 August, 1928 (Philadelphia Number) Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$1200 net
- Hughes' Practice of Medicine. Including a Section on Mental Diseases and One on Diseases of the Skin By R. J. E. Scott, M.A., B.C.L., M.D. Fourteenth Edition. 12mo of 839 pages, with 63 illustrations Philadelphia P. Blakiston's Son and Company, 1928 Flexible leather, \$400
- THE DETERMINATION OF HYDROGEN IONS AN Elementary Treatise on Electrode, Indicator and Supplementary Methods with an Indexed Bibliography on Applications By W Mansfield Clark, MA., Ph D Third Edition Octavo of 717 pages Baltimore, The Williams & Wilkins Company, 1928 Cloth, \$650
- BRONCHIAL ASTHMA Its Diagnosis and Treatment. BY HARRY L. ALEXANDER, A. B., M. D. 12mo of 171 pages illustrated. Philadelphia, Lea and Febiger, 1928 Cloth, \$2.25
- THE TREATMENT OF DIABETES MELLITUS By ELLIOTT P JOSLIN, M D Fourth Edition. Octavo of 998 pages, illustrated. Philadelphia, Lea and Febiger, 1928 Cloth, \$900
- DISEASES OF THE GALL BLADDER AND BILE DUCTS A
 Book for Practitioners and Students By EVARTS AMBROSE GRAHAM, AB, MD., and others Octavo of
 477 pages, illustrated Philadelphia Lea and Febiger,
 1928 Cloth \$8.00
- A TEXT-BOOK OF FRACTURES AND DISLOCATIONS COVERING Their Pathology, Diagnosis and Treatment By Let loog Speed S B M D Second Edition Octavo of 952 pages, illustrated Philadelphia, Lea and Febrger, 1928 Cloth, \$1100
- Modern Medicine. Its Theory and Practice in Original Contributions by American and Foreign Authors Edited by Sir William Osler, Bart, M.D. Third Edition thoroughly revised Re-edited by Thomas McCrae M.D. Assisted by Elmer H. Funk M.D. Volume 6. Diseases of the Nervous System—Dis-

- eases and Abnormalities of the Mind Octavo of 964 pages, illustrated Philadelphia, Lea and Febiger, 1928 Cloth, \$900
- CONSTITUTIONAL IN ADEQUACIES AN Introduction to the Study of Abnormal Constitutions By NICOLA PENDE, M D Translated by SANTE NACCARATI, M D Octavo of 270 pages Philadelphia, Lea and Febiger, 1928 Cloth, \$3.50
- Health and Pleasure Resorts of Central Europe.
 Describing the Natural Mineral Water Sources and
 Their Therapeutical Indications By Morris Schott,
 M D 12mo of 172 pages New York, The Author,
 1928
- Answers to Questions Prescribed by Nurses' State Board By Robert B Ludy, M.D. Edited by Edgar S Everhart M.D., and J. Clarence Fune, M.A., Sc.D. Octavo of 498 pages Philadelphia, David McKav Company, 1928 Cloth \$3.00
- ESSENTIALS OF PRESCRIPTION WRITING By CARY EGGLESTON, M D Fourth Edition 16mo of 153 pages Philadelphia and London, W B Saunders Company, 1928 Cloth, \$1.50
- A TEAT-BOOK OF SURGERY FOR STUDENTS AND PHYSICIANS By W WAYNE BARCOCK, A.M., M.D. Octavo of 1367 pages, with 1041 illustrations Philadelphia and London, W B Saunders Company, 1928 Cloth, \$1000
- RECENT ADVANCES IN PHYSIOLOGY By C. LOVATT EVANS, D.Sc., M.R.C.S. Third Edition 12mo of 403 pages, with 86 illustrations Philadelphia, P. Blakiston's Son & Company, 1928 Cloth, \$3.50
- Medical Clinics of North America Vol 12, No 2 September, 1928. (Nebraska University Number) Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$1200 net.
- Syphilis Acquired and Heredosyphilis By Charles C. Dennie, BSMD 12mo of 304 pages, illustrated New York and London, Harper & Brothers, 1928 Cloth, \$250 (Harper's Medical Monographs)
- A SHORT HISTORY OF MEDICINE. Introducing Medical Principles to Students and Non-Medical Readers. By Charles Singer, M.A., M.D. Octavo of 368 pages illustrated. New York, Oxford University Press, 1928 Cloth, \$300
- DISEASES OF INFANTS AND CHILDREN BY HENRY DWIGHT CHAPIN A W, MD, and LAWRENCE THOMAS ROYSTER, MD Sixth rev Edition Octavo of 675 pages, illustrated New York, William Wood & Company, 1928 Cloth \$750
- THE PROBLEM CHILD AT HOME A Study in Parent-Child Relationships By MARY BUELL SAYLES Octavo of 342 pages New York, The Commonwealth Fund, 1928 Cloth, \$150
- LABORATORY MANUAL OF THE MASSACHUSETTS GENERAL HOSPITAL. BY ROY R. WHEELER, M.D., and F. T. HUNTER, M.D. Second Edition. 12mo of 101 pages Philadelphia, Lea and Tebiger, 1928. Flexible leather, \$1.75

BASIS OF SUCCESS

All doctors frequently discuss the causes of the success or failure of their professional colleagues, and a few have dared to write books on how to succeed in a medical career, but the subject is elusive, and advice on how to succeed is as ineffectual as that on how to play a piano Edward Hope discusses this problem of business success in general in the New York Herald Tribune of November 23, in the daily column called "The Lantern," using as his text the announcement that the professors of economics of Harvard University are investigating the subject Hope says

"The investigators have sent questionnaires to 15,000 men who are heads or high officers of successful businesses. They are asking each man to tell them the social, educational and financial backing with which he entered business, they are asking him to trace the course of his movements in business, so that they may find the factors common to most business successes, and reason therefrom. When all the answers are in and have been classified and added up and divided and cross-multiplied, they may find themselves in possession of priceless information.

"Or they may not

"The questionnaire fillers-in may admit family superiority, but we doubt that any of them will go further than the statement that they were kind of educated and had a little money, just a few dollars. This, too, may cast doubt on the accuracy of the final analysis of returns."

After commenting on the probable reactions of the business men to the insidious flattery implied in the questionnaire, Mr Hope discusses a practical, as contrasted with a cultural education, and says

"The institutions of learning are bending their energies more and more toward Practical Training, toward teaching what their students can Use in After Life And that means use to make money

"If Harvard manages to discover the conjuring formula to commercial success, it is safe to assume that the information will be passed along to the students. It would be sinful to keep the secret

"Business, however, is generally conceded to have money-making as its end, only the most poisonous hypocrites deny it. And money, at the last analysis, buys only one really valuable commodity leisure. What we are always wondering is what pleasure a man can derive from protracted leisure if his education has given him nothing but business technique"

Mr Hope concludes by directing the attention of the Harvard men to a source of information

that they probably overlooked

"The economics professors are going to trouble and expense to find out something they could learn from the advertising pages of a few magazines

"Readers of periodicals know the elements of success in business and social life. They are

"A pleasing breath "Good English "Normal nose pores

"Ability to quote the classics in an emergency

"Garters

"Conversational French

"Thick hair

"A working knowledge of etiquette

"Modish clothing
"Controlled perspiration
"Mastery of elocution

"Teeth (and gums to go with them)

"Rubber heels
"A youthful figure

"Cigarettes (to prevent coughing, fatness,

embarrassment, and so on)

"With due respect, we submit this list to the gentlemen at Harvard If they wish to make a cash award for our services, we shall be glad to accept We have more plans for our future leisure than we shall ever have time to carry out."

SUICIDE AMONG PHYSICIANS

The New York Sun of November 8 contains an editorial from which these extracts are taken

"Are suicides more frequent among physicians than among men of other professions? The question is brought up again by statements made recently before the Royal Institute of Public Health in London by a Member of Parliament Dr E Graham Little, who asserted that 'the doctor's consulting room, far from being a gold mine, is often the shortest route to the cemetery'

"The figures given for 1921 by American

Medicine were Physicians, 86, lawyers, 57, clergymen, 21, bankers, 37. But that was in an exceptional period of stress and strain due to after-war conditions. Moreover, the returns must be scrutinized with great care and comparisons must be made with full knowledge of the number of persons in each calling if deductions are to be even interesting, not to say valuable. Perhaps the strain on practicing physicians is greater than the strain on followers of other professions, but this is yet to be established."

what cannot? It would be very hard to find any room for criticism of doctors, if the united forces of the various societies took it upon themselves to enforce the rules and regulations. It is a fact that is often observed in life, that the devils have the upper hand in so many places that idealism is often destroyed in its incipiency. The weakness of the profession is shown in its not enforcing the essentials of the code. But after all every man in the profession should be so middled that he needs no code of ethics by which to regulate his actions for he is an educated part of the body politic.

A little combativeness on the part of doctors, it seems to the reviewer, is needed today to destroy a type of propaganda that is issuing from many places, even from a medical school. The propaganda of the health pickling stations is everywhere, and it is mostly lies, and interferes in honest dealing with many patients.

The book is recommended because it will enlighten doctors of a stream of subtle propaganda, and because if they have any sense of irritation, they will be irritated before reading many pages

J A. BUCHANAN

MEDICAL CLINICS OF NORTH AMERICA. Vol 11, No 4, January, 1928 Vol. 11, No 5, March, 1928 Vol 11, No 6, May, 1928 Published every other month by the W B Saunders Company, Philadelphia and London. Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$12.00 net.

Vol II, No 4, January, 1928 (Brooklyn Number)

The January, 1928, number marks the advent of Brooklyn clinicians as contributors to The Medical Clinics of North America. Among the many excellent contributions one finds interesting discussions of ascites, polycythemia, intracranial hemorrhage of the newborn treatment of pneumonia, gastric symptoms in syphilis, Niemann-Pick type of lipoid cell splenohepatomegaly, syphilis, tachycardias, bronchoscopy, closure of the abdominal aorta, carcinoma of the esophagus, toxic hepatitis and hepatolysis following the use of atophan, the eye in internal medicine, dystrophic infants, asthenia in endocrine disorders, cardiac failure and Brill's disease.

M A. RABINOWITZ

Vol 11, No 5, March, 1928. (Tulane University Number)

The March 1928, (Tulane University) number is specially noteworthy for its clinics on malarial hemoglobinura, internal mycoses, malarial treatment of syphilis, cisternal puncture in the treatment of meningrococcal meningities, echinococcus cyst of liver, and epidemic encephalitis

M A. RABINOWITZ

Vol. 11, No 6, May, 1928. (Mayo Clinic Number)

A splendid addition to clinical medicine is the Mayo number for May, 1928. A terse style, clearness of expression, and valuable information characterizes each contributor. It is possible for the reviewer to mention only a few of the subjects of these splendid discussions—hemochromatosis, jaundice, esophagus and cardia lesions, gastric ulcer, treatment of ascites, jaundice and peripheral neuritis familial tendencies, amoebic dysentery, precocious puberty, preeclamptic toxemia, unusual urologic cases, hypertension, cyanosis, polycythemia, thromboanguitis obliterans, migratory superficial philebits, syncope, pelvic bone lesions, gout, erysipelas, undulant fever, and abdominal migraine.

M. A. RABINOWITZ

SURGICAL CLINICS OF NORTH AMERICA. Vol 8, No 1, February, 1928 Vol 8, No 2, April, 1928. Published every other month by the W B Saunders

Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, \$1600 net, paper, \$1200 net.

Vol 8, No 1, February, 1928 (Laher Clinic Number)

This number is of exceptional value. The Lahe, Clinic presents its vast stores of clinical material in concise form. The problem of gastro-jejunal ulcer is lucidly presented so is the value of jejunostomy in peritoritis. The salient points of operative technique in various operations (breast amputations, thyroidectomy, etc.) are discussed and very well illustrated. The articles are crowded with precise and valuable information.

Vol 8, No 2, April 1928 (New York Number)

In this New York number many acknowledged leaders in their respective fields have contributed their opinions. Erdman on the gallbladder, Lilienthal on surgery of apical tuberculosis. Moorhead on the arthrotomy of the kneejoint, Pugh on urmary obstruction, etc. Fifty pages are devoted to a detailed discussion of intracranial tumors. Most of the contributions are of great clinical value.

George Webb.

Pulmonary Tuberculosis Its Etiology and Treatment. A Record of Twenty-seven Years' Observation and Work in Open-Air Sanatoria By David C. Muthu, M.D. Second Edition, enlarged Octavo of 381 pages, illustrated New York, William Wood and Company, 1927 Cloth, \$5.00

In this work, the author, qualified by twenty-seven years' observation and work in open-air sanatoria, surveys the scientific the sanatorium and the social aspect of tuberculosis. From the scientific point, he deals mostly with the etiology of the disease laboring at great length to show the slight importance of the tubercle bacillus, that the disease is not due to infection by bacilli, that sputum of diseased ones needs little or no consideration as a factor in causation, but that the principal factors are poverty, malnutrition, poor hygienic environment and food deficient in quantity and in vitamins. These views are supported by innumerable quotations and by a close study of the social and economic conditions of England and India. "All diseases are the outcome of, or association in the first place with, deficiency of food or some food accessory factor"

In his preface, the author states that "the reader may not be able to follow us all the way"—and that is true also of the reviewer Some of us have not yet arrived at the place of accepting Abrams electronic theory which this author has been instigating since 1923 and with the uncanny diagnostic accuracy resulting therefrom with which he "has been struck." Not being sure that "the patient faces the West and is grounded" may explain the diagnostic lack of success of some readers

With the use of psycho-therapy in addition to other approved therapeutic measures, both reader and patient must give warm approval, but when the author states that "the fear of cancer can produce cancer," when referring to tuberculosis he quotes approvingly Le Bon that "Ideas, sentiments, emotions and beliefs, possess in crowds a contagious power as intense as that of microbes," when he states that he "has seen cases of cholera and bubonic plague occurring through sheer fright or nervous fear" and that "others (Nash) have noticed outbreaks of smallpox, measles, erysipelas, hydrophobia, etc., have been propagated from grave nervous apprehension," then in the words of Mr Artemus Ward "this is too much"

Even rather verbose, the book is written in pleasing polished diction, the publishers have creditably done their part, still the physician in this country at least will find little of value that is new

T A. McGoldrick.



BOOK REVIEWS



Percival's Medical Ethics Edited by Chauncey D Leake. 12mo of 291 pages, illustrated Baltimore, The Williams and Wilkins Company, 1927 Cloth, \$3 00

The author of this edition of Percival's Medical Ethics is not a doctor, nor is the subject matter written particularly for the medical profession. It is another one of those frequent occurrences in this present day,— an attempt to "enlighten the public." It is good for doctors to read these enlightenments of the public, because some of the enlightenments are not very desirable.

Mr Leake is a mouthpiece for much propaganda of the health pickling stations, the public spirited citizens,

and public health chatter

The Professor starts in by taking issue with the possibility that the doctor while making a living can sell what he has to sell to the public without trying to hood-wink the public at the same time. The reviewer wonders if knowledge about pharmacology can be sold to students without trying to hoodwink them, or can shoes, diasale of health knowledge is just as much a commodity as the ones mentioned, and the man who does not sell a good commodity eventually finds himself in difficulties A man can be honest to the last letter while following the business of a doctor, but he will have trouble

with patients at times

He quotes that now threadbare statement that the family doctor is passing out of existence. That is non-sense There never was a time when the man of knowledge concerning health and disease was so much sought after by the heads of responsible families. The old type of doctor, call him what you will, who came in with a wise crack, a sense of profundity, and left the patient dying of appendicitis, mastoiditis, typhoid fever, or something else, is passing out, and it is a mighty good thing that such is the case. If the new men entering medicine do not take to their offices the facts of health and disease, and apply them through the use of their ingenuity, the people will hunt some one for their medical adviser, who will deal in applied medical science. Relations are closer between patients and doctors today than ever Can a man be trained in all of the methods by which medicine is taught today, including a liberal education in the arts, without being able to quickly get to the mind of a patient? If he can't, he is a failure to begin with, and needs to take a course in salesmanship and histrionicism. A little bit of these two arts will help in getting nearer the spot. The old doctor got within about a mile of the patient, and two miles from the diagnosis. But after all patients come to a doctor to be examined, treated if possible, or cured if possible, and not to love the doctor, or to be made love to The sort of thing the Professor is talking about left the whole United States sometime about 1914

Violent exception is taken to the statement that doctors do not want to see the world freed of disease. All of the important progress that has been made in modern medicine primarily had its inception in doctors, and most all of the really important measures of preventative medicine came from the minds of doctors, and not from the minds of pharmacologists, and public spirited citizens Doctors will keep the world free from disease as soon as it is made possible to cure or prevent all disease. Doctors do not keep people sick. We are

begging for cures

The life of Percival is discussed It is neither interesting nor important, but is used by the author to get in his heavy firing squads. The Professor fails to remember that a man who would be dishonest with a

patient under his care, would be dishonest as a broker, banker, storekeeper, or even as a pharmacologist. Just because one happens to be a doctor proves nothing about his morals, doctors are made of the same warp and woof as the rest of mankind, and sometimes one gets the impression that it is all a sorry mess course, it is to be admitted that the section of the code which prevents one doctor from telling of the mistakes of his brother might be differently interpreted. Where would the people get if they were told that the previous doctor had made a mistake, and they are told it often enough, but usually it is to get business, and not to alleviate their suffering They would get no place. The medical profession is an automatic exchange bureau, the good is given for the good, and the bad covered up by the good. It is the way of all life. So long as the ignorance of the people is as it is, there will be no difference, because the people are too stupid to know the difference between good philosophy concerning health, and the reverse. Medical students are too mexperienced to know when professors of pharmacology hand out information that is useless, and the "dear public" gets one put over on it because of these teachings. The professor can take a few of his criticisms home to himself, as his branch of the teaching staff is employed and paid by donations and taxations to find cures, and the mortality tables of the United States are here to prove that they have been very poor in their responses to the demands The practitioner is the retail merchant for the things, which the state or private donations pay to these discoverers of cures to develop

The author is also keen for the so-called public spirited men, who start clinics at a cut rate price, and pay doctors very small salaries to work in them The doctors are a part of the general public. No one gives the general public free shoes, free gasoline, free oil, free rent, or lends money without interest. The doctors are for fair play, and will stand as much physical punishment in the struggle for existence as any others. Doctors object to the forces, that reduce the general public to a state of poverty, attempting also to reduce them to the same state. Let the public spirited citizen pay his employees sufficient salary for them to live on and employ their own doctor, and the doctors will take care of their end of the problem. The public spirited citizen would then not get so much publicity. His hyprocrisy would be more obvious. One trouble with the doctors that he allows himself to be made a prostitute of from is that he allows himself to be made a prostitute of from the time he enters school until he goes to the grave. Let him learn that he is engaged in a great business of first importance to all people, and conduct himself in the same way that all other great business people con-duct themselves, and much of the criticism against him will disappear, and he will cease to be an object of charity from his less self-sacrificing business brothers

The professor probably has not visualized what would happen to himelf if the students that he and his ilk instruct were to be graduated to become \$3500 a week workers in the mills which he admires so much Men would stop studying medicine, and become public spirited men by going into the oil business, or something equally as smooth He would find himself reduced in salary, and if he is not unlike most of these noble people who teach us things, he is probably clamoring for more salary as often as there is a chance for him to be heard, so that he is really swallowing his own tail. The sons of Wisconsin are much tamer than the country would indicate, otherwise he would not write such a book.

The Code of Ethics of the American Medical Profession is included in the book. It might be improved on,

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OUR NEIGHBORS



HEALTH EDUCATION OF THE PEOPLE

The New England Journal of Medicine of October 18 contains an article on Health Education of the People by Dr W G Ricker, Secretary of the Vermont State Medical Society, given before the New England Medical Council The following extracts show the trend of the doctor's remarks

"The teaching must carry facts of definite Let us use the cancer question for illustration We have here an abundance of funds clamoring to be used and we have a plentitude of willing publicists, we have a subject that certainly is a timely one, but we lack one We are not able to tell any one how to control the disease We are not able to show that we have an accurate means of diagnosis of the precancerous state, we cannot show that we can always be sure an abnormal condition is cancer in time to be of any value The theories are valuable and doubtless are leading to a solution of the problem incident to this disease But these theories are too deep for popular interest Their intrinsic value goes unappreciated 'What can we do to be saved' is the popular cry, and the present answer does The public are asking for bread not satisfy and too often are getting a stone Why should the medical profession give the greatest publicity to the disease of which they are the most ignorant? And why make ourselves ridiculous by calling every wart and wen a potential cancer when popular experience teaches the contrary? I am not opposed to cancer publicly as such but even a good thing can be over-done

"Many of our highest type of physicians and one at least of our insurance companies are promoting the periodic or annual health ex-It is true that this system will amination discover many latent and otherwise unknown cases of cardio-renal breakdown, but what is to be offered to the patient after the discovery? The public are not foolish and are well aware that as long as an individual feels well he is not sick and it is hard work to convince the average man that he should spend from five to fifty dollars to be told either that he is all right or that he has something that is going to show up in a few years and kill him and that he must quit work and liquor and go South in the winter and play only 18 holes of golf every other day, etc, etc, and that if he does all these things the disease will get him just the same

"Topics of general interest should be taught by mass methods, but not every health topic

is a general one Many are individual problems and general advice is not applicable. Individuals must be taught to have faith in their medical adviser and the doctor must conduct himself so as to deserve this confidence. All instructions must be accurate and truthful It will do no good to call a spade a shovel, and it adds nothing to popular welfare to exaggerate minor evils. If the medical profession will assume the task of public health teaching and will develop an eagerness to impart this knowledge, ways and means will suggest themselves Simply seize each and every opportunity to supply this knowledge where ever it is found A conversation here, a public talk there, newsprint and magazine articles with an eye always open and looking for an opportunity will accomplish much with persistence'

The paper was extensively discussed, all the speakers agreeing that physicians are in duty-bound to be the leaders in popular medical education. Dr. Wheeler said

"There is no class of men anywhere who have such an opportunity to influence public opinion as the physicians We are called into a family in cases of illness. The head of that family or the two heads of that family have absolute confidence in us or we would not be called in a case involving life or death should at such times improve the opportunity to explain to the people some of the things medicine has accomplished This should be done in a diplomatic way with no attempt to belittle any of the cults, etc, but simply to give the people a better understanding of what medicine has achieved in the past and what it is striving for in the future. Doctors are very derelict in this duty and are extremely loath to appear in any public way in defense of their own profession

"We must educate the members of the profession themselves as to what their duties are and make them appreciate the necessity of taking advantage of every opportunity they may have of explaining to their patients and the public the truth regarding any question that may come up regarding their profession. In this way the attitude of the public on all medical matters will be a much more intelligent one and they will be better able to act in a manner conducive to their own good"

Dr Birnie said

"In Massachusetts we have had practically no constructive legislation with regard to med-

(Continued on page 1449-Adv xv)

(Continued from page 1446)

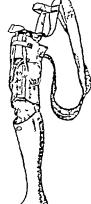
kal matters in the last ten years. Nearly everything that we have proposed has been defeated and nearly everything which we opposed has been passed We do not know how to accomplish our ends Possibly we must first instruct the public. When the public really becomes aroused and wants something it gets it As I understand it, the Registration Bill in Connecticut was put through by laymen and not by doctors, although it had the sanction of the medical profession When the public of Connecticut became thoroughly aroused they stepped forward and demanded relief which was given them We have had, in the past fen months, in Massachusetts, meetings for the public in regard to cancer and tuberculosis and possibly some of you may have attended meetings of this sort. The attendance by the public was extremely small and possibly disheartening to the speakers, but I do not know as you can blame the public. Who wants to give an entire evening to some subject in which he is not particularly interested. The public is interested in medical matters only if it is personally affected In addition, it is difficult to get a medical man to express himself in a form that is understandable and interesting to the layman I have been impressed by a number of articles published in the Saturday Evening Post written by 'So and So' as told to 'So and So' In other words the story or facts are contributed by an authority but put into popular and interesting form by an expert wnter I know from my own personal experience when sitting waiting for dinner, if I see a short article in the newspaper which looks interesting I read it In this way if the articles are authoritative, it is possible to absorb a considerable amount of knowledge at odd moments

"In order to get the public to read such articles on medical subjects, it is necessary to stress the interesting side rather than the scientific side, but the science can be there It is almost impossible for a doctor to talk in ordinary lay terms, and scientific material does not interest the public. There must be some appeal The medical facts may be furnished by medical authorities but the articles themselves should be handled by feature writers I do not know just how this can be brought about but it seems to me that the thought may be worth something"

Dr Rowley said "When the public, including the legislators, fully understands what is best for its own good, the legislation that will help bring that about will surely follow, and the corollary is equally true that attempts on our part to foster legislative matters that are

(Continued on page 1450-adv xvi)

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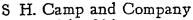
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(Contract from fag. 1450—adi xii)

one of the regular society programs, promoted employment of public health nurses, conducted weekly health columns in new spapers aided in diphtheria immunization cooperated with parent-teacher associations in the summer round up examination, endorsed and actively participated in the Christmas seal sale, made use of its members as a speakers bureau on public health subjects, and interested itself in various community health projects such as milk inspection, bovine tuberculosis eradication, the early diagnosis campaign and health work in schools

In more than a dozen counties of the state doctors are officers of county public health associations organized under the auspices of the Iowa Tuberculosis Association. In nearly half the counties there is at least one doctor on the executive committee of such association. In one county all the doctors and two of the dentists at the county seat are members of such committee.

For many years past the State Society through its trustees or other governing body has endorsed the annual Christmas seal sale conducted by the Iowa Tuberculosis Association and local health associations In so doing it has recognized the possibilities of mutual helpfulness between the organized medical profession and a voluntary association in which both doctors and laymen participate medical profession can render to such a voluntary health movement certain definite services Among these are furnishing the scientific basis for the public health program and continuous advice as to policies Another valuable service is public speaking and no doctor should hesitate for reasons of professional reticence to give to the public at the request of public health workers that accurate information which he alone possesses This idea has been approved by the Council of the State Medical Society and not only have they recommended this speaking service to local physicians, but they have started plans for organizing a statewide speakers' bureau

On the other hand a voluntary agency can render services to the medical profession. It can carry on educational and preventive campaigns which the medical profession would hesitate to promote under its own auspices. It can direct to the attention of people the necessity for periodic medical examination. Last spring the Iowa Tuberculosis Association and its local units conducted a state-wide campaign as part of a national movement whose key notes were "Go to your Doctor" and "Let your Doctor decide". In matters of legislation and community organization such a volun-

(Continued on page 1452-adr xviii)

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(Continued from page 1449—adv xv)

not clearly understood are almost sure to meet with failure until such time as the people become convinced that the movement is of vital importance to their welfare and is not some trick that the doctors are trying to put over in their own selfish interests. The daily newspapers might be used more extensively than they have been in disseminating medical information with the censorship of the local med-The frequent articles in the lay ical societies magazines and the wide distribution of Hygeia have no doubt accomplished much, and in time their influence and that of similar agencies will count for still more Time, patience and perseverance must be had in carrying on a work of such magnitude

DOCTORS AND LAYMEN IN IOWA

The November Journal of the Iowa State Medical Society contains the following editorial résume of the cooperative activities of doctors and layworkers in Iowa —Editor's note

Be it resolved by the Council of the Iowa State Medical Society that members of the Society should take an increasing part in all public health work, and especially in all lay organizations having to do with public health, prevention of disease * * *

In theseCunequivocal words the Iowa State Medical Society on September 22, 1928, put in its platform the planks of preventive medicine and educational public health work action together with previous steps taken in setting up a full time executive department through which the Society could cooperate with all state-wide movements established the medical profession of Iowa in the forefront of progressive groups throughout the country working for community betterment

This was a long step forward in enabling the medical profession to assume that leadership in public health movements to which because of its knowledge and equipment it is rightfully entitled

In a number of counties physicians have for several years been active in public health When the National Conference movements of Social Work met in Des Moines, Dr John H Peck was asked to present a paper on such At his reactivities of the medical groups quest the publicity committee of the conference sent a questionnaire to county medical The replies of seventeen sosociety officers cieties showed considerable activity along pub-They showed that the county lic health lines societies had done one or more of the following things held tuberculosis and heart clinics as

(Continued on page 1451-adv xvii)

Communication page 1452—sin sum

dent will litter inform you of teamsive plans proposed for the farme development and observations in post-gradients medical work in the State. Also as an evidence of the increasing interest in medical courses and their probable effects upon the fature ment of medical protice attention is called to the substance of a resolution offered at the last American Medical Association by our Senior delegate. Or Leight and which was endorsed by the Council on Medical Education and Hospital as follows:

1 That it would be desirable that medical stricts should graduate and enter practice at an earler age than at present:

2 That the plan of covering the medical course in three years of four quarters instead of in four years of three quarters, or any other accounte plan for reducing the length of the medical course, is greatly to be desired:

3 That the medical course is overcrowded with details and with detailed consideration of specialities and would be improved by less crowding with a course confined more nearly to the essentials, and that efforts to this end should be made.

These and other facts that might be adduced, show in part, the dissatisfaction prevailing in the profession, and the spirt of unrest among the laity brought about principally, because of the conditions and restrictions now governing medical courses and hospital training schools

MEDICAL AND LAY HEALTH WORK IN KNOXVILLE

New York is not the only State in which lay organizations have undertaken unwise health work, and physicians have asserted their leadership in all forms of the practice of medicine. The City of Knovville, Tennessee, has been the scene of such a contest, which is described in the following extracts from the Illinois Medical Journal for October—Editor's Note.

"Prior to the recent adjustment of public health and clinical activities in the City of Knox-rille, there existed conditions involving a degree of conflict between the voluntary health agencies, the public health authorities and the medical profession such as are more or less common to many American municipalities

"As in most instances, the Knoxville situation was developed from a total disregard by the voluntary health agencies, and to a lesser extent by the official health body, of the interests of the medical profession in the formulation of plans for public clinics. Here, as is quite commonly the practice, programs for clinical procedures

(Continued on page 1454—adv xx)

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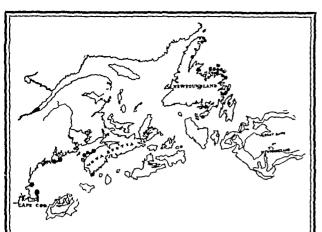
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(Continued from page 1451-adv xvii)

tary organization can help to safeguard the interest of the medical profession indirectly while promoting directly the best interests of the people at large Obviously these interests are identical

In a direct way the Iowa Tuberculosis Association may be of service to physicians by offering literature on heart disease and other subjects, by offering the services of examiners in chest diseases for county medical programs, by participating in promotion of such projects as the post-graduate course held last summer, by collecting statistics, by publication of a monthly magazine on public health and by legislative, educational and publicity work

GRADUATE MEDICAL EDUCATION IN VIRGINIA

The November issue of the Virginia Medical Monthly contains the following report which the Committee on Medical Education made on October 16 to the Council of the Medical Society of Virginia—Editor's note

Plans for making available extension courses for physicians unable to leave their practice have been in operation now for several years North Carolina in 1916 was the first State to

organize under the auspices of the State Board of Health, the local Medical School and the University of North Carolina. The itinerary system was adopted. The expenses of the organization were borne by the University and the State Board of Health, while the salary and traveling expenses of the instructors were paid by local physicians of each center in towns from 1,500 to 50,000 population.

This work has been continued to date, and has been carried on with gratifying success, forty to forty-five per cent of physicians in active practice at designated centers attending the series of twelve lectures, at a tuition cost of \$30 00 for each physician

This plan with various modifications has been adopted now by nine other States, but it is probably true that New York, which organized Extension Graduate Courses in 1922, has done more than any other State to raise the local standards of general practice

Recently, also, the Albany Medical College has determined to increase its post-graduate facilities, and to this end has raised the sum of \$3,000,000 00 so as to render country practice more attractive. In addition to this, it has established a department for the regional extension of medical practice, which is virtually a "clearing house for communities in the State needing physicians, and for physicians seeking locations"

Looking towards the same end, your Presi-

(Continued on page 1453—adv xix)

(Contract from gage 1454—abr. su)

to harmonious action and a larger measure of real service to the public."

Appended to the description were letters from officers of the Knex County Medical Society describing conditions in the Red Cross Clinic. It is gratifying to note that the plan proposed by the physicians was adopted, and that the clinic and teach tentre are now under the direction of the doctors.

MEDICAL RELIEF IN NEW JERSEY.

A society for the Relief of Widows and Orphans of Medical Men has existed in New Jersey for forty-five years. The annual report of its Board of Trustees as printed in the September Journal of the Medical Society of New Jersey, says:

"In the year just completed nothing unusual or of serious moment to the Society has transpired.

"It is a matter of gratification that we are steadily growing: 32 new members were elected and as only 1 dropped for nonpayment of assessments and 2 resigned, we can record a present membership of 523. Nine members died.

We are now paying for death benefit a little over \$-00 and at the December meeting \$550 was distributed to beneficiaries, who were deemed to be in need of assistance. Our Permanent Fund now amounts to \$40,719.86 and our income therefrom for the past year was \$1,959.55. To many of our members this amount seems very large, and they question the wiscom of accumulating such a sum, or of increasing it. Really, however, when the size of the Society is properly considered the amount is trivial, in its ability to extend aid to our beneficiaries.

All that we can give in the way of death claims is 75% of the amount collected from the last assessment, and if it is desired to increase this amount some other plan must be devised but always without impairing the Fund or diminishing the percentage which should make for its normal increase. It is possible that some such plan may be arranged Your Board is carefully considering the matter and it may be that by an additional voluntary contribution from members or friends, another and distinct Fund might be created from which moneys might be granted to living members who are in actual need."

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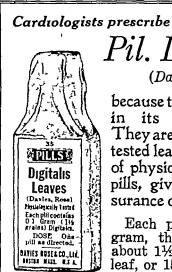
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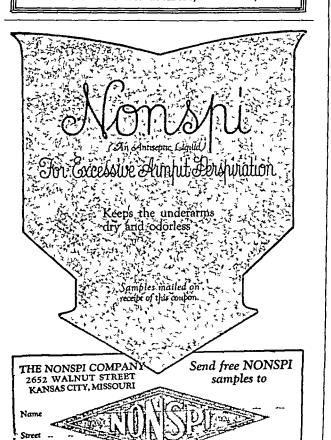
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(Continued from page 1453-adv xix)

were set up by a lay group according to its own conceptions of service, without proper knowledge or regard for the needs of such services and without the guidance or advice of the medical profession through the agency of its local society. The medical profession was consulted only after all other plans for service had been made ready and when medical skill became essential to further functioning Then the doctors were asked to contribute their professional services for the care of clinic patrons, but the doctors were not accorded the right to determine clinic policies, especially those relating to the determination of a patient's eligibility for free service. The patient's financial status and right to free service was determined by the lay officials who were actuated largely by a desire to make an attendance record for the clinic The service was operated on this basis for some months

"As a result of these mistaken policies, the clinic became a source of contention and eventually was forced to close through withdrawal of

all medical forces from the staff

"For the adjustment of the matter the American Public Health Association, then as now, engaged in the study of local health and clinic operations with a view to their placement on a well-approved and harmonious basis of operation, was invited to survey the situation and present a plan for future operation. The assignment was given to Dr. C. St. Clair Drake of Illinois, attaché of the American Public Health Association in this field of special service.

"The outcome of the studies were

"(a) The transfer of all clinics, excepting tuberculosis and other clinic services of a strictly public health character, to the city hospital under the direction of the medical staff,

"(b) The organization of a medical advisory board of five members, two nominated by the medical society, to assist the local health officer

in an advisory capacity,

"(c) The erection of a Citizens' Health Council to serve as an agency to harmonize the activities of all voluntary and official health activities with those of the medical profession, and

"(d) The housing of all public health agencies, official and voluntary, in a "health center" under the coordinating direction of the city health officer who, as previously stated, acts in harmony with the decisions of his advisory boards, medical and lay. Here also are maintained such clinic activities as are mutually agreed to as essential to proper public health functioning

"To date, this plan of organization appears to be operating satisfactorily. It affords that contact between the public health group and the medical profession that is indispensable to a proper mutual appreciation of each other's services and to a conduct of activities in such manner as leads

(Continued on page 1455-adv xxi)

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The count of basophilic cells per cubic millimeter of blood is described as a test of beginning lead poisoning according to an editorial in the Journal of the American Medical Association for July 28, which says

"In normal persons the number of basophilic red cells per cubic millimeter of blood may vary widely As a rule it is less than 1.000, and in the 145 normal adults examined it never exceeded 5,000 The pathologic states in which the number of basophilic cells is increased are as follows lead intoxication, benzene poisoning, arsenic poisoning, all types of anemia in which there is regeneration, hemolytic icterus, the condition following hemorrhage, leukemias, acute infections, neoplasms involving the bone marrow, and polycythe-Frank lead poisoning produces counts almost invariably over 7,000 and rarely over 100,-000 Usually in lead poisoning the number of basophilic red cells per cubic millimeter falls between 7,000 and 50,000 Signs and symptoms of clinical lead poisoning may not appear even when the basophilic cell count is as high as 60,000 or 80,000 The investigation has shown that many office workers and others who, although engaged in lead industries usually are considered as unexposed, nevertheless may absorb much lead and thus may be in danger of developing clinical lead poisoning The practical conclusion is that when a worker who is exposed to lead develops a basophilic red cell count in excess of from 6,000 to 7,000 and when other conditions which might produce such a count are absent, that worker should be considered a lead poisoning prospect and treated accordingly"

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HUMAN RABIES IN MASSACHUSETTS

The New England Journal of Medicine of September 27 contains the following editorial comment on a case of human rabies and the failure of the physician to prevent the development of the disease—Editor's note

Another death from rabies has occurred in Massachusetts The boy was bitten on or about August 4th The physician who first treated the case rather belittled the lacerations, while the descriptions from the parents would make one feel that thy were extensive over the arms and face Local treatment of the wounds only was given during the five days that the boy was under observation On September 17th the boy was taken to the hospital with some doubt as to the diagnosis This was finally made and confirmed by examination of the brain

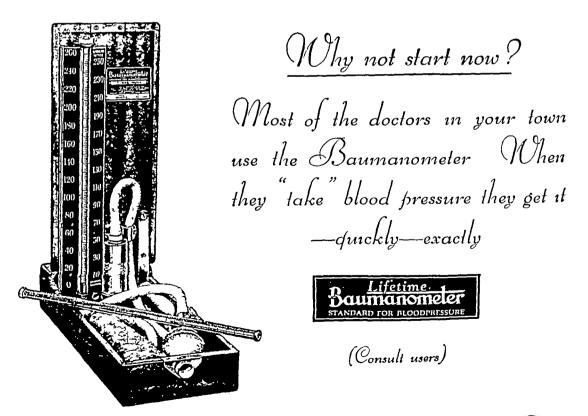
The doctor first seeing the case states that he called a general hospital and was told that they had no material for prophylactic inoculations on hand. He also called the police and received no information from them regarding the dog. He then states that he pushed the

matter no further because he had no information about the dog. In view of the fact that Massachusetts communities have demonstrated their lack of interest in controlling this disease through restraint of dogs, the lavish use of Pasteur prophylaxis is the only protection against increased deaths from this disease. The law authorizes local boards of health to spend money for "necessaries for the safety of the inhabitants" so that there is no excuse for the least delay in administration of these inoculations for economic reasons

The Department of Public Health has recently declared all dog bites reportable. Up to now only dog bites which in the opinion of the physician were sufficiently serious to require Pasteur treatment have been so reportable. From experience in this case it would seem that the judgment of the physician is not sufficient and that for the present emergency, at least, all bites must be reported.

Comment on the situation in connection with the recent death would seem to be unneces-

sary 1





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Before making a diagnosis of Purpura Hæmorrhagica, such predisposing factors should be ruled out because it can readily be seen that the consequences may be most unfortunate if, for example, the patient has the spleen removed and then it later appears that the purpura was due to leukemia or a blood To rule out some of these stream infection disorders may at times test the diagnostic skill of the physician or surgeon. This brings up the importance of a careful history, which is of value not only to rule out some causative factor but also to indicate whether the malady is acute or chronic If acute, the prognosis is, of course, much worse and surgery is contraindicated Most of the cases will give a history that is suggestive, if not definite, there will usually have been some bleeding, perhaps which, of course, may not be significant har more important is the bleeding from the mucous membrane and a tendency to bruise easily, while excessive menstruation in a female may be due to a hæmorrhagic tendency

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VALUE OF NUIOL FOR OIL **ENEMAS**

In cases of acute constipation, or under special conditions where it is important to secure thorough evacuation of the bowels with the least effort, enemas are advisable. Most doctors today favor the oil enema, in preference to the other well-known types of enema such as hot soap suds and water, hot saline solution, glycerine, etc., for the oil has a soothing, healing effect on the membranes

Until recently the oil used for these enemas has been chiefly olive or other vegetable oil These oils, however, have certain distinct disadvantages, for they are likely to undergo fermentation and become rancid More than that, they encourage bacterial activity in the colon As olive or vegetable oils are absorbable, these bacteria are also absorbed into the system to the same extent that the oil is

These dangers and discomforts may

be entirely avoided by using a fine grade of mineral oil like Nujol Doctors who have experimented with Nujol find that it has all the advantages and effectiveness of the olive or vegetable oil enema, and has none of its disadvantages, for Nujol is a pure mineral oil. It is not a fat, so cannot become rancid or undergo fermentation It is not absorbed. Every drop of it passes out of the system, and with it any harmful bacteria that may be present. In this way there is no possibility of any unpleasant after effects

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BREAKING THE HABIT

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In such cases it is important to break the habit, mentally as well as physically, so that the patient does not expect a return of his ailment and try "a new pill" at the first sign of "costiveness"

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There are a great many different solutions and methods. Some have special advantages,

but they also have the disadvantage of being too complicated for routine clinical use or the solutions are not stable. Some of the best known are Rees and Ecker, Buchman and Hallisey, Gram, and Kristenson. The Wright and Kinnicut method seems to have two drawbacks, the red cells are destroyed and it is very difficult to know whether the preparation is accurate or not, there is nothing to focus on but the platelets and if these are scarce much time will be lost

It must be borne in mind that there is no wish to criticise any of these methods, it is quite possible that excellent results may be obtained with any or all, but for practical purposes the method of Ottenberg and Rosenthal has been found satisfactory, not only because of the results obtained but also because of ease of preparation

This is simply a 3% Sodium Citrate solution which must be freshly prepared and filtered just before using. It is advisable to make up only a small amount and not attempt to keep it over night. A convenient way is to weigh out several one-half gram lots and store in bottles until required, then add sixteen and a half mills of distilled water. If the water is freshly distilled so much the better. A stain may be used but is not necessary

The rest of the equipment is as follows High dry lens No 8, or Zeiss No D Blood counting pipettes 1/100, the so-called "red cell" pipette, (if these are standardized it will tend to inspire a feeling of confidence)

Inasmuch as the platelets are small and colorless it is most important to have everything scrupulously clean. More than once an unsuspected dust particle has masqueraded as a platelet

The blood is obtained in the Technique usual way, from the finger or ear It is destrable to have a free flow and to avoid squeezing With as little delay as possible the blood is drawn up to the mark "5", and the citrate to "101" This gives a dilution of 1 to 200 stronger solution cannot well be counted because of the red cells The pipette is shaken for at least one minute and then the drop is placed on the counting chamber The disappointments attending this step are said to be second only to those experienced by those who sought perpetual motion The chamber should be well filled as it is allowed to stand for at least 10 minutes,-Buchman, advocates 15 This is a long time to wait and it minutes is convenient to have two counting chambers so that while waiting for one to settle the second may be filled. Now the preparation is ready and the platelets will be found to be small, colorless bodies of approximately one-

third the size of a red cell Before attempting to count a case of suspected purpura, it might be well to have a little practice on blood that is known to be normal It is a poor sport looking for platelets in blood where they are practically absent Careful focusing is essential and here the red cells are a most kindly aid, they are also of value in indicating that the preparation is reasonably accurate Often the platelets clump together in great masses and the integrity of the observer is sorely tried as it is about as possible to count correctly under such circumstances as it is to make a reliable determination as to the number of bees in a swarm Even under such trying circumstances one thing is proven, namely, that platelets are present and in large numbers. In some institutions it is customary to throw out any preparation which contains large clumps This is possibly an ethical as well as technical problem The counting is exactly similar to the method of enumerating red blood cells, but as a higher power lens is used the danger of getting lost in the field is infinitely greater It is well to count a whole millemetre, which is quite a job, but by so doing the error will be somewhat reduced. If the dilution is 1 to 200, the depth of the counting chamber onetenth millemetre, obviously the factor will be At least two preparations should be examined and better, four In a normal count of 300,000, one would find 150 platelets in a millemetre It is easily seen, then, how great an error may creep in when only a few of these tiny objects are overlooked, or perhaps counted when they are not present. It is to be regretted that there are instances (that do not appear in the literature) where wee specs on the glassware have carefully been recorded as platelets in good and regular standing. Hence, in addition to a freshly prepared and filtered solution, a personal acquaintance with the counting chamber is to be recommended

If one wishes, a stain may be used, but it is doubtful if the assistance given is in proportion to the added difficulty of washing the pipettes and counting chambers. When present in reasonable numbers there is no difficulty in recognizing the slightly yellowish little bodies that have a great tendency to clump together. These little fellows will be found, as the focus is varied, to be in turn quite transparent, faintly yellowish and also refractile. If there are numerous wee objects on the field which are always opaque, one is most probably not dealing with platelets.

This tendency to vary when examined with different focuses curpliances in a maple not only of allowing the preparation ample time to settle, but also the necessity of a very nice adjustment of the light. When there is

too much light, no platelets will be visible, and when not enough the observer's eyes will soon

fall by the wayside

The errors in platelet counting are probably due, in a great measure, to ignorance of the appearance of a platelet, and also to the fact that the observer expects to find "something," in large numbers, so with more enthusiasm than accuracy he proceeds to find some little black spots that look sufficiently like what he has in his mind's eye, and he proceeds to carefully enumerate dust particles, yeast cells and miniature oil droplets All little round objects, seen when using a sodium citrate soution to dilute blood, are by no means platelets red blood cells are again decidedly helpful, as here one has something of known size to judge by It is a good practise to examine the solution to be used without blood. It is surprising how many pseudo-platelets are often found Platelets are not mobile and except when settling they should be quite stationary reasonable to suppose that most beginners will count high just as in the case of red or white cell counts Apropos of this, the average observer will have a tendency to count high or lon, but this tendency or error will be a constant rather than a variable one, so in the long run such an error will not be of any great significance, provided that the counting is done by the same person on several different occasions A single platelet count is certainly better than none, but the value of two or more is proportionately much greater

From what has been said, it would seem that the technique of platelet counting leaves much to be desired. This is undoubtedly true and even in the most skilled hands there will usually be a wide range of variation, but this does not vitiate the value of such examinations,—it only means that a variation of a few thousand is not to be taken too seriously. When a novice is making the examinations, he should do several on successive days and if he finds too startling a variation, the difficulty may be elsewhere than in the patient's hæmotopoetic

system

The method of estimating the number of platelets from the smear is all right in the hands of the expert but dangerous for others, as there is an undoubted tendency for platelets to gather near the edge. Piney advocates counting the number of platelets in comparison to the red blood cells. This is more accurate but rather time-consuming and not altogether satisfactory.

Dr A O Whipple removed the spleens of the following five cases of purpura hæmorrhagica (thromocytopenic purpura) in the Presby terian Hospital and they are referred to here with his permission. Three of the cases have been described in detail by Dr. Whipple else-

where All of the platelet counts were done by the author

Inasmuch as this paper deals primarily with blood platelets, the following cases will be discussed as briefly as possible and no other details will be considered

CASE I C T 61775 Woman 47 YEARS Before operation platelets were less than

5,00	N					Platelets
15	t T)av	after	Operation	on	2 5 000
2n		,,	,,	٠,		30 000
3r		,,	1	"		45 000
4t		,,	,,	,		55 000
5t		,,	"	,,		<i>7</i> 0 000
6t		,,	,,	"		100 000
7t	-	,,	"	"		<i>7</i> 0 000
8t		"	"	"		20 000
11t		,,	,,	"		15 000
16t		,,	"	"		5 000
20t		11	,,	,,		5 000
		eks	,,	"		10 000
		nth	,,	,,	less than	5 000
•)11L11;	· ,,	,,	1000 111411	20 000
11	,	,	,,	,,		40 000
21	37-		"	"		120 000
Z	Yе	ars				

Follow-up after 2½ years patient has had no bleeding of any kind and is perfectly well

Case II A V V 46873 Boy 18

Had been under observation for 3 years 16 platelet counts, always low, varied from 5000 to 95000, but usually were less than 20000 Ten days before spleen was removed no

platelets were found in counting chamber

prace				Platelets
1.04	Day	ofter (Operation	50 000
2nd	Day	"	,, a	80 000
3rd	,,	"	"	180 000
4th	31	"	"	150 000
5th	,,	"	"	60 000
бth	27	17	,,	15 000
9th	**	31	"	10 000
11th	,,	,,	,	30 000
13th	,,	,,	"	60 000
16th	,,	,,	"	45 000
20th	"	"	"	10 000
	onth	s "	"	30 000
5	,	",	"	10 000
18	"	"	,,	80 000
20	**	"	"	10 000
			_	

After recovery from the operation he seemed to be perfectly well, had no bleeding, went to school and played baseball

Twenty months after splenectomy he came to the hospital with severe bleeding from mucous membrane and all of the signs and symptoms of purpura hæbmorrhagica, platelets were only 10 000 Within a few hours he died of what appeared to be a cerebral hemorrhage No autopsy was permitted

Case III N Y 62529 Woman of 25 Before operation platelets, on two occasions, were 15 000 and 20 000

				Platelets
3rd	Day	after	Operation	35 000
4th	,,	"	- ,,	25 000
5th	**	"	"	65 000
6th	"	"	"	40 000
7th	"	"	,,	40 000

Follow-up—the patient was perfectly well 3 years after operation

Case IV F W 65023 Woman of 13 Years
No platelet counts before operation

				- 1
				Platelets
1st	Day	after	Operation	1 000
2nd	,, -	**	^ ,,	1 000
3rd	,,	"		1 000
4th	"	"	"	3 000
5th	"	"	,,	3 000
бth	"	"	"	8 000
7th	19	**	,	15 000
Sth	"	"	,,	15 000
10th	"	**	,,	4 000
12th	"	"	"	8 000
15th	,,	"	,,	2 000
24th	"	,,	,,	3 000
2 1 CH				0 000

Follow up 2 years after operation—patient perfectly well

Case V W F 71120 A Woman of 29 Before operation, on two occasions, platelets were 15 000 and 12 000

				Platelets
1st	Dav	after	Operation	28 000
2nd	,,,	"	"	24 000
3rd	"	,,	"	22 000
4th	"	,,	"	22 000
5th	"	"	"	30 000
6th	"	,,	"	40 000
7th	"	**	,	20 000
9th	"	"	,,	24.000
11th	"	"	"	10 000
16th	,,	"	"	22 000
20th	"	"	"	10 000

General condition is much better Patient is still convalescing at home

SUMMARY

- 1 Accuracy in counting blood platelets depends, to a great extent, on practice and attention to details, many of which are apparently trivial
- 2 Five cases of purpura hæmorrhagica, four of which were women, had the spleen removed After the operation all showed a rise in platelets, but the highest was only 180 000, the next 100 000
- 3 Of these patients one died twenty months after operation He appeared to have had a cerebral hemorrhage, not an unusual

mode of exitus in purpura, very impressive as he had appeared to have made a perfect recovery. His platelets, however, after a preliminary rise had never approached normal limits.

- 4 Of the other four cases all are living, well and active at two and a half years, three years, and two years, respectively, after operation. The remaining case is still convalescing from the operation.
- 5 No explanation is offered to account for the lowness of these counts, which tend decidedly lower than most observers report. Nor do these cases seem to bear out the accepted idea that the higher platelet counts indicate a better prognosis. The only fatality was the case with the highest count. This may well be a coincidence, but it is worthy of note
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Discussion

Dr Stillman I wish to endorse all that Dr McAlpin has said concerning the difficulties of making satisfactory platelet counts. There is one additional difficulty which has bothered me at times and that is the tendency for preparations in the new style counting chambers to evaporate and so distort the results. This can be avoided either by placing the counting chamber under a cover together with some water so that one has a wet chamber, or by going back to the use of the old style counting chamber in which the cover glass completely closes in the preparation

I feel that the absence of clumping is a more important feature for correct platelet counts than apparently does Dr McAlpin Certainly, a preparation in which clumps are absent is theoretically much more accurate I also feel that the study of the stained blood film is of great help in platelet counts in two ways. In the first place it is possible to tell from an ex-

amination of the blood if the platelets are greatly reduced and secondly, in cases of purpura hemorrhagica one almost invariably finds abnormal varieties of platelets present in the smear, so that a study of the morphology of the platelets adds some little evidence to the information that is desirable in making this diagnosis I have always been very much impressed with the apparent fact that although a deficiency in the platelets is practically essential in making the diagnosis of purpura hemorrhagica. Nevertheless, they seem to have very little to do with the cause of the sypmtoms of this condition The change that takes place in the condition of these patients when the spleen is removed is immediate and exceedingly striking, indeed, it is said that the bleeding time becomes normal immediately upon ligation of the pedicle of the spleen tainly, the number of platelets cannot possibly be involved in this reaction and furthermore, when the operation does result beneficially, these patients remain symptomatically well no matter what their platelet count may be

I wish also to endorse heartily, Dr McAlpin's remarks concerning the inadvisability of splenectomy in the acute forms of this disease

Dr Gorham I feel that Dr McAlpin has made a very important contribution to this program I only wish I could have heard this talk two years ago when Dr Hunt and I

thought we knew something about platelet counting and found out that we didn't. We finally concluded that the nearest approach to accuracy could be reached by controlling it with smears made on very clean cover glasses. We have made literally hundreds of platelet counts when we thought at times we had reached an accurate number it was a wrong count. Dr. Gorham gave several accounts of patients he had treated and how their platelet count went up with violet ray treatments. Also after an operation the platelet count went up in most patients.

Dr Ordway Dr McAlpin kindly sent me his complete paper, so I had an opportunity to go over it very carefully and I heartily agree with all that Dr McAlpin has said in his frank discussion, and will merely emphasize certain points that he has said and add a word of caution as regards diagnosing diseases

It is of the utmost importance that a correct diagnosis be made of a disease at the earliest

possible stage of its development

A word about pernicious anemia Blood transfusions used to be the method of treating this but now the violet ray is used Transfusion however is the most important measure in getting a patient ready for operation

Repeated frequent infusions of blood instead of transfusions are often helpful Splenectomy should be reserved always for chronic cases

REPORT OF A CASE OF PURE RESPIRATORY DEPRESSION TREATED BY ALPHA-LOBELIN, A CLINICAL EXPERIMENT

By HYMAN SNEIERSON, M D., BINGHAMTON, N Y

RECENT literature has several articles on the use of Alpha-Lobelin as a respiratory stimulant. An article in the Lancet, December 18, 1926, gives the pharmacology of the drug but no experiments were made on man. In regard to this point, I should like to submit the following case as an interesting clinical experiment.

A H, age 67, a night watchman for the D L & W Railroad This patient was admitted to the Binghamton City Hospital, October 3, 1926 at 8 45 P M in coma No history was available, save that he was found unconscious in his room with a bottle of laudanum beside him. On admission, he was seen to be an emaciated white man, his face pallid and death-like, his mouth gaping open. At irregular intervals, he gave a deep spasmodic gasp. Both eyelids were open and the eyes diverged. The pupils were pin-point and fixed. No signs of

paralyses or injuries were noted. The limbs were flaccid The reflexes could not be obtained The pulse was of good quality—strong and regular The rate was 120 As near as could be estimated, the respirations averaged 2 a minute The blood pressure was 70 systolic with a diastolic of 40 The heart was enlarged to percussion with the apex beat best heard in the 6th interspace in the anterior avillary line The second sound over the apex was indistinct. The aortic second was also faint. The lungs were essentially negative Pressure over the supra-orbital nerves caused no response The temperature was attempted to be taken by axilla and rectally, but the thermometer would not register even after 5 minutes

External heat was applied and at 9 10 P M, 7½ grains of caffeine sodio-benzoate were given subcutaneously, but without any apparent effect. We had received some ampoules

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of Alpha-Lobelin a few days previously and so 1/20 of a grain was given intravenously at 9 15 P M, the pulse and respirations being carefully noted The pulse was 100, respirations 2 An apneic period of over a minute occurred, the pulse dropping to 36 The patient then began breathing, Cheyne-Stokes type. This gradually became more regular At 9 30 P M, his respirations were 18 a minute, snoring in character, his pulse being 120 coffee was given by rectum at this time skin became warmer and his color somewhat The respirations gradually deimproved creased, however, until at 10 00 P M, they were 8 a minute—Cheyne-Stokes type pulse was 100 No further medications were given until 10 30, the pulse and respirations remaining as stated above The rectal tem-

perature taken at this time was 96

Delighted with the apparent response to the drug, we gave him a 1/40 grain subcutaneously at 10 30, which by mistake was repeated two minutes later—so that he actually received 1/20 grain. The results are tabulated below

Time Pulse Rate Type Medication 10 30 104 8 Cheyne-Stokes Alpha-Lobelin gr 1/20 128 subcutaneously at 10 30 10 34 3 ** " 10 37 128 6 24 10 40 8 128 10 45 112 10 10 48

The patient's condition did not show the improvement noted after the first injection of the drug. His nose and ears became cold At 10 36 Alpha-Lobelin was given again intravenously. The results are charted below

Passientinna

Time	Pulse		туре Туре	Medication	
P M					
10 36	100	8	Cheyne-Stokes	Alpha-Lobelin gr	1/20
10 57	78		(t (f	intravenously	
10 58	100	20	regular		
11 05	120	16	u		
11 11	116	12	11		
11 16	114	6	Chevne-Stokes		

The patient's general condition seemed better, however, and it was deemed safe to do a gastric lavage at 11 45 P M Soda bicarbonate was used and a large quantity of foul smelling brownish-green fluid with much mucus and a few solid particles, the nature of which were not determined, was obtained Four ounces of black coffee were left in the stomach patient roused up during the procedure and resisted, rendering it necessary that he be held He mumbled a few words, but paid no atten-Soap suds enemas tion to questions asked were then given until the returns were clear His condition remained the same until 1 30

At 1 30 A M, his respirations dropped to 5 a minute Alpha-Lobelin was given intravenously—gr 1/20 Respirations ceased for 64 seconds and then gradually increased to 19 per minute with a pulse of 120 At 3 45 A M, his respirations had gone down to 7, but they gradually picked up again

At 6.00 A M, his respirations were 18 and regular and his general condition much improved He was able to answer questions and said that he had taken laudanum, but denied that his condition was due to this as he had taken only a teaspoonful He denied taking any liquor

The patient's condition remained unchanged during the morning. In the afternon, he had several attacks of respiratory depression. At 7 30 P M, his respirations were 12, his pulse At 9 15 P M, his respirations were 2, his pulse 100 A hot coffee enema was then given, but without any apparent effect. At 1 10 A M, his respirations were still 2, spasmodic in character, his pulse 116 Several doses of strychnine sulphate, gr 1/40 were given during this time At 1 20 A M, caffeine sodio-benzoate, gr 7½ were given Respirations were still 2, pulse 104 At 1 45, Alpha-Lobelin gr 1/20 was given intravenously Respirations ceased for 40 seconds and then increased to 8 a minute, pulse 120 His general condition remained the same until 7 20 M, when he again showed respiratory depression, his respiration dropping to 3 was again given a hot coffee enema and a gastric lavage performed At 9.00 A M, Alpha-Lobelin was given intravenously with an almost immediate increase of respirations to 5 and a slight improvement in his general condition This was repeated at 10 40 12 noon his respirations were again 2 a minute At 1 20 another 1/20 grain of Alpha-Lobelin was given with some slight improvement. At 4 30 P M, his respirations were 6, pulse 108

No more Alpha-Lobelin was given, but coffeine sodio-benzoate, gr 7½ was given at 7.25 P M, his respirations being 6, pulse 100, with some improvement in his general condition At 1.00 A M, this was repeated without effect. The patient died at 1.10 A M. The original diagnosis of laudanum poisoning was changed to cerebral hemorrhage, probably pontine.

This case is reported as an unusual one in that it showed almost a pure respiratory depression enabling us to see the effects of the drug on this system. It is interesting to note that a response was elicited every time, but that this was less each time. However, inasmuch as the patient was suffering from an irremediable condition we believe this to have no significance.

This paper makes no pretence of being a complete scientific dissertation, and therefore explanations as to the exact action of Alpha-Lobelin are left out. All that we can say that in the light of the data compiled in this case,

Alpha-Lobelin may be considered to be a respiratory stimulant

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THE EPIDEMIOLOGY OF AN OUTBREAK OF ILLNESS DUE TO MILK* By FRANK W LAIDLAW, MD, MIDDLETOWN, N Y

Monday, beginning at about one o'clock PM, seventy children were taken suddenly ill at a certain school in the district. The symptoms shown by all consisted of severe abdominal pain followed by violent vomiting. Marked prostration followed the vomiting which continued, in some instances, until the vomitus consisted of bile. In some instances diarrhea occurred that night or the next day. The children were out of school following the attack for periods of one day to a week, the average time being two or three days.

Between ten and eleven o'clock, eighty-two children and at least one teacher were served with milk. Seventy of these children and one teacher constituted the number taken ill. Water and milk were the only common factors. Water could not be expected to produce this type of illness, and is dropped from consideration.

Therefore, the milk served between ten and eleven o'clock constitutes the hypothetical cause, which we proceed to investigate

The milk was labeled "Raw Grade A" Ninety-five half-pint bottles were delivered to the school that Monday morning. It was served to the children in the original bottles, with soda straws

It was ascertained at the dairy that milk drawn from the cows Sunday night was used for the milk supply of the school

The dealer supplied about one hundred and fifty families, restaurants, etc. It was thought that no illness occurred except at the school Therefore, a comparatively small amount of milk must have been involved

The milk was cooled in forty-quart cans, consequently it appears probable that but one can was involved. Ninety-five half-pint bottles were delivered to the school. This would not use the entire contents of a forty-quart can. The remainder of that can must have been distributed to other

customers, so there must have been other cases among the customers besides the school. To settle this point, a canvass was made by a public health nurse of the customers of this milk route. Thirteen cases similar to those at the school were found to have occurred among those customers. This gave a considerable degree of foundation to the theory that one can of the Sunday night's milk was involved.

A microscopic examination of a sample of the milk served to the children showed the presence of numerous streptococci and pus cells. The bacterial count was 780,000. The most likely cause of such a condition involving one can of milk was a suppurative condition affecting probably one cow.

A State Veterinarian made a physical examination of the herd of forty-two cows. One was found with a chronic mastitis involving one quarter. The milk from this quarter, when allowed to stand, deposited a white sediment, while the supernatent fluid was lemon yellow in color. Pus cells and streptococci were abundant. The count from this quarter was 230,000. That of the other three quarters was comparatively low.

It was ascertained that the proprietor attended to the milking of this cow himself, but on account of having company Sunday night, he did not go to the barn, and the probability is that a careless farm hand milked the cow and added the milk from the defective quarter to the can of milk from which the school supply was bottled

In addition to the foregoing, it was ascertained that a farm hand drank some of the same milk as delivered to the school, and he became ill in the same way

There have been two other similar outbreaks investigated in the State, with the same findings We have described this rather fully in order to illustrate the line of reasoning followed. The "guessed at" explanation was that the milk had been "poisoned," a theory still cherished by some of the people of that community.

^{*}From the mimeographed Health Officers' Bulletin of November 23 1928 for the District connisting of Sullivan, Ulster Orange and Rockland Counter.

THE NERVE SUPPLY OF THE TRANSVERSE SUPER-SYMPHYSEAL INCISION By DAVID W TOVEY, MD., FACS, NEW YORK, N Y

not to injure the nerves supplying or crossing the cut structures Since much nerve injury predisposes to hernia by causing paralysis of muscle and atrophy of tissue from disturbed nutrition and loss of sensation I believe that the non-union of abdominal incisions, opening of the wound and the extrusion of the intestines is due to trophic nerve interference due to nerve In these cases there are no signs of tissue Staton, of Syracuse, in a tabulation of results following the vertical incision in ten representative hospitals of the East showed 2 to 10 per cent of hernia in clean cases

The nerves concerned in the transverse supersymphyseal incision are the anterior divisions of the twelfth dorsal and the hypogastric branch of the first lumbar (Fig 1) The twelfth dorsal nerve leaves the spinal canal below the last dorsal vertebra and rib, running at first behind the psoas muscle and in front of the quadratus lumborum. It pierces the transversalis and passes

ILI OHYTOGAST
INT. CELL
ETT. CELL
INGUINAL
N
CUT EPGE

FIGURE I

Shows the nerve supply of the anterior abdominal wall below the umbilicus (Modified from Honget)

between it and the internal oblique two inches above the iliac spine in a downward and inward direction to the edge of the rectus where it pierces the sheath and runs behind it to about the middle of the belly of the muscle, pierces the muscle and the anterior rectus sheath, some branches becoming cutaneous and supply the skin below the umbilicus. It also supplies branches to the transversalis, the internal and external oblique, the rectus and the pyramidalis muscles

The hypogastric branch of the first lumbar nerve runs between the transversalis and internal oblique about an inch above the crest of the ileum, it continues downward and inward parallel to the twelfth dorsal, pierces the internal oblique about an inch in front of the anterior superior iliac spine and lies about half an inch above the inguinal canal under the aponeurosis of the external oblique, pierces the aponeurosis of the external oblique an inch and a half above the external inguinal ring, becomes cutaneous and supplies the skin above the pubes below the level of the twelfth dorsal. It gives off branches to the transversalis, oblique, and pyramidalis muscles.

The ilio-hypogastric is not usually seen in the transverse supra-symphyseal incision as it pierces the external oblique above the external ring and is retracted with the lower flap. At times muscular branches to the rectus are found when the lower flap is retraced. All the anterior divisions of the lower dorsal and first lumbar nerves are double, each nerve supplying a definite section of the abdominal wall.

In the transverse supra-symphyseal incision after the aponeurosis has been separated from the rectus muscles, the linea alba is divided and (Fig. 2) the upper flap retracted sometimes four large nerves can be seen coming through the recti about half an inch from the median line and piercing the anterior fascia These are the anterior divisions of the twelfth dorsal nerve They are often half as thick as a match, double, and accompanied by a blood ves-(Fig 3) They should not be cut, as in retracting the upper flap they can be drawn out sufficiently in nearly all cases If scissors are used to separate the sheath from the rectus muscle, these nerves may be mistaken for connective tissue and cut. I think this will account for some of the cases of hernia that have been re-I have never ported as following the incision seen a case of hernia with this incision twenty years I have demonstrated these nerves If looked for to the students at the Polyclinic they are seen in every operation

The upper part of the anterior division of the twelfth dorsal nerve in the oblique muscles is not seen and, if care is taken to split the o

muscles in the direction of their fibers, there is no danger of cutting it even with the extended incision used in large tumors When a very large

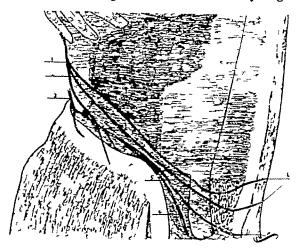


FIGURE II

The anterior divisions of the twelfth dorsal, the hypogastric, and the inguinal branches of the first lumbar (Adapted from Spatieholz) (1) 12th dorsal nerve, (2) in transversus abdominus, (3) ilio-hypogastric nerve (4) ilio-inguinal nerve, (5) in obliquous internus, (6) anterior cutaneous branches of 12th dorsal nerve

opening is required, the incision through the skin can be made from one spine of the ilium to the other. The incision through the aponeurosis is then prolonged over the lateral edge of the rectus muscles and the oblique muscles are split along the line of their fibers, if necessary out to the iliac spines. This gives an enormous opening. It is seldom necessary except in very large tumors.

The detachment of the aponeurosis from the recti is effected upward as far as the umbilicus, and downward as far as the symphysis. The pyramidali remaining upon the flap of the aponeurosis or on the rectii usually on the rectii and the rectii muscles are separated under one of the pyramidali and the peritoneum severed in the line.

The incision provides a very large opening suitable for the removal of the largest tumors and making it easy to operate deep in the pelvis. For a smaller opening, the incision is made in the pubic fold which occurs in all women that are at all fat. It should be made almost straight with only the slightest curve, not crescent-shaped as it is often described. In young women when

a small incision is all that is needed, the skin incision can be made below the line of the pubic hair, the skin and fat are then pulled up and the iponeurosis divided at a higher level. The skin or fat should not be separated from the underlying tascia. There is no danger to the bladder if the peritoneal incision is started high. In cutting toward the pubes, one knows he is near the bladder by the thickening of the fatty tissues 'pevisical fat' and the little bleeding

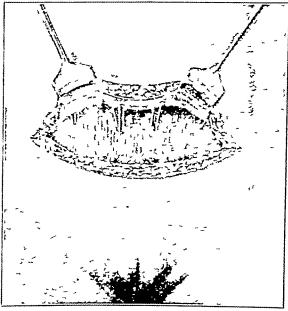


FIGURE III

Shows the musion with the anterior branches of the twelfth dorsal nerves, coming out from the rectus muscle and piercing the aponcurosis covering the muscle

It makes little difference points encountered whether the pyramidales are left attached to the rectus sheath, where they act as tensors of the fascia luiea alba, or are separated and left on the recti The peritoneum is entered at the outer side and under one of them Hemostasis should be carefully looked after before closing any incision, hematomata are apt to form if this is not done I use this incision for large tumors and in infected cases I find that it heals without danger of hernia even in the presence of infection The skin heals more quickly than the vertical inci-ion as the skin fibers run transversely, there is no tension Scars are often invisible

METHODS IN OBTAINING MILK CODE ADOPTION* (As Employed in Middletown, N Y)

By H J SHELLEY, M D., HEALTH OFFICER, MIDDLETOWN, N Y

ALTHOUGH the new State Milk Code is an innovation for the State at large, Middletown sometime ago anticipated it and had already prepared the producer, the dealer and the consumer to meet these changes. In fact, we might even say that this preparation began in 1906

In the summer of that year the Board of Health, because of the large number of gastro-intestinal diseases with a high mortality rate among babies, became much interested in better milk (Our infant mortality at that time was 145) After considerable investigation, the unsanitary conditions under which milk was produced and handled were concluded to be an important factor in producing these cases of illness Our first milk regulations were then passed governing the production and handling of milk and also requiring all milk sold in the City to be bottled

As you may guess, the farmers in the surrounding country were up in arms After many letters to the local press, barroom debates and livery stable conferences, it was duly affirmed that if the Middletown Board of Health persisted in enforcing these fool regulations, the farmers would trade elsewhere and the milk dealers would refuse to supply milk with the result that the sick would die, babies starve, and calamity cast a gloom over the City As a matter of history, on the date set for the enforcement of the regulations milk was delivered in bottles and the affairs of the City went on as usual This was put over without a hitch, but since that time any change in the milk regulations has been a matter of educating the public in advance

Coincidentally and probably as a result of the improved milk supply, the next summer saw a drop in bowel troubles in children accompanied by a lower mortality rate. This drop has been steady and in direct proportion to the improvement in methods of handling our milk, so that today gastro-intestinal troubles in children are a rarity. While other factors enter into the situation we claim our present low infant mortality rate of 45

to be largely due to clean milk

From a morbidity, mortality or economic point of view, clean milk pays and, if Middletown handicapped by lack of funds and by politics, can have good milk, other municipalities without these impediments can do still better work. If you give it a thought, there really is no other food as badly and carelessly produced and distributed as milk

Middletown continued with the 1906 regulations always having in mind the necessity of the gradual education of the public for better milk

* Read before the Annual Meeting of the Medical Society of the State of New York at Albany, N Y, May 23, 1928.

and showing the dealer how a cleaner and better product would sell for more money, and so on until the State Code of 1914 became effective. This educational program has been carried on by the health officer speaking before prominent clubs or organizations, taking women of the Federation of Women's Clubs to plants and farms, and by holding at least two smokers a year for dealers and producers. These get-together meetings have been the best method of helping the dealers and producers solve their problems as well as mine

While the Code of 1914 had not the radical change from dipped to bottled milk, still the grading caused considerable discussion among the producers and dealers as to fairness, et cetera, of the regulations But here again the dealer saw light for he could charge more for Grade A than B, especially was this true in the case of pasteurized milk for, as we know, in many instances there has been but little difference between these grades aside from the caps on the bottles The producer saw still more light for by fixing his milkhouse and barns a little and using small-top milk-pails, his grading being based largely on his dairy score, he could then make milk to be known as Grade A Pasteurized After a time these State regulations became quite popular, for many farms throughout the State are now classified as "Grade

It was a source of great pride to me as it was also to many other physicians in the city when, seven years ago, we were able to get a dairyman to introduce Grade A Raw Milk from Tuberculin-Tested cows and sell it for 16 cents a quart while other grades sold for 10 to 14 cents Believe me, it was some venture for us who were back of the idea My physician friends talked milk from tuberlin-tested cows to their patients and prescribed it. In order that it could be readily procured for babies, arrangements were made at a number of drug stores to handle the milk and it was delivered on telephone calls the same as a prescription

It was a great gamble and it meant advance or defeat in our good milk program. Today, that seems like a dream, for the milk from tuberculin-tested cows has gradually increased in sales so that all raw milk sold in Middletown is from this source. This result has been a matter of constantly educating that great triumvirate—the consumer, the dealer and the producer

Believing that all parties were coming to the point where it was possible, the Board of Health at my suggestion in January, 1927, passed a resolution (note this was a resolution) that on and after July 1, 1927, "all raw milk sold in the city should be from tuberculin-tested 1

cows" This brought out opposition from the local press and especially from a drovers' organization. This organization, officered and financed by cow dealers, put up quite a fight Some of the members of the Board of Health even were doubtful as to the expediency of the resolution, and a commercial factor became so

prominent that a number of the members of the board questioned my right to have brought about this change, claiming that the resolution passed only signified their intention Here was a time when a fellow needed a

friend I suggested that the board rescind their resolution and have the press headline its action to the citizens of Middletown. This was not done. The resolution stood like a red flag to a bull until a modification of the new State Code was passed in January, 1928, and became effective April 1, 1928.

I wish to say that now, however, before a regulation is passed by the board, a survey is made with the view of having a supply of milk at 12 hours' notice in case dealers or producers should strike and, incidentally drop a monkey wrench into the gear case. This I don't expect, but long years in public health work have taught me to be on the look out for the unexpected. This arrangement is known to the dealers and it helps considerably in my educational campaign.

As we near the top, we may be dizzy with Be this as it may, the new State Code has been in effect since April 1st with the following modifications As to grades, we allow Certified, Raw Grade A and Pasteurized Grade A with the same requirements as the State Code We allow only one grade of milk to be bottled at a plant I believe you can guess what a mix-up in milk there can easily be in a plant receiving milk from physically examined cows for pasteurization and milk from tuberculin-tested cows to be sold as Raw Grade A Some of the better grade might get into the pasteurizer but some of the poorer grade might get into Raw Grade A bottles,

Personally, I believe the grading of milk by bacterial count is much fairer to both producer and consumer than the former method of grading by the almost universally used dairy score card. And I believe that though the new code

also In forming your regulations, think this

is going to greatly increase the work of health officers, the end results will more than justify the labor involved Health officers are directed in the new code to do certain things, among which is the collection of body specimens from all milkhandlers Through the cooperation of Dr Paul Brooks, we had feces examinations of all milkhandlers from milkers to drivers Fortunately, no typhoid carriers were found this is, however, in a section that has been practically free from typhoid for many years 4 I believe this is the correct interpretation of the law and the right thing to do, but unless you have sufficient and intelligent assistance to put over the work, it will probably be better to confine your efforts to the suspicious cases only This would apply equally as well to the taking of throat cultures to find diphtheria carriers. Another point of great importance to the health officer is that under the new code he has practically the entire control of the milk sold in his district—but don't try and control that sold outside

While we are sitting pretty at present on the milk question, we are expecting opposition from the pasteurizing plant people for, after July 1, 1929, ALL milk sold in Middletown is to be from tuberculin-tested cows whether pasteurized or raw. At the present time, notwith-standing all arguments to the contrary, we see enough human element in the process of pasteurization for us to doubt it always being properly done and until this factor is overcome, we believe that milk from tested cows is the only safe milk to pasteurize

In milk questions as in all public health work I try to take the public into my confidence. There is hardly a week goes by but that a producer or a dealer comes into the office and makes suggestions. I always have a listening ear and oftimes the dealer or producer will go out and boost for me. As in all work of this kind education and cooperation are the most effective weapons and particularly is this true in regard to milk. In closing, never since November, 1906, have the people of Middletown been allowed to forget that milk is their problem and that they must pay the price to get the best.

Note Since this paper was read, a typhoid carrier has been found in a pasteurizing plant supplying Middletown

THE IMPORTANCE OF SOCIAL SERVICE AND CLINIC MANAGEMENT IN OPHTHALMOLOGICAL CLINICS

By MARY K TAYLOR AND CONRAD BERENS, MD, NEW YORK

A study of 1,346 records from five Eye Clinics in New York and Brooklyn, made for the Ophthalmological and Medical Social Service Sections of the Associated Out Patient Clinics Committee of the New York Tuberculosis and Health Association by Mary K Taylor, Secretary of the Medical Social Service Section, under the direction of Dr Conrad Berens.

Introduction

N 1922 a committee of ophthalmologists of the City of New York, organized as the Ophthalmological Section of the Associated Out-Patient Clinics,* instituted a number of studies of eye clinics, with a view to ascertaining conditions and developing desirable standards The study was made under the supervision of the committee by members of the staff of the Associated Out-Patient Clinics Fifty-two hundred records from five representative eye clinics were A report of the findings was published in The Modern Hospital, October, 1922, issue, Vol XIX, No 4 In brief, the findings indicated that there was no uniformity in the handling of records and the recording of data in the various clinics, that of 193 cases suffering from diseases that might cause blindness (19 diagnoses agreed on by the committee) 534 per cent attended the clinic only one time, that the records showed slight evidence to insure proper care to the patient beyond the filling of prescriptions for drugs and glasses, and very little appreciation of the need to protect other members of society from infec-On the basis of these findings the committee of ophthalmologists adopted recommendations that

Systematic follow-up to insure continued treatment should be instituted for certain types of cases with diseases that might cause blindness

Physicians should be responsible for seeing that the patient is informed of the nature of the trouble and the importance of treatment, and for deciding on what date the patient should return

The social service department with such clerical assistance as is necessary should note the name of the patient whose return is desired and through the proper methods should endeavor to

secure his return on the date specified

Four years after this study was made and the recommendations adopted, it seemed desirable to the committee of ophthalmologists that another study should be made to determine present conditions in eye clinics. This new study was made in 1926 under the joint auspices of the Ophthalmological and Medical Social Service Sections of the Associated Out-Patient Clinics Committee of the New York Tuberculosis and Health Association, and included five institutions in New York and Brooklyn

In brief, the new study showed that in institutions where the recommendations of the committee had not been carried out, conditions were similar to those which prevailed four years previ-Only 50 per cent of cases with diagnoses included in the list of serious diseases requiring follow-up attended the clinic more than once On the other hand, in the institutions where a systematic effort had been introduced to keep patients under treatment, with the assistance of a social worker, 80 per cent made more than one The new study includes refraction cases. and shows that much the same conditions pre-In the clinics where no systematic effort was made to keep patients under treatment only 52 per cent of the refraction cases finished their examinations and obtained glasses if prescribed, while in the other group 86 per cent of the refraction cases completed treatment and secured glasses prescribed

Findings of 1926 Study

Since this study brings out the contrast in results obtained by clinics where an effort is made to study the need of the individual patient and to control his attendance until treatment is completed and by those clinics where there is no such systematic effort, we shall present the statistics of the two groups separately. We shall hereafter use the term "case control" for purposes of brevity in describing that type of care which provides for individual handling, and the regulation of attendance

1 Conditions Which May Cause Blindness

Group 1—Three eye clinics without case control

Two hundred and six cases of conditions which may cause blindness occurred in this group † Of these, 122 (59%) made but one visit to the clinic, and 32 (16%) made but two visits. Only 9 (4%) made more than ten visits. One hundred forty-two (70%) were under treatment less than a week, 42 (20%) were under treatment more than four weeks. Only 9 cases (4%) were shown by record to be satisfactorily completed, 3 more (2%) were apparently still active (at the end of a year) making a total of 6% which definitely showed satisfactory accomplishment. Ten cases (5%) had lapsed. It was impossible to determine the disposition in 184 cases (89%)—

^{*}Executive Committee of the Section on Ophthalmology of the Associated Out Patient Clinics of the City of New York (1922): Walter E. Lambert, M.D., Chairman, Edgar S. Thomson, M.D., Vice-Chairman, Conrad Berens, M.D., Secretary, Ellice Alger, M.D. Isaac Hartsborne, M.D., Chairmers Jameson, M.D., H. H. Tyson, M.D., John M. Wheeler, M.D., Julius Wolff, M.D., Michael M. Davis Executive Secretary, Associated Out Patient Clinics Gertrude E. Sturges M.D., Assistant Secretary

^{*} Similar conditions evidently exist in other cities See "Aspects of Social Service and Preventive Work in Eye Hospitals" (New York State Journal of Medicine, September, 1921) and "Medical Social Service and Follow Up Work in the Eye Hospital" (Archives of Ophthalmology Vol XLIX, No. 5 1920) by Dr George S Derby of Boston.

most of these (with the possible exception of the cases with a diagnosis of "Foreign Body in Cornea") had undoubtedly lapsed, as the record indicated no apparent improvement, and there was no statement that treatment had been completed

Group 2—Two clinics with case control

Seventy-seven cases occurred in these two clinics Of these 25 (32%) made one visit, 11 (14%) made two visits (many of these one and two visit cases were satisfactorily completed by transfer, etc) Nine (12%) made more than 10 visits Twenty-one (27%) were under care less than a week-of which 8 were patients with foreign bodies The disposition of all the 77 cases was determinable-in one of the institutions the disposition was recorded on the medical record. in the other it was possible to determine it from the follow-up file kept by the social worker Thirty-seven cases (48%) were completed, 22 (29%) were still active at the end of a year—a total of 77% which were satisfactorily cared for Only 18 (23%) lapsed before treatment was completed

Comparison

The clinics in Group 2 (with case control) showed 29% less one and two visit cases, 8% more cases making 10 or more visits There was a gain of 43% in the number of cases kept under treatment more than a week, a gain of 31% in the number of cases under treatment more than There was a gain of 71% in the number of cases known to be satisfactorily completed or still active

Refraction Cases

Group 1-Three clinics without case control

In the first group of hospitals there were 353 refraction cases Only 52% of these completed the examination and obtained glasses prescribed Thirty-four per cent of those given drops to put in their eyes at home failed to return to complete the examination Of those for whom glasses were ordered at least 23% failed to secure them (Figures concerning the percentage not securing glasses are undoubtedly too low, as the information obtained from opticians, with the exception of one institution, was based on incomplete data) The large majority of these had failed to order

† Certam diagnoses not occurring in the 1922 study were classified by us and added to the list of diseases and injuries which cary cause blindness. The complete list used in 1926 as basis for statistics is as follows GENERAL Glaucoma.

CONJUNCTIVA Conjunctivitis Acute, Purulent (muco-puru lent) Pterygrum, Trachoma.

CORNEA Abscess, Foreign Body in Cornes, Keratitis Inter statial, Phlyctenular, Syphilitic. Ulcer LENS Cataract.

UVEAL TRACT General Diseases of Uveal Tract Uventis
Anterior Iris Iritis Ciliary Body Cyclitis, Choroid Chonoretinitis Choroiditis Central.

RETINA Retuits Hemorrhagic, Sy Retua, Thrombosis of Central Vein. Syphilitic, Separation of OPTIC NERVE Amblyopia, Atrophy EYEBALL Disorganized Globe (Phthisis Bulbi) Exophthalmos. DISTURBANCES OF MOTION Strabismus.

the glasses, very few failed to call for glasses on which a deposit had been made

Where revenue is derived by the institution from the sale of glasses the financial loss involved when only half of the refraction cases complete treatment and secure glasses is necessarily great

Group 2-Two clinics with case control

In the second group of hospitals there were 389 refraction cases Of these 86% completed the examination and secured glasses if prescribed Ninety-one per cent returned to complete the examination, of those for whom glasses were ordered 94% obtained them

Records

No adequate system of attendance-control could be built up on the basis of the records as kept by the hospitals in Group 1 The disposition was recorded on the medical record in only 9 cases On 127 out of 771 cases out of 771 (1%) (16%) there was no record of any advice or treatment having been given the patient. One of the hospitals in the second group also omitted disposition from the medical record, but it was possible to learn it from the social worker's clinic In only one institution was it possible to file learn from the medical record itself whether the patient had secured glasses In one the optical department of the hospital kept a file of patients who had received their glasses and the worker feels that her check-up was accurate others the method of finding out whether the patient had received his glasses was by elimination, if there were no unattached stub in a bale of stubs preserved by the optician or if there were no note to the contrary in the social worker's file, the patient must have received his glasses Since all the data collected by elimination presupposes that every case for whom glasses were prescribed was given a prescription to present to the optician, one must infer that even more patients failed to secure glasses than this study shows, as in one institution about one-third of the patients who did not order glasses apparently never even accepted a prescription

CLINIC MANAGEMENT AND SOCIAL SERVICE

What is responsible for the great difference in results obtained by these two groups of clinics?

We can at once disclaim that it is entirely the use of a mechanical letter follow-up system, since of 42 letters sent to request the return of lapsed patients 33, or 79%, were unsuccessful evident even in clinics where an effort is made to make the patient understand the importance of care that if he has once decided not to return the chances that a letter will bring him back are slight

Since it is evident that the sending of follow-up letters alone is not sufficient to secure the attendance of patients until treatment is completed, let us study the other features in the handling of patients in the two groups of clinics

Group 1—Three clinics without case control

Clinic Management

In this group there was no appointment sys-Lapsed cases were not reviewed or fol-It was impossible to tell from the records what disposition had been made of the cases Little systematic effort was made to make the patient appreciate the importance of return. The social worker was not present in the clinic and had little opportunity to discover and remove obstacles to the return of the patient or to his carrying out of treatment The doctors had the entire responsibility for discovering and referring to the social service department cases which they thought needed care, although occasionally administrative officers or opticians referred cases for financial adjustment This form of organization did not provide for attention to the individual patient, discovering his misunderstandings and fears, making sure that he knew what he was to do and that he could do it-in short, did not provide for attention to the social and psychological elements in the handling of patients in the clinics

Use Made of Social Service

In these institutions where no social worker was assigned for duty in the Eye Clinic, the Social Service Departments were called on to assist in the care of 7 patients out of 206 with diseases that might cause blindness—only 3% In 4 of these 7 cases the social service department was asked to adjust fees, in 2 cases follow-up was requested, in one case a report was written by the Social Service Department The department was in touch with 14, or 4%, of the 353 refraction cases Nine out of these 14 cases were referred for financial adjustments, in 3 cases reports were written, in 2 cases there was no record of what action had been taken

It is evident that these departments had very little opportunity to take part in the care of the patients

Group 2—Two clinics with case control

Clinic Management

In this group of clinics patients were given a definite return appointment. Lapsed cases were reviewed A record was made of the disposition of the cases A social worker (assisted in one clinic by a volunteer, and in the other by a clerk) was present in the clinic. Instructions given the patients were reviewed with them before they left, and the social worker talked over with each patient the recommendations which had been made, inquired into his ability to carry them out, reassured him as to adjusted payments if expense were worrying him, impressed on him the importance of return, and thus overcame in advance

many obstacles which might have prevented these patients from completing their treatment. This service of inquiry and instruction is required by nearly all patients. It worked well in these clinics to have it performed directly by or under the supervision of the social worker who was to handle the problems which were revealed by this inquiry or the adjustments made necessary by the treatment prescribed in the clinic

Services Rendered by the Social Service De fartment

In these institutions the social worker or someone directly under her supervision was in touch with all the patients and made sure that they understood the importance of care and were able to carry it out. Besides this service of inquiry and explanation, the social worker in one clinic found it necessary to make some social adjustment in the case of 29% of the patients, in the case of 17% more she found it necessary to write follow-up letters or make visits to get the patients to return and complete treatment. Two-thirds of the cases were undertaken for other needs than financial adjustment.*

Attention to the social and psychological elements in the handling of these patients in the clinic resulted in a much higher percentage of return, and also revealed needs of social treatment which might otherwise not have been discovered

Comparative Study of One Clinic

In order to make as accurate a test as possible of the results attained by installing a social worker in a clinic, comparative studies were made of one of the clinics in Group 2 before and after a worker was provided

Of the group of patients with serious conditions which might cause blindness who were admitted before a social worker was provided, 47% were under care less than a week. In the group studied after the social worker was assigned to the clinic, 20% were under care less than a week—and most of these were discharged or transferred to other care—a gain of 27%. Only 18% of such cases in the first group were known to have completed treatment satisfactorily as compared with 80% in the latter group—a gain of 62%. Sixty-seven per cent of the refraction cases in the first group completed treatment and obtained glasses if prescribed, as compared with 88% in the latter group—a gain of 21%.

It is evident that the introduction of a social worker into this clinic made it possible to keep more patients of all types under care until treatment was completed

^{*}We have outlined the essentials of a follow up system and a list of certain diagnoses which should serve as a guide to the hospital social worker and the ophthalmologist in selecting cases for special attention ("Social Service and Follow Up in Ophthalmology" Transactions of the American Academy of Ophthalmology and Oto-Laryngology 1926, and Hospital Social Service, August, 1927)

SUMMARY

- 1 It is important to note that 43% more of the patients with eye diseases which might result in blindness were kept under treatment more than a week in clinics where the recommendations made by the committee of ophthalinologists in 1922 were carried out and 71% more of these cases were shown by the records to be satisfactorily completed at the end of the year
- 2 Every ophthalmologist knows what this means to him in regard to his ability to follow the course of a certain disease and note the results of treatment. Unless he can do this and also draw conclusions in regard to the results of treatment, he is unable to use this material for research and teaching purposes It is a sad but true fact, brought out in this report, that very little use is made of the vast amount of material presented by several of our greatest institutions treating eye diseases in the City of New York, owing to the fact that the records are not only not properly filed and cross-indexed, but are actually so poorly cared for that the physician cannot be expected to take an interest in recording his findings
- 3 The fact that many of these patients will become blind if they do not attend another clinic or consult a private physician makes this a problem for the state and for the nation as well as for the individual clinic and the ophthalmologist
- 4 Not the least important point is the fact that much valuable time is lost by doctors and others upon those patients who make one visit and fail to return.
 - 5 Loss of time is also extremely important in

regard to the refraction cases, for without social service and follow-up work only 52% of refraction cases were found to be completed, whereas in the clinics where proper social service and follow-up were carried out, 86% completed their treatment and obtained the lenses prescribed

6 If physicians give their time gratuitously, they should have adequate clerical and social service assistance and if this were provided for refraction cases there is no doubt that the added revenue obtained by the hospitals would more than pay for the services of these workers

7 The question of the after-care and follow-up of surgical cases is also extremely important. If we are to draw any conclusions of value in regard to surgical procedure, it will be interesting to know from future studies the percentage of patients who fail to return after they are discharged from the hospital. The final results of operations can best be determined in clinics where social service is used.

8 Probably the most important point brought out in this study of clinical conditions is the fact that follow-up, in the sense of sending a card to a patient after he has left the clinic, is not sufficient. The entire handling of the patient from the time the patient is consulted at the admission desk must be such that the patient is impressed with the necessity of returning and is imbued with the idea that when he does return he will receive courteous treatment and conscientious skillful medical attention. It is clearly shown by this study that unless he is imbued with this idea, follow-up in the mechanical sense of the word will not improve conditions.

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For list of officers of County Medical Societies, see November 15 issue, advertising page xxv

MEDICAL JOURNALISM

The time is past for questioning the value of the State Medical Journals, the tendency is in the opposite direction-to establish organs of County Societies Progress in state medical journalism during the past year is shown by the increasing employment of full time secretaries and editors who seize the suggestions

and inspirations afforded by every group of doctors talking shop Philosophizing on medical topics is the favorite avocation of physi-The medical journals which doctors seek the most eagerly are those which deal with local topics in a way in which doctors discuss them in their moments of relaxation

SENSITIZING COUNTY SOCIETIES

It is a significant fact that when a physician assumes office in the Medical Society of the State of New York and studies the problems which are referred to the society for solution, he becomes sensitized to the civic duties of the medical profession and begins to preach their performance Physicians have hitherto been concerned principally with the discovery of scientific truths and the methods of applying the discoveries to the treatment of sickness. But physicians realize their duty to give all kinds of medical service to all classes of people This is a broad program, and leads far beyond the private practice of medicine for which people are willing to pay, and into the fields of disease prevention and health promotion where medical service is impersonal and its performance is a civic duty that carries no financial remuneration and little honor

Many doctors profess to have no personal interest in the practice of public health and civic medicine, and at the same time they talk about the evils of free clinics and the abuses of pubhe health nursing, showing that their protestations of indifference are like the whistling of a boy passing a grave-yard The very fact that the doctors talk about the practice of public health by non-medical groups shows that they are deeply interested in the general subject. When a doctor's interest in any form of public health or civic medicine is aroused, either supporting or opposing, it is but a step to secure his participation in the activity Doctors are conscientious, and are jealous of the rights and prerogatives that devolve upon the medical profession of which each one is a member, be he an optimist or a pessimist If he should cast his argument in the ancient form of logic the doctor would reason

Major premise The medical profession is the source of knowledge and advice and practice in all medical matters

Minor premise I am a member of the medical profession

Conclusion Therefore I must be a willing source of knowledge and practice in public licalth and civic medicine

A physician must engage in some form of public health or medical civics in order to realize the extent of the civic obligations of the medical profession. A physician may not know whether he is sensitized or is immunized to the performance of his civic duties but he finds it out when the idea is introduced into his system of thought like very fact that a new idea enters the mind, induces a sensitization to that idea. A concrete example of developing that sensitization is the increasing interest which officers of the medical society of the State of New York take in the performance of the civic duties of physicians after they assume the duties of their position.

and further evidence is afforded by the continuance of their interest and their assumption of new activities after their terms of office have expired. Office holding in the medical society of the State of New York means willing service, with honor only incidental and secondary

When the idea of practicing public health and civic medicine is introduced into a medical society, some members may be found to be hypersensitive to matters which are associated with the practice and yet are foreign to it members must be desensitized, and the most practical way of doing it is by the introduction of the new theory and practice in small amounts for a brief period. When these physicians find that no evil effects follow the receipt of the idea, they become receptive to its practice and sup-An example is set porters of the movement forth in an editorial on page 1421 of the December first issue of this JOURNAL, describing public health nursing in a small city in which the hypersensitiveness of the doctors was changed to support when a discreet nurse came to assist the doctors in their private practice. A more recent example of that of the "resentment" of the physicians of a county medical society when the State Department of Health instituted a special survey of a part of the county The hypersensitiveness was to the foreign idea that the survey had already been fully planned by the State Department of Health when the county medical society was asked to participate in it The reaction of hypersensitiveness would probably have occurred in any event, but if the State Department of Health had introduced the idea some weeks before beginning the survey, the members of the county society would have recovered from the reactions and would have lent their assistance at once without complaint

Hypersensitiveness to constructive suggestions from the State Department of Health were usually expected and anticipated a decade ago, but its manifestations have occurred less and less often as the county societies have become desensitized to the extraneous ideas that often come with new movements in public health. The decreased frequency of the reactions is due to two reasons.

- 1 The activities in which doctors are expected to engage are now recognized to be those which are purely medical. Other groups and organizations will perform all duties along economic, social, and moral lines, and will leave all medical activities to the medical profession.
- 2 Physicians have always shown a normal sensitization to the performance of their medical duties along civic lines, and this reaction becomes transformed into constructive activity as soon as the physicians are given the opportunity to express it in a pure form

The story of the growth of the discharge of civic duties by physicians has been one of sensitizations and desensititions by both the medical profession on the one hand and voluntary organizations on the other, with the State Department of Health preserving some degree of neutrality There have been challenging chips on the shoulders of physicians, and volumes of propaganda put out by the lay health organizations, and out of it all has come the Committee on Public Relations of the Medical Society of the State of New York The great work of this Committee is to sensitize County Societies to their assumption of leadership in all activities relating to the practice The State has been divided into of medicine districts which has been assigned to the five members of the State Committee, as described on page

1432 of the December first Journal The plan of the Committee is to induce each county society to make a survey of the health activities in its county and to get in touch with the leaders in every line of health work. The object of each County Committee is to determine the health needs of the county, both public and private. The step that will naturally follow is that the physicians will assume the leadership in all forms of medical work in the County

The ideal result that may be expected from this plan of the Committee of Public Relations is that by common consent physicians will give or prescribe all forms of medical service to the people, while other organizations, acting in harmony with the physicians, will give all needed service along economic, social, and moral lines

NINETEEN TWENTY-EIGHT IN RETROSPECT

This Journal one year ago printed an editorial on "Mountain Peaks of Medical Progress," showing that every advance in the practice of medicine is initiated by a few leaders who raise an ideal like a mountain peak towering above the valleys and plains of ordinary practice. Then there follows the slow task of raising the level of common practice up to that of the peaks, until a high table land of practice finally envelopes the former mountain tops

The progress of the Medical Society of the State of New York during 1928 has consisted largely in elevating medical society practice up to the level of the ideal peaks set by a few discerning leaders. The specific evidence of the progress is that offered by the standing committees through which the State Society conducts the greater part of its work.

The three committees of Public Relations, Medical Economics, and Public Health and Medical Education, have functioned every day in the year, and their activities have touched nearly every member of the State Society

The arrangements for the annual meeting

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"Most of the State journals do not aim to take a place among medical journals, but are more in the nature of bulletins of local medical progress New York can have either one a real medical journal or a bulletin of State affairs My own observation of the feeling of the profession in this State is that they would prefer that the State Society give them a well-rounded medical journal, partly supported by advertisements, and adding as much of local features as is not inconsistent with a good journal We, therefore, come back to the necessity of emulsifying the oily advertising business with the limpid waters of ethical purity

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The story of the growth of the discharge of civic duties by physicians has been one of sensitizations and desensititions by both the medical profession on the one hand and voluntary organizations on the other, with the State Department of Health preserving some degree of neutrality There have been challenging chips on the shoulders of physicians, and volumes of propaganda put out by the lay health organizations, and out of it all has come the Committee on Public Relations of the Medical Society of the State of New The great work of this Committee is to sensitize County Societies to their assumption of leadership in all activities relating to the practice The State has been divided into of medicine districts which has been assigned to the five members of the State Committee, as described on page

1432 of the December first JOURNAL The plan of the Committee is to induce each county society to make a survey of the health activities in its county and to get in touch with the leaders in every line of health work. The object of each County Committee is to determine the health needs of the county, both public and private. The step that will naturally follow is that the physicians will assume the leadership in all forms of medical work in the County.

The ideal result that may be expected from this plan of the Committee of Public Relations is that by common consent physicians will give or prescribe all forms of medical service to the people, while other organizations, acting in harmony with the physicians, will give all needed service along economic, social, and moral lines

NINETEEN TWENTY-EIGHT IN RETROSPECT

This Journal one year ago printed an editorial on "Mountain Peaks of Medical Progress," showing that every advance in the practice of medicine is initiated by a few leaders who raise an ideal like a mountain peak towering above the valleys and plains of ordinary practice. Then there follows the slow task of raising the level of common practice up to that of the peaks, until a high table land of practice finally envelopes the former mountain tops

The progress of the Medical Society of the State of New York during 1928 has consisted largely in elevating medical society practice up to the level of the ideal peaks set by a few discerning leaders. The specific evidence of the progress is that offered by the standing committees through which the State Society conducts the greater part of its work.

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MEDICAL PROGRESS



Differentiation of Cardiac Pain - J S Lankford emphasizes the importance of distinguishing the different types of pain associated with the various forms of heart disease, as the treatment may differ considerably With the agonizing pain of true angina pectoris the patient stops rigid, breathless, pale, with features revealing the imminence of death The pain is usually under the sternum, in the left shoulder and the inner part of the left arm and wrist, sometimes the right side is affected in the same way. He cites one case in which there was great pain in the wrists in front of the joint only, and the patient had been treated for rheumatism Atheroma of the large arteries with lime plaques in the aorta or about the aortic region of the heart causes suffering quite similar to that of angina pectoris, but the pain is less spasmodic and likely to be frequently repeated or almost constant under exertion or excitement Aortitis causes very severe pain under the upper portion of the sternum on exertion, with great tenderness in the second interspace on the right of the sternum and there is heavy pulsation of the carotids In these cases digitalis is not useful unless there is extensive hypertrophy of the left ventricle with decompensation. Suprarenal extract helps some patients Aneurysm causes pain and soreness according to the direction of the pressure Cholecystitis or other gall-bladder disease not infrequently gives rise to substernal pain that closely simulates some cardiac symp-A condition that may be confused with aortic disease on account of the substernal pain is mediastinal lymphadenitis. In chronic myocarditis before grave impairment has taken place, effort may produce pain under the sternim, usually well localized Hypertension, especially when the kidneys are involved, causes substernal pain and hyperalgesia about the chest. When the heart and kidneys become gravely impaired and toxemia is extreme, there is severe pain in the gastric region, which yields poorly to medication Widely scattered anginoid pains occur in hypertension with autointoxication. The neurocirculatory heart leads to hypersensitive areas in the fifth interspace below the nipple, in the fourth at the sternum, and in the third above the nipple This condition is relieved by exercise and nervines, and diathermy and alpine light are valu-Indigestion with gas pressure upon the heart will cause apical pains of stabbing character, which are rarely of much gravity A heart not up to standard may suffer from fatigue pain like that of any other muscle -American Medicine, October, 1928, xxxiv, 10

The Geographical and Climatic Distribution of Rheumatic Fever —T Tertius Clarke, writing in the Medical Journal and Record. November 7, 1928, exxviii, 9, propounds a new theory of the cause of rheumatic fever Statistics and the experience of medical men in the tropics show that neither rheumatic fever, nor chorea, nor mitral In the United stenosis occurs in the tropics States and Canada there is a remarkable parallelism between the distribution of rheumatic fever and that of Ceratophyllus fasciatus, the common This insect can exist only if the temperature is low and humidity high. A temperature of 70° F seems to be incompatible with its continued existence Rheumatic fever is proportionately about twenty times more common among the children of the working classes than it is among the children of the rich It is obvious that the rat would be found in badly built houses, in those lying low and near water courses, and it would usually have access to houses where dampness is found. The environmental conditions of rheumatic fever are the same as those of the rat The reason for the absence of the disease from the tropics can hardly be due to the absence of a bacillus, for in the tropics the cultures of bacilli do not require an incubator Clarke, therefore, submits that the rat's temperate climate flea, Ceratophyllus fasciatus, is the unknown factor which would supply the key to the etiology of rheumatic fever, and suggests that this hypothesis is worthy of investigation

Rheumatic Sore Throat (Peritonsillitis) -Prof S Graff says that the association of angina with typical joint rheumatism is well known, but even clinicians, while admitting the association, do not regard it as one of cause and effect They claim that there is nothing to prevent the secondary implication of the tonsil after a general in-Conditions in a way are parallel with those of tuberculosis or other chronic infectious The author, as a result of his observations, concludes that this lesion is essentially a peritonsillitis but that there is no evidence to determine whether it is a primary or secondary manifestation The material studied was purely autopsy and no examination of extirpated tonsils is mentioned in this connection In general the subjects had succumbed to heart disease of rheumatic origin The author emphasizes the value of the discovery of Aschoff's nodes as an index of a rheumatic process Histologically these represent a specific process and they have even been found in the heart muscle itself. They show beyond doubt that rheumatism is essentially an infectious disease, the specific exciter of which is

still unknown, although it is admitted that the blood is first infected and the tissues in general later. The causal organism shows a distinct tendency to attack loose connective tissue. There seems to be a special predilection for the joints and the heart, but this is only an assumption based on clinical appearances, for there are reasons for the belief that all of the connective tissues of the body are equally involved —Deutsche mediziuische Wochenschrift, Oct. 19, 1928

Acute Laryngeal Stenosis and the Weather -Dr de Rudder says that he has long studied a certain relationship between the weather and the occurrence of acute laryngeal stenosis, the latter quite independently of the basic disease upon which the stenosis developed Clinically the children have croup, of course, the basic disease being any acute infection of the larynx, whether diphtheria, influenza, or measles A tabulation of 49 cases shows that only these three diseases were represented Numerically these cases are infrequent and the author's 49 cases were seen over a period of three years. There is a tendency for such cases to occur in cumulative incidence at certain times and localities with long periods of absence. Strange to relate the season of the year and the basic disease play no rôle, but the author believes that he has traced a notable connection with the meteorological conditions which he sums up under the name of "stenosis weather" surface characters of the weather, as cold, warm, rainy, etc., do not figure, but real factors are the moisture of the air, the direction of the wind, the sudden change of temperature, and all other meteorological elements which go to make up weather in the scientific sense Ideal meteorological conditions are winds blowing suddenly from low pressure areas with intervals of inter-Naturally there is an individual susceptibility to croup, but it does not figure in the present problem A study of the author's table shows that the stenosis was severe in type and that intubation or tracheotomy was required in some of the measles and grippe patients as well as in the diphtheria cases. Whether or not edema of the glottis was present is not stated False croup seems to be definitely left out of consideration and the author says nothing as to whether his ideal stenosis weather exerts any influence on laryngismus Cases are mentioned as complicating scarlet fever although these are not included in the author's table.—Klimsche Wochenschrift, October 28, 1928

Diabetes and Heredity—In his records of over 800 cases of diabetes mellitus P J Cammidge found that 224 (28 per cent) gave an ancestral or family history of the disease. With the object of throwing fresh light on the part played by the hereditary factor, he carried out breeding

parents have an abnormality of carbohydrate metabolism giving rise to a high fasting blood sugar. all the offspring will be similarly affected. If one parent is affected and the other not, all the offspring will appear to be healthy, but all will be hybrid carriers and transmit the disability to their descendants If one parent is affected and the other is a hybrid carrier, half of the offspring, on an average, will be affected and half will be hybrid carriers When two hybrid carriers mate, one-fourth of the offspring, on the average, will be affected and three-fourths will be apparently normal, though two out of three will be hybrid carriers Owing to single births, limited families and the monogamous habits of the human species, clear-cut evidence of heredity comparable in every respect to the experimental breeding of animals cannot be expected, but it is evident that they are governed by the same principles. This is shown by remarkable family histories which demonstrate that defects of carbohydrate metabolism may be transmitted as either a recessive or a dominant character At present it is not clear whether the inherited factor is itself the cause of diabetes or merely predisposes to the development of the disease, nor has it been determined that an hereditary factor is a necessary basis for its development in The main value of the evidence is in indicating that the marriage of diabetics is inadvisable and intermarriage between families in which there is even a remote history of the disease is to be discouraged The children and grandchildren of such unions should be watched and guarded from exciting causes likely to develop a latent or hereditary defect -British Medical Journal, October 27, 1928, 11, 3538

Iodized Salt for the Whole of Switzerland -O Stiner states that thus far six of the Swiss Cantons have introduced the general use of 10dized salt, and ordinary salt can be had only by special request. The Canton Wallis which first tried the experiment will not make the medicated salt compulsory and in all of the others the use of the same varies greatly. The results where it is used have not been brilliant and there is always the fear of public indifference and relapse to former conditions The Swiss Goitre Commission nevertheless recommends the use of the salt for the entire country Members of the medical profession are told that, however they feel individually on this subject, they should regard the movement as an experiment to rid the country of a great blemish and should support it loyally Commission voted unanimously to extend the prophylaxis to the entire country. The standard amount of iodine to add to the salt is half a gram of potassium iodide to 100 kilos of salt. recommendation by the Commission evidently puts all responsibility up to the Government, with the necessary enforcement provisions It should not be difficult to control the public supply of salt and to medicate it The execution of the enforcement provisions is apparently to be left to the Cantonal authorities—Schweizerische medizinische Wochenschrift, Oct 13, 1928

Ketone Diet in Epilepsy—After two years' experience with the ketone diet in epilepsy, W W Harper concludes that a large number of epileptics will be benefited by this diet (Southern Medical Journal, November, 1928, xxi, 11) Favorable results, however, will only be obtained when the diet is rigidly adhered to and when the urine shows a strong acetone reaction. Most of the failures will be found to be due to a break in the dietary régime. It is extremely difficult to make children take the excessively high fat diet The formula for the diet provides carbohydrates, protein, and fat, in the proportion of 30 of the first, 30 to 40 of the second, and 100 of the third A menu providing these proportions is given this diet fails to induce acidosis, the fat should be increased by giving more butter or French dressing on the salad If weakness or exhaustion occurs it means that there is too little sugar in the blood, and relief will be afforded by a lump The ketone diet is unof sugar or an orange suited in cases in which attacks occur at weekly or monthly intervals Patients not improving under a strict ketone diet often show an immediate improvement when luminal is added to the diet And, again, those influenced by luminal begin to improve when the ketone diet is added

The Allergic Factor in Mucous Colitis — Warren T Vaughan reports seven cases of intractable mucous colitis in which the patients reacted positively to several proteins, and when these were eliminated from the diet improvement He calls attention to certain points of similarity between bronchial asthma and mucous colitis, particularly that in both diseases the two outstanding features are smooth muscle spasm and increased secretion of mucus In both conditions headache of a migrainous type is rather common and other allergic manifestations are not infrequent The parasympathetic innervation of the last half of the colon is of the same type as in the bronchial tree and is more direct than is the innervation of the upper intestine Lyon and Bartle, in describing the victim of mucomembranous colitis state that there may be a history of eczema urticaria, asthma, angioneurotic edema and erythema multiforme, but they fail to take this analogy to allergic conditions into consideration when they discuss the treatment. In experimental anaphylaxis there is strong evidence that the intestinal tract may react as well as the bronchial A further analogy between bronchial asthma and mucous colitis is found in the claim that cases of hyperesthetic rhinitis and of bronchial asthma, when associated with diminished blood calcium, respond very satisfactorily to ultraviolet

light, and cases of mucous colits with low blood calcium have been observed to respond equally well to actinotherapy. In most of the author's cases treated on the assumption that food allergy was a factor in the causation of the mucous colitis, complete relief was not obtained. He therefore concludes that some of the numerous other etiological factors were active at the same time, but this does not invalidate the theory, since in bronchial asthma and hay-fever many factors often play a part—Southern Medical Journal, November, 1928, xxi, 11

Is There An Intestinal Grippe?—Dr J K Friedjung of Vienna, asks and then answers this question in the affirmative. In the recent local epidemic, a patient attacked in the ordinary manner with the disease developed constant desire for stool followed somewhat later by profuse diarrhea A fellow practitioner suffered in a like manner, as did the author himself Nevertheless the author was not entirely satisfied with the diagnosis as "intestinal grippe," for some of the leading internists look on such a diagnosis as a mere makeshift He, therefore, read up, especially in American and British literature, and found abundant evidence of such a clinical entity. He chose chiefly the literature of the past five years although one can find the condition mentioned by old In his study of recent literature he finds a choleriform condition often present in infants and young children as a complication The mortality is high and conof influenza fusion with appendicitis common, as well as with ileus In some children the picture is one of hyperemesis, in others of dysentery There can be no doubt as to the existence of a gastroenteric grippe To return to this condition as manifested in adults, the author cites cases seen by him after his attention had been directed to the syndrome One of his house servants was attacked with abdominal pain and diarrhea which proved refractory to laudanum although relieved by charcoal absence of other phenomena and of ordinary exciting causes, he seems to have made a diagnosis of intestinal grippe. In closing he calls attention again to the multiform character of the symptoms in children—a gastroenteric form, a purely enteric form without gastric symptoms, a dry form simulating appendicitis, a colonic type, and a dysenteriform type Fever is always present and there is sufficient collateral evidence to connect the cases with ınfluenza — Deutsche medizimsche schrift, September 28, 1928

Treatment of Climacteric Troubles—F Ertl and Carl Mayer regard the term "climacteric troubles" as elastic and often used to cover diagnostic inability. The atrophy of the ovaries upsets the endocrine equilibrium, so that the picture

may vary greatly and may be dependent on group factors Thus the robust woman of the pyknic habitus is said to suffer very little, and to seem to be relatively immune at other developmental pemods—puberty, menstruation, and gestation The asthenic type which also corresponds to the ptotic may suffer from mild or severe syndromes latter often point to derangement of the vegetative nervous system, usually a heightened sympathicotonus, combined with circulatory and mild affective mental disturbances, sometimes explained by mild hyperthyroidism. The treatment of these menopausal symptoms has embraced nearly everything on the merely empirical side, but recently there have been numerous attempts at a scientific management, beginning naturally with ovarian feeding, to be combined later with other rational substances like calcium to antagonize nervous irritability, and with frankly symptomatic remedies Some of the formulæ proposed and tested suggest the ancient "shotgun" or polypharmaceutic prescriptions of a past age of these formulæ comprises the ovarian hormone in combination with lipoids, a purgative for the almost constant obstipation, a cardiac sedative, and remedies believed to dilate the bloodvessels and lower the blood pressure One formula intended to be given for months at a time contains -naturally in minute doses-such drugs as nitroglycerin and amidopyrine, or the double salicylate of sodium and caffeine Relief is at best incomplete and inconstant -Münchener medizinische Wochenschrift, October 12, 1928

The Action of Saliva and Gastric Juice on the Clotting of Blood-The rapidity with which wounds in the buccal cavity stop bleeding and the firm clot that occurs in that situation, and also the common observation of the licking of wounds by animals, led John B Hunter to test the effect of saliva on the coagulation time of The experiments which he carried out indicate that the coagulation time of the blood is definitely reduced by the addition of saliva was found that centrifuged saliva acted better than plain saliva and that the passage through a Berkefeld filter did not alter the action experiments showed that the coagulation time was markedly delayed by gastric juice, and that this delayed period was shortened by the presence of If the hydrochloric acid in the gastric Juice was neutralized by sodium bicarbonate the clotting time was lengthened. The delay in clotting time was marked in the presence of highly acid juices such as occur in gastric and duodenal The clot formed in the presence of free hydrochloric acid was jelly-like and never firm From these observations it may be deduced that the substance which hastens the clotting of blood is either destroyed or precipitated by weak acids

Hunter suggests that this substance is identical with tissue fibrinogen Hematemesis of a severe variety is chiefly associated with simple gastric and duodenal ulcers, that is, with conditions where the acidity of the gastric juice is high The addition of more tissue fibringen to the stomach under such conditions should materially aid clotting, and this is supplied by saliva. The indications in hematemesis from simple gastric and duodenal ulcers would seem to be (1) to augment the flow of saliva by the sucking or chewing of some innocuous substance, (2) to neutralize the gastric juice by frequent small doses of alkali, and (3) to restrict the movement of the stomach by rest and the administration of morphine—British Journal of Surgery, October, 1928, xvi 62

Prungo, Pruntus, and Lichenification -H Haldın Davıs endeavors to give a clear conception of what is meant by the terms of the title. After describing prurigo ferox and prurigo mitis, he discusses prurigo Besnier and prurigo nodularis. which have no relation to true prurigo and are now said to be allergic conditions Idiopathic pruritus is essentially a neurotic symptom true test of its presence is interference with sleep Localized pruritus may affect any region of the body, when it occurs in the neighborhood of the perineum (pruritus ani, pruritus vulvae, and pruritus scroti) it is elevated to the rank of a definite disease. As a rule the affected area is the seat of changes which are termed lichenification. the exact nature of which is obscure, but it may best be regarded as the end stage resulting from a number of forms of subacute inflammation When pruritus is so situated that an occlusive dressing can be applied, Unna's paste is the most convenient. In the case of pruritus ani, vulvae or napex (where the scalp ends at the neck), where it is impracticable to apply a dressing, the X-rays, radium, or ultraviolet light may be useful X-rays always relieve the condition, whether associated with lichenification or not A half-pastille dose is given three times with an interval of two weeks between treatments, then after four weeks a final half-pastille dose is administered times a recurrence can be cured by radium, even though the X-rays have failed Ultraviolet light Davis has found disappointing, as it gave only temporary relief In all cases of lichenification, irradiation must be followed by the use of some oily substance, such as vaseline or lanolin irritation is often relieved by some phenol derivative, preferably liquor picis carbonis, which may be incorporated in an ointment or painted on undiluted, and followed by the application of vaseline or lanolin Davis is opposed to the surgical treatment of pruritus for the reason that he has not seen any case in which it has proved successful — The Practitioner, November, 1928. cxxx1, 5



LEGAL



By LLOYD PAUL STRYKER, ESQ Counsel, Medical Society of the State of New York

IS LAW A SCIENCE?

Science has been defined as "knowledge gained by a systematic observation, experiment and reasoning, knowledge coordinated, arranged and systematized, also the prosecution of truth as thus known, both in the abstract and as a historical development" Three essential elements, therefore, are noticeable in this definition, (a) observation, (b) experiment, and (c) reasoning, and all of these must be "systematic" These three acts, when "coordinated, arranged and systematized," result in that knowledge which is defined as "science" All of the accumulated wisdom in regard to the care, treatment and function of the human body is the result of "observation, experiment and reasoning" This knowledge arranged and systematized has been placed at the disposal of medical students through the lectures and treatises of experts, and the knowledge thus acquired is finally placed at the disposal of the human race through the medium of the medical profession.

The very essence of science denotes the idea Science is not merely the result of progress of past observation, experiment and reasoning, but is based upon a continued exercise of these A scientist is one trained in observation, experiment and reasoning His observation will be of little value, unless he is capable of making logical and sound deductions from it, nor will this be of worth unless it is constantly corrected by experiment Because of the fact that all that it is possible to know about the human body it not yet known, medicine is peculiarly a progressive science New truths are being constantly discovered, and when demonstrated, are accepted There is nothing absolute in medicine For this reason medicine is often spoken of as an inexact science

The subject of this, the seventh in our series of editorials, has to do with the question, "Is law a science?" Law, like medicine, is in a state of flux. The rules of conduct which were accepted as binding by one generation, are repealed by the legislatures of a succeeding one, or are altered or qualified by new decisions in the courts. The sources of law are the opinions of the judges, the statutes and the works of the great textwriters. It is there that the principles of law are found, but the application of those principles to a given state of facts requires the reasoning faculty. A reliable application of those principles can be made only by those experienced in the observation and study of those principles.

and in reasoning upon them. How difficult this is, is suggested by the old adage that there never were two cases exactly alike. The lawyer, therefore, like the physician, has no arbitrary rule of thumb by which to guide his course. He must ascertain what the principles are, but when this is done, his work has only started, for he must make a correct application of those principles to the facts in hand. To understand the principles, he must understand the reasoning upon which they are based. He must not only know the rule of law, but he must understand the reasoning upon which it is founded.

But law, like medicine, is constantly in a state of change. The recognized principles of conduct which make up the content of our law, express the views of right and duty of the particular generation by which those principles were accepted. These concepts change with changing generations. In the nineteenth century, there was as great an alteration in the principles of law as in that of every other science.

"Every one instinctively recognizes," Oliver Wendell Holmes has written, "that in these days the justification of a law for us cannot be found in the fact that our fathers always have followed It must be found in some help which the law brings toward reaching a social end which the governing power of a community has made up its mind that it wants And when a lawyer sees a rule of law in force, he is very apt to invent, if he does not find, some ground of policy But in fact some rules are mere for its base survivals Many might as well be different, and history is the means by which we measure the power which the past has had to govern the present in spite of ourselves, so to speak by imposing traditions which no longer meet their original end History sets us free and enables us to make up our minds dispassionately whether the survival which we are enforcing answers any new purpose when it has ceased to answer the practical study of the law The true science of ought also to be scientific the law does not consist mainly in a theological working out of dogma or a logical development as in mathematics or only in a study of it as an anthropological document from the outside, an even more important part consists in the establishment of its postulates from within upon accurately measured social desires instead of tradi-

And Mr Justice Holmes further wrote "Well,

in the law we only occasionally can reach an absolutely final and quantitative determination, because the worth of the competing social ends which respectively solicit a judgment for the plaintiff or the defendant cannot be reduced to number and accurately fixed The worth, that is, the intensity of the competing desires, varies with the varying ideals of the time, and, if the desires were constant, we could not get beyond a relative decision that one was greater and one But it is of the essence of improvement that we should be as accurate as we can * * * When we say that a workman takes a certain risk as incident to his employment, we mean that on some general grounds of policy blindly felt or articulately present to our mind, we read into his contract a term of which he never thought, and the real question in every case is, What are the grounds and how far do they extend? The question put in that form becomes at once and plainly a question for scientific determination, that is, for quantitative comparison by means of whatever measure we command When we speak of taking the risk apart from contract, I believe that we merely are expressing what the law means by negligence, when for some reason or other we wish to express it in a conciliatory form 2 times tell students that the law schools pursue an inspirational combined with a logical method, that is, the postulates are taken for granted upon authority without inquiry into their worth, and then logic is used as the only tool to develop the results It is a necessary method for the purpose of teaching dogma But masmuch as the real justification of a rule of law, if there be one, is that it helps to bring about a social end which we desire, it is no less necessary that those who make and develop the law should have those ends articulately in their minds I think it most important to remember whenever a doubtful case arises, with certain analogies on one side and other analogies on the other, that what really is before us is a conflict between two social desires, each of which seeks to extend its dominion over the case, and which cannot both have their Where there is doubt, the simple tool of logic does not suffice, and even if it is disguised and unconscious the judges are called on to exercise the sovereign prerogative of choice "3

Nothing could be more remarkable than the change of legal concepts during the past century. In the year 1800 in England, more than two hundred crimes were made punishable by death. Thus, the stealing of property valued at five shillings, or the stealing of anything above the value of one shilling from the person of another, was punishable by hanging. If a soldier or sailor in those days wandered about the country begging without a pass, he was hanged A person convicted of treason in those days was drawn on a hurdle to the place of execution, was hung

my the neck and then cut down while alive, his bowels were then taken out and burned before his face, his head was then severed, and his body cut into four quarters and placed over the gates of cities to poison the air. It was not until 1870 that the statute changed all this 5

The rules of civil procedure in those days were almost unbelieveably unworkable and complex Down to 1802, there were three superior courts of common law, and there was the court of equity, all held in the great hall of William Rufus These tribunals met within a few feet of each other on the same floor, and were not separated from each other by partitions. Yet, if a litigant mistook the form of action, his case was thrown out of the particular court in which it was brought, and he was forced to start all over All of the various technical forms of action were finally abolished, but it was not until about 1846 that the movement was begun both in England and in this country which led to a simplification of the rules of procedure, whereby a litigant stood some chance of having his case heard upon the merits without being shunted about from court to court, unable to find out in which tribunal he should have started

But nothing is more notable in the history of law than the changed attitude of courts and legislatures toward labor questions. In the reign of Edward III, under "The Statute of Laborers" every man and woman under the age of seventy who was not exercising any craft and who possessed no land and who was not already employed, was bound to work for anyone who required his services "at the wages heretofore accustomed to be given"8 If he refused, he was sent to jail This statute was not repealed in England until 1863 Down to the year 1871, labor unions were illegal in that country, and their members were often prosecuted for and convicted of conspiracy As late as 1875, it was still a criminal offense for a workman to break his contract of employment 7 The change in legal concepts, both legislative and judicial, in regard to labor and labor unions is too well known to require comment

This subject could be expanded almost without limit. Its discussion would require a review of the law of married women. It was not until 1886 in England, that a widow was made the guardian of her children. In 1840, the English courts held that the husband held control over the person of his wife, as well as the ownership of her personal property, and if he saw fit to put her under lock and key, she could not gain her release through habeas corpus. It was not until 1890 that a husband's right to chastise his wife under any circumstances was first denied in England.

In an interesting paper read by Judge Frederick E Crain of our Court of Appeals and delivered over the radio under the auspices of the Bar

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Association, he declared "In fact, the law is but a reflection of the morals of the time. Those who make and administer the laws are just like other people, and seldom rise above them Men cannot in making and enforcing the laws go in advance of their time As evidence of this we recall the trials for witchcraft These took place over Europe and in this country less than three hundred years ago We can hardly imagine today learned, careful, painstaking men seriously trying women for witchcraft and believing that they had entered into compacts with the devil whereby they could cast over others evil spells, cause death and travel on broomsticks through the air "o

Judge Crain then referred to the age of Queen Elizabeth as one of the most enlightened eras in the history of England, the time of Shakespeare, but he says "What about the administration of law in this enlightened age? In November of 1603 Sir Walter Raleigh, for treason in Winchester, in England, before a commission made up of some of the leading nobles and justices of that country No witnesses were called against him Statements made out of court by one Lord Cobham were read Raleigh in vain asked that Cobham might be brought to face him, as he had retracted all these Such was not the practice of the time, and the request was refused Raleigh was convicted and later executed Under the loose procedure of the day, which was common and in accordance with the times, the person need not be confronted with the witnesses who had testified against him Their testimony could be given and taken in secret, charges of crime were never precise, and if made at all, were read to the prisoner at the time-or just before his No counsel were allowed the accused in many cases, and he could not be a witness for himself"

It was because of this and other state trials in England that the sixth article of our bill of rights was added to the American Constitution "In all criminal prosecutions, the This provides accused shall enjoy the right to a speedy and to be informed of the nature public trial, and cause of the accusation, to be confronted with the witnesses against him, to have compulsory process for obtaining witnesses in his favor, and to have the assistance of counsel for his defence"

Tracing the growth of our principles of justice,

Judge Crain continues "Our law is not a system of rules devised and brought to pass out of the minds of learned men, or any class of men, neither are they rules forced upon us by some overlording power, but rather our laws have come to us through the action of the people themselves, adopted out of bitter experiences of the past, and are the result of a gradual growth in wisdom and knowledge of men, of affairs, of the purpose and objects of government. They have kept pace with the moral and intellectual development of the people at large As the people have advanced in civilization, so

likewise has it advanced their conception of law and of justice, until today we have a refined, complicated system which reaches out into every activity of life, regulating and controlling man in his conduct toward his family, his neighbor, the nation and other nations. While for practical reasons, the law has not risen, and probably never will rise, to the heights of morality or to that justice which religion inculcates and teaches, yet there never was a time when the law, as carried out by our courts today so nearly approached this high standard More and more does the law of our land come near to the morals of the people 'The common law of England is not a compendium of mechanical rules written in fixed and indelible characters, but a living organism which has grown and moved in response to the larger and fuller development of the nation'"

The law, then, may be truly said to have been built upon the knowledge gained by systematic observation, experiment and reasoning Through the work of our legislatures and our courts, this knowledge has been arranged and systematized, and that process still continues Law, then, may be truly designated as a science no science more vitally affects the citizen in his daily life, or is more important to those three prerequisites to a tolerable existence life, liberty and the pursuit of happiness

REFERENCES

1 Law in Science and Science in Law, by Oliver Wendell Holmes Harvard Law Review, Vol 12, p 452. 2 Holmes, p 456

3 Holmes pps 460-461

4 Law and Human Progress, by Walter Clark American Law Review, Vol 37, pps 520-521
5 Clark, p 521

6 Clark, p 521

7 Clark, pps 525-526 8 Clark, pps 527-528 9 The Living Law by Frederick E Crain New York Law Journal, March 26, 1928





LONDON LETTER



MEDICAL SCHOOLS, HOSPITALS, MEDICAL WORK

Opening of the Medical Schools-With the opening of the Winter Session of the Medical Schools attached to the Hospitals there has been the usual number of addresses given to the newly enrolled students It seems difficult to think of anything fresh to say on these occasions, and one generally finds that the orator urges his audience of neophytes to be diligent in their studies and to grasp every opportunity of acquiring knowledge Dr Watts Eden at Charing Cross Hospital hit upon the happy idea of pointing out the fluctuating value of the knowledge of the moment "The knowledge held to-day might in ten years' time prove to be wrong, possibly so far wrong as to be dangerous in its application, and for the practitioner of medicine the sense of being at school continues throughout the whole of his career" True as this statement is, one cannot help feeling that even the most eager student might have his enthusiasm clouded by the shadow of perpetual schooling, and would have thought it more merciful to allow the realization of lifelong servitude to an exacting mistress to soak in by degrees After all, we know it soon enough. Another line altogether was chosen by Professor Ernest Barher at King's College Hospital, he spoke of the less troublous period of Hippocrates and Aristotle, and with his profound knowledge of political science gave a fascinating address culminating in the advice that the student should learn to clothe his physic with some philosophy and some general wisdom, taking for an example his old friend, Sir William Osler A better choice could hardly have been made, for Osler, trained as he was in Canadian and American Universities, consolidated his fame by his labors in England to raise medicine to the highest pinnacle of the liberal sciences

Road Accidents and the Hospitals—The amazing development of road motor traffic of recent years has led inevitably to a corresponding increase in accidents to members of the motoring fraternity and to pedestrians. This has led to a very acute hospital problem affecting not London alone, but perhaps particularly the "Cottage Hospitals" in country villages and smaller towns. These Cottage Hospitals, erected for the reception of the sick in the immediate neighborhood, and generally confining their activities to the more minor ailments (for serious cases and those needing major operations can be better dealt with in the larger institutions) find themselves confronted with a steady stream of accident cases, some of

them of great severity, among motorists from all parts of the country who have no claim upon them whatever except that of sudden and dire Some of these hospitals, indeed, find emergency that the demand made upon their beds by accident cases is so large that the relief of their own people is seriously jeopardized and great need is experienced for additional accommodation. For the building and equipment of these additional beds and for their maintenance money is required, and this money is not forthcoming. It might be thought that some of the increased expenditure could be obtained from those receiving benefit and especially that, as in these days nearly all motorists insure against third party risks, the expenses incurred by the hospitals in the treatment of these insured parties should be made good by the insurance companies This is, however, far from being the case, partly owing to the constitution of the voluntary hospitals, which lays down that they shall admit as far as possible all cases of accident and emergency, and partly because the medical staffs give their services and cannot therefore make a claim for payment for professional treatment. The hospitals cannot, it seems, make any claim which would be considered in the law courts, and naturally enough the insurance companies do not recognize an obligation which cannot be enforced by law as the large London hospitals are concerned, there is no doubt that the increase in accident cases has made great demands upon their beds and has thus lengthened the already too long waiting lists, but the pressure is relieved to some extent by the Poor Law Hospitals, to which many of these accident cases are taken

The Strain of Medical Work—The recent suicide of two medical men has directed public attention to the strain to which doctors with busy practices are subjected. One correspondent ventures to suggest that the emotional pressure on a doctor must be as great as that upon a leading actor! Those of us who know what the pursuit of medicine demands of its votaries will smile rather grimly at the parallel The very idea of comparing the hopes and fears of an actor, anxious to gain the sympathy and applause of his public, with the responsibility of the doctor's life and death struggle for his patient, shows that with whatever gifts kindly nature has endowed our correspondent, a sense of proportion is not H W CARSON, FRCS among them



NEWS NOTES



EXECUTIVE COMMITTEE

A meeting of the Executive Committee of the Council was held at the State Society rooms, 2 East 103rd Street, on Thursday, November 8, 1928

Under the Reports of Committees, Dr Farmer, Chairman of the Committee on Public Health and Medical Education, reported that he had completed an analysis of the various lectures given under the Committee during 1927, and that a similar analysis was being prepared for this The most outstanding activities of the Committee for the past month were the two weeks courses of five lectures in Medicine and five in Surgery given in Rochester before the Counties of Monroe and Livingston and in Batavia before the Counties of Genesee, Orleans and Wyoming The attendance in both places had been most satisfactory, in fact, a non-member of the Society who had attended these lectures at once sent in his application for member-A course in Gastro-Enterology has been started in Cayuga County, and other courses are in preparation for Ontario, Sullivan, Steuben and Delaware, the attendance at previous lectures of the last county being over 80% Dr Farmer also stated that the work was being greatly facilitated by the cooperation on the part of the nearby counties to select the same subject

Dr Vander Veer, Chairman of the Special Committee to Consider the Annual Meeting and Make Recommendations Thereto, reported the following recommendations adopted by this Committee That the Annual Meeting be held in Utica, that the Chairman of the Committee on Arrangements be a resident of Utica, that the arrangements and handling of the commercial exhibits be in charge of the Advertising Manager under the supervision of the Editor-in-Chief, that the general registration and publicity be in charge of the Executive Officer, that a special

Committee be appointed by the Executive Committee to have charge of the general arrangements of the Annual Meeting The President appointed Drs James N Vander Veer, John A Card and Orrin S Wightman as this Committee

It was voted that the next Annual Meeting be held in Utica, June 3rd, 4th, 5th, and 6th, 1929
Dr Hyzer W Jones of Utica was appointed

Dr Hyzer W Jones of Utica was appointed Chairman of the Committee on Arrangements

The Report of the Committee on Scientific Work and the Report of the Committee on Publication regarding the syndicating of articles on indical subjects for the leading newspapers were referred to the Council

The Executive Officer gave a resume of the Annual Meetings of the District Branches which showed an increasing interest and marked increase in attendance over the meetings of the past few years

In reply to a letter received from one of the County Societies asking for an opinion as to the line of demarcation between medical advertising and medical publicity, the following resolutions were passed

"That it is the opinion of the Executive Committee of the Medical Society of the State of New York that medical publicity is educational and deals with the medical profession in its entirety—whereas medical advertising appertains to the medical publicity which deals with the individual only and may be used to his or her personal advantage"

The Executive Committee endorsed the idea that the Counsel write a book on Physicians' Rights and Duties

It was decided to hold the next meeting of the Council in the State Society rooms, New York City, Thursday, December 13th

D S Dougherty, Secretary'

THE SECOND DISTRICT BRANCH

The annual meeting of the Second District Branch was held on the evening of December 6, in the Chamber of Commerce Building, 60 Court Street, Brooklyn, with about 60 members present The President of the Branch, Dr Guy H Turrell, of Smithtown Branch, presided The meeting began at 7 o'clock with a dinner, which was followed by a business session at which the following officers were elected

President, Charles H Goodrich, Brooklyn, First Vice President, L. A Van Kleeck, Manhasset, Second Vice President, T C Chalmers, Richmond Hill, Secretary & Treasurer, Alec N Thomson, Brooklyn

These officers were suggested by a nominating committee which was appointed for the purpose canvassing the membership in order to secure those physicians who are both active and ex-

nemenced in medical society affairs, for the President of the Branch is an important officer in the Medical Society of the State of New York

The program of the scientific session was carried out with unusual snap and vigor. It was different from that of all the other District Branch meetings in that it was devoted entirely to subjects relating to the county medical societies First there were reports of the activities of each of the four county societies which compose the Second District Branch These reports were given as follows

Kings County, by Dr C H Goodrich Queens County, by Dr E A Flemming, Rich-

mond Hill

Nassau County, by Mr Louis Neff, lay Secretary, who read the report prepared by Dr A D Jaques

Suffolk County, by Dr W H Ross, Brentwood Brief remarks were made by the following officers of the Medical Society of the State of New York

Dr Harry R Trick, President, spoke of the post graduate work of the State Society, ably started by Dr C A Gordon of Brooklyn, and now managed by Dr T P Farmer, of Syracuse Dr J N Vander Veer, President Elect, spoke on the need that physicians should supply Dr Britt, Chairman of the Committee on Econimics, with data concerning unsatisfactory methods and decisions of the Workmen's Compensation Commission

Dr W H Ross, Secretary of the Public Relations Committee, told of the practical work of the Committee in inspiring county societies to assume the leadership in all forms of medical service

The principal address of the evening was given by Dr Louis I Harris who has just retired from over twenty years service in the New York City Department of Health, the last two or three being as Commissioner of Health, in order to accept a position as medical advisor of one of the largest dairy organizations

Dr Harris spoke plainly and unreservedly of the relation of physicians to public health work, He showed the ways in which the methods of volurtary health associations were defective, and outlined methods by which physicians can give essential service in public health and civic medicine

All the addresses were in concise form, and of a practical nature, and will be published in the next issue of this Journal

LECTURE BY THE EDITOR OF THE LONDON LANCET

The Kings County Medical Society held an open meeting on November 15, devoted to Medical Journalism, when Sir Squire Sprigge, Editor of the London Lancet, gave the principal address The meeting was preceded by a dinner given by Dr Charles H Goodrich to Dr Sprigge and some of the editors of medical journals

Sir Squire Sprigge graduated from Caius College, Cambridge, and St George Hospital, London, joined the Lancet staff in 1892, and was knighted in 1921 His twenty and more years of leadership have influenced medical journalism by lifting it to a higher cultural level He was present in this country in order to deliver the Hunterian Oration before the Clinical Congress of

the American College of Surgery

It was fitting that the introductory address should be made by a member of the Kings County Medical Society, who is Editor of the American Journal of Surgery, Dr Thurston Welton, who described in his breezy way impressions he gained through reading the first issues of the London Lancet Early nineteenth century reports of surg cal operations seem naive to us, for they make no reference to the way pain was borne or to the violent attempts to break free, and the operator is frankly described wearing a dirty apron with his assistant standing nearby with ligatures laced through his buttonholes in readiness how a tumor of the scalp was being removed

when the patient broke away and was "recaptured," only to escape and be caught three succes-The patient bled until she fainted, so the tumor "was removed painlessly" During a vaginal hysterectomy, the patient "lost no more than two pounds of blood"

Dr. Lewis Stephen Pilcher, also a member of the Kings County Medical Society, and distinguished as Editor of the Annals of Surgery, was confined to his home by illness and sent a brief word of greeting which was read by President Goodrich He said that the three purposes of a medical journal were, first to stimulate physicians and surgeons to advancing endeavors, second, to promote modern medical methods before the laity, and third to be an accurate record of local practice

Sir Squire Sprigge held his audience by his modest and intimate discourse, interpolated with subtle whimsies He narrated the story of the earliest medical records up through the ages The Babylonians described on a tablet 6000 years ago a case of dropsy that others might benefit thereby Then when the Æsculapian cult was in vogue, temples contained votive tablets recording the symptoms of the diseases, and what medicine effected the cure In those times therapy was essentially physiotherapy and massage, and sun treatment and hydrology were used effectively Hippocrates studied these tablets and began to

disregard the common superstitions about health and disease and recognized the need for rules of

living

Galen writing the Greek language in Rome 2000 years later for its cultural excellence, familiarized himself with Hippocrates and medical science, and added some schisms, which were not based on actual clinical records. Medicine suffered from his surmises and nothing progressive happened through the Middle Ages except the rise of Arabian learning. Haroun-al-Raschid founded the Academy of Bagdad during the 9th cen-

tury The large hospital kept commendable records Harvey was contemporary with printing, and his writings in Latin constitute the first medical periodical

The Lancet is a venerable periodical, but it was antedated by four other journals, which however dealt with all sciences. Dr. Sprigge's final message was a statement of the function of medical journalism which is to "Spread the message of medicine, which is crystallized in textbooks, and then challenged in the periodicals"

DEO

DIPHTHERIA PREVENTION

The November Board of Health Bulletin of the City of Middletown, Orange County, contains the following item which is an example of excellent medical publicity

"Diphtheria — Two active cases and one convalescent case of diphtheria were recently brought into Middletown from a dairy farm in the outlying district. That we have just escaped a mild epidemic is no concern of the family who brought their children here in order that the sale of milk from the farm would not be stopped. While these cases will not be counted against. Middletown's record—having been imported—that is not the important point to be considered. Our efforts are directed, not primarily towards a record, but towards preventing sickness and deaths

"The main points that do stand out prominently in this instance are—first, none of the cases ever had Toxin-Antitoxin, second, a bad case of nasal diphtheria of several days duration responded to diphtheria antitoxin, third, diphtheria has not been eradicated and will continue to be a menace to those children not protected with Toxin-Antitoxin

"These cases should bring forcibly to you the problem of future diphtheria in Middletown If your child is not protected, it may contract the disease and die With your present knowledge of diphtheria and its prevention, you cannot afford to take a chance Remember that riches and poverty look alike when diphtheria takes its youthful victims"

DR ETHAN A NEVIN

Dr Ethan A Nevin, Superintendent of the Newark State School, passed away on October 10, aged fifty years He was devoted to his chosen work of caring for the insane and feebleminded, and was a regular attendant at the meetings of his County Medical Society and District Branch He was also deeply interested in public health, civic and educational affairs of his village, and conducted a large Sunday school class for men

BIOGRAPHY OF GENERAL WOOD

The following letter may interest the personal friends of General Leonard Wood

"I am engaged on the authorized biography of General Leonard Wood, who, you will remember, started his career as a physician, entering the United States Army in 1885 as a contract surgeon. It has occurred to me that some of your readers might have had contacts

with General Wood and might be willing to tell me of them, or to send me any letters from the General, or any unusual photographs, which they may have"

HERMANN HAGEDORN,
Study 27, Library of Congress,
Washington, D C

QUEENS COUNTY

A stated meeting of the Medical Society of the County of Queens was held at Eagle Palace, on October 30th, 1928, at 830 P M, with the president, Dr F G Riley, in the chair

The president made the following report

"At the meeting of the Comitia Minora held, October 13th, 1928, the matter of the study of the prevalence of Syphilis and Gonococcal infectations in Greater New York by means of a survey by the New York Tuberculosis and Health Association in which a questionaire would be submitted to each physician in the county requesting that they indicate the number of active cases under treatment on a given date, was considered

"After the Comitia Minors had convinced themselves that the data obtained would be confidential and controlled so as not to pass outside the knowledge of the member of the Medical Society to whom the data would be submitted, the Comitia Minors unanimously voted to recommend that the Society endorse and sponsor such survey"

After further explanation, it was moved by Dr H C Courten and seconded by Dr Harry Mencken that the Society approve of the survey if carried out as outlined in the report Passed unanimously

The president appointed Drs Buxbaum, Lawrence and Whelan, a Committee to retire and present a report of nominations of officers and boards for the year, 1929 In due time the Committee presented the following nomination

For President, William J Lavelle, M D, for Vice-President, Edward A Flemming, M D, for Secretary, E E Smith, M D, for Treasurer, James M Dobbins, M D, for Trustees, Francis G Riley, M D, James M Dobbins, M D, for Censors, Howard W Neail, M D, John L Both, M D, James R. Reuling, M D, for Historiam, Carl Boettinger, M D; Delegates to State Society, T C Chalmers, M D, H C Courten, M D, Wm J Lavelle, M D, Alternates to State Society, L Howard Moss, M D, James R. Rueling, M D, James M Dobbins, M D, Delegates to Second District Branch, L Howard Moss, M D, E A Flemming, M D, Wm J Lavelle, M D, Alternates to Second District Branch, Francis G Riley, M D, Carl Boettinger, M D

The nominations having been spread upon the blackboard, the opportunity for further nominations was afforded and no additional nominations were made

The Board of Censors reported as approved the following applications to active membership and they were unanimously elected Lazarus David Lobell, M.D., 3202 81st Street, Jackson H., William J. McCarthy, M.D., 104-17

118th Street, Queens, Martin L Quinn, M D, 4102 69th Street, Winfield, Thomas E O'Brien, M D, 163-09 Corcheron Avenue, Flushing, Milton H Schlesinger, M D, 101 North 108th Street, Corona

The following transfer was announced Charles L Quaintance, MD, 9419 Hollis Court Boulevard, Queens Village, from The Suffolk County Medical Society

The Treasurer called to the attention of the members the item on page ten of the October Bulletin relating to the enforcement of By-Law VI as to the procedure regarding members in arrears and made the appeal to the membership to pay their dues early in the year and avoid being deprived of the benefits of membership

Dr Mencken reported in regard to the progress of the work by the Committee on Graduate Medical Education

Dr Chalmers reported, for the Board of Trustees, total pledges for bonds for the new building, to the amount of \$215,800 00 Under the head of new business Dr Chalmers further offered and moved the adoption, seconded by Dr Flemming, of the following resolution which was unanimously adopted

"Whereas, the building fund of the Medical Society of the County of Queens amounts to \$215,000 and

"WHEREAS, the \$250,000 authorized will be raised in a very short time, and

"Whereas, when this \$250,000 is in the hands of the Trustees in signed subscriptions, the said Trustees will have to arrange with a bank or trust company to convert them into a Building Loan Mortgage with which to build the building,

"THEREFORE BE IT RESOLVED, that the Board of Trustees of the Medical Society of the County of Queens be and hereby are authorized to negotiate a first mortgage building loan when they have in their possession signed subscriptions to the amount of \$250,000"

The Treasurer's budget for 1929 was read by title and ordered to be published in the Bulletin

ESTIMATED BUDGET FOR 1929

Receipts

Dues from 425 members at \$20 00 \$8,500 00

New members estimate at \$40 00 2,000 00

Income from advertising 775 00

Interest from Land Fund Acct 50 00

Possible other income, P G

Comm 300 00

Possible income from sale of dinner tickets 300 00

Disbursements		
Printing and allied work	\$1,862 00)
Rent of hall for activities, collations Redemption of bonds, average for	700 00	
last two years	224 00	
Annual dinner	300 00	
Salaries	300 00	
Miscellaneous	150 00	
State assessment Medical Society	4,535 00	
Possible Total Disbursements		8,071 00
Estimated surplus of income f	or 1929	\$ 3,554 00

SCIENTIFIC SESSION

(A) The Examination of Gynecological Pa-

tients, by Dr Walter T' Dannreuther Discussion opened by Dr Howard W Nearl, Dr Mencken and Dr Flemming

(B) Non-Tuberculous Pyonephrosis, by Dr Irving Simons Discussion by the president, Dr Riley and by Dr Voltz

A rising vote of thanks was extended to the readers of the papers for their very interesting and valuable presentation

Adjournment

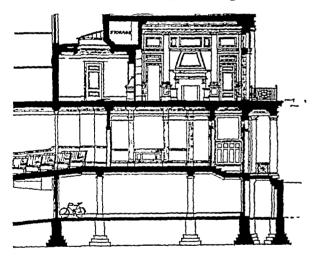
Collation

Attendance, 74

ALBERT L VOLTZ, Secretary, pro tem

DOCTORING BY BICYCLE

Times change, in Brooklyn as elsewhere The building of the Kings County Medical Society which was erected in 1898, was designed to pro-



vide space adequate for the Society "for all time" How up-to-date the plans were is indicated by

the storage space for bicycles in the basement, as is shown in the accompanying section of the architects drawing which is reproduced from the October Bulletin of the Medical Society of the County of Kings

When the visiting doctor next walks up the front steps, let him look at the basement steps on his left and he may still see a narrow iron ramp down which the doctors could guide their bicycles

Speaking of the future the Bulletin reads

"Today much is needed in addition to the great amount we have, thanks to our fathers in medicine. In planning as fathers to the future of medicine, we have a big responsibility and a wonderful opportunity for service

"Shall the flying machine be figured upon in thinking about the new building, or the small, easily parked automobile? Perhaps even the motorcycle needs to be considered Transportation vehicle storage, or parking is a part of the building problem"

THREE GENERATIONS OF PHYSICIANS

The following letter was received from Dr Thomas B Spence, of Brooklyn, N Y

"In some of your recent issues physicians have reported three or more generations of medical practitioners in families of this State. I belong to the third generation of such a family

"My grandfather, Henry Spence, was born in Seneca County, N Y, in 1800 and practiced medicine from 1823 until the time of his death in 1866 at Starkey, N Y He took a course at the New York Hospital in 1822-23 and a certificate of that date bears the signatures of a number of New York's famous physicians of the time

"My father, Byron Spence, was born at Star-

key, N Y, in 1825 He took the degree of M D at New York University in 1850. For a time he practiced in conjunction with his father but soon devoted himself to farming and fruit culture, and was a pioneer in grape raising on the shores of Seneca Lake. He died in 1884.

"My brother, Henry Spence, was born in Starkey, in 1865 and graduated at Columbia, P & S in 1892 and since then has belonged to the medical profession of Jersey City, N J

"I was born in Starkey, in 1867 and graduated at Columbia, P & S in 1893 My professional life has been spent in Brooklyn"



MEDICAL WARES



DEPTH OF FOCUS OF A LENS

The Medical Wares department of the Jour-NALS of September 15 and October 1, discussed cameras such as physicians would use on a pleasure trip

The greatest speed of a lens that is practical at present is F 18. It is doubtful that this speed can be exceeded for ordinary cameras owing to the limitations of what is called "the depth of focus," meaning the ability of a lens to form a clear picture of objects situated at varying distances from the lens

The invariable rule of the speed of a lens is that the larger the diameter of the lens, the less is its depth of focus. This means that, when a lens with a speed of F 18 is focused on a distant object, those near by will not be in focus. When one person of an irregular group is in focus, the other will be out of focus. This fact will apply to any lens no matter what its grade may be

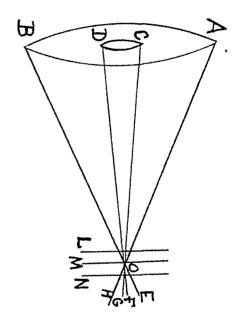
The reason for the slight depth of focus of a lens having a large opening may be shown by reference to the diagram, in which the principle of action of a lens is shown somewhat exaggerated A B represents a lens with a large opening, which in this case is F 13, or impossibly large

When an object is photographed, its light falls on all parts of the lens and is brought to a focus at O. The light which passes through the lens forms a cone whose apex is at O, and whose base is A B.

M represents the surface of a photographic plate. The ordinary method of focusing a lens consists in moving the plate nearer to, or farther from the lens. Suppose a camera is focused on the nearest person of a group, and the position of the sensitive plate is at M. Suppose next he focuses upon a person on the far side of the group, and that the plate is then in the position L. The cone of light from the first person will then be cut-at some distance from the apex and will form a blurred image of the first person.

How can this blurred image be remedied? There is only one way, and that is by cutting down the diameter of the lens Suppose the diaphragm is partly closed so that the diameter of the part of the lens that is used is reduced to CD, or about F 55 in the illustration. The cone of light will then be indicated by the triangle COD, the part cut off by the plate L will be small, and the image of the first man will be much clearer, although it will still be blurred. This means that the depth of focus of the lens will be increased.

How much must a diaphragm be reduced in order to take a clear picture of every person in a group? If the lens in the diagram were drawn to indicate an opening of F 16, the apex of the triangle at O would be so sharp that it could scarcely be drawn with an ordinary pen. There-



fore the pictures of all the men in the group would be as clear as if they were drawn with a fairly sharp lead pencil

The exact amount of blurring, or diffusion, of a photographic image may be shown mathematically with great exactness by the use of the fundamental formula of the action of a lens, as all physicians have been taught in their physics course but have probably forgotten

Let D represent the distance of an object from a lens

Let B represent the distance of the lens from the photographic plate when the image of the object is focussed accurately on the plate.

Let F represent the focal length of the lens, or the distance at which parallel rays of light are brought to a focus

The formula for focusing a lens is then as follows

$$\frac{1}{D} + \frac{1}{B} = \frac{1}{F}$$

This formula will enable a physician to estimate nearly everything he may wish to know about focusing a camera



THE DAILY PRESS



CURE OF LEPROSY

The following news item from the New York Herald-Tribune of November 19 will tend to reassure the people regarding the curability of leprosy—once the most dreaded of communicable diseases

"John Early, famous militant leper, is a leper no more He has been cured—another tri-

umph in modern medicine

"The United States Public Health Service anounces to-day that Early, whose meanderings, escapades and general aversion to leper isolation have in past years sent chills up and down the spines of tens of thousands of healthy Americans in many localities, is to leave the National Leper Home at Carville, La, this month a well man

"Early's 'cure' is due to injections of chaulmoogra oil These injections until recently were extremely painful, but by a method of mixing an anesthetic with the oil this difficulty was removed. Since 1921 only one discharged leper has suffered a recurrence of the disease

"Within a few days Early is to be the object of a ceremony held by the Carville patients when a subject is pronounced 'clean'—born again Remembering the days when burial service was read in English churches over a leper departing, legally dead, to hopeless segregation, his wife to remarry and his property to be divided, the Carville patients rejoice when escorting a recovered patient to the gate to go forth in the world. In accordance with the new custom, Early is to be decked with flowers and sent forth with the blessings of his former associates.

"During the last sixteen months, it was announced, twenty-four patients have been discharged as recovered or the disease 'arrested'"

WITCHCRAFT IN 1928

Why does anybody believe in witchcraft in these enlightened days? Is it because we all have a streak of superstition in our make-up? It would seem that inherited temperament has a part in perpetuating the belief, for it flourishes in certain sections of the country among people noted for their conservatism and adherence to the customs and beliefs which sophisticated New Yorkers consider antiquated and queer

The New York Times of December 5 describes the tragic results of the persistence of a belief in witchcraft in the vicinity of York, Pennsyl-

vania, as follows

"Dr C D Coch, Deputy Superintendent of the Department of Public Instruction, promised today that immediate steps would be taken to adopt a program for stamping out witchcraft, voodooism and other forms of the black arts as practiced in this part of Pennsylvania

"At the same time an appeal was issued by District Attorney Amos Hermann for citizens to report to him immediately all cases in which they know that "pow wow" doctors have accepted fees He promised that immediate criminal proceedings would be started against any person so accused

"Following closely on the announcement by Dr

L U Zech, County Coroner, that at least five infants who had been treated by "pow wow" doctors and had received no medical attention had died here in the last two years. The latest victim was revealed as Raymond P Searchrist, 7-weeksold and the son of Mr and Mrs. Percy Searchrist of this city. Neighbors today recalled accusations made just before the infant's death, about a year ago, that it was bewitched. A local woman "pow wower" was employed to "take off the hex." The infant died about an hour after a physician was called

This Journal of August 1925 contains an editorial on quacks founded on the observation of the unimpeded sale of quack kidney medicine every night in the center square of a small city near York. It quoted a preacher in the city who said "We have fine doctors here who have great skill, and we do as they tell us, and the city is healthy. But what this man says may be true, and therefore we buy his medicine, and can you prove to me that what he says is false? We are a people full of faith and we trust both the doctors and the peddlers of medicine."

Does not this quotation shed some light on the persistence of the belief in witchcraft in that locality?

THE ARISTOCRACY OF THE PHYSICIAN

The New York Times of December 7, includes physicians in its discussion of the standing of

various groups of citizens in the eyes of society when he says

"A scientist, perhaps with an engineering background, announced two days ago that mechanics are the most intellingent class, with engineers and technical men second, business men third and doctors, ministers and professors just above the lowest moron group

"In ancient Europe, for example, soldiers and robber-barons ranked highest, with bankers, astrologists just above the serfs and slaves. In medieval Europe, churchmen were all-powerful Such few 'scientists' as existed were looked upon

with distrust

"It may be alleged that there is no real con-

nection between intelligence and caste But it is doubtful if this will diminish the high opinion which various groups have of their own standing or eliminate the comfortable sense of superiority over others which this gives them Incidently, several engineers have already protested that they stand far above the mechanics, as witness the fact that one of their number was recently elected to an important office in this country."

No matter what opinion the people may have of the physician during their hours of comfort, there is no doubt of their dependence on the doctor in the presence of pain or an accident

A POEM

The following verses from the "More Truth than Poetry" column of the New York Herald Tribune of November 24, may have an appeal to the two classes of persons who seek to escape

from the rigors of winter, the one by migrating to the South Land, and the other by hibernating in cavernous hotels in the cities and pleasure resorts of the North

BEARS

When winter's breath has chilled the air, When ice and snow are everywhere

And there is nothing to be done Which can be classed as fun,

The prudent and sagacious bears Embed themselves in sheltered lairs

And there discreetly hibernate Until the frost and cold abate

They may lose some three months a year From their sojourn upon this sphere,

But in their active waking hours Their time is spent in blossoming bowers Where meat and drink are close at hand Throughout the warm and sunny land

Far better hide in caverns deep And spend three months in healthful sleep

Than battle with the elements When snows are deep and cold's intense

Far better cuddle, snug and warm, Through days of snow and cold and storm

Than eke a scant existence out When gloom is heavy round about

And yet man thinks he has a lot Of common sense, while bears have not

GOVERNOR-ELECT ROOSEVELT ON HEALTH

Physicians will be interested in the newspaper reports of a simple Sunday evening address given by Governor-elect Franklin D Roosevelt, at the sanatorium which he founded at Warm Spring, Georgia, for those having had poliomyelitis, as he has The New York Sun of November 26, quotes Mr Roosevelt as saying

"It is important that nobody be physically handicapped, and the day is coming within forty or fifty years when America will realize that it is the mescapable duty of the Government to educate the body as well as to educate the mind, to teach the people that care of the body goes hand in hand with care of the mind

"As our national wealth increases it will be increasingly important that every child be

equipped with a sound body and a sound mind, and as our world becomes more complex we, the State, will insist that every youngster be given these advantages and thus we will come neare, to the golden rule, because we will be doing for the race collectively what individuals have been unable to do for the last 2,000 years

"We will be bringing a new and better Christianity to the world by carrying out the simple second commandment to love our neighbors as ourselves, and along with a better Christianity

we will build a better civilization"

A governor who advocates the community solution of community health problems, and lives his creed in his business life, will uphold the high ideals of the medical profession when he enters upon his duties as Governor and law maker



BOOK REVIEWS



Modern Medicine. Its Theory and Practice in Original Contributions by American and Foreign Authors Edited by Sir William Osler, Bart, MD Third edition, thoroughly revised. Re-edited by Thomas McCrae, MD Assisted by Elmer H Funk, MD Volume 6 Diseases of the Nervous System—Diseases and Abnormalities of the Mind. Octovo of 964 pages, illustrated Philadelphia, Lea and Febiger, 1928

This is an admirable and up-to-date work devoted largely to the typical organic diseases of the nervous system Of the twenty contributors (at least two of whom have since died) fifteen are Americans, one a Canadian and four Englishmen, all well selected for their parts. The sixty-five illustrations and three colored plates are mostly original, and in a book for general use might well be more numerous. Otherwise little dis-tinctly new can find a place in such a treatise. Many items here and there naturally admit of discussion

Neurasthenia is retained, though Burr (p 627) very wisely interjects that, "Most neurasthenics, then, show something wrong in the family history"

Apparently ankle-clonus finds no mention in the reflexes and their anomalies (p. 76-78), though of course

closely related to the Achilles jerk.

'In the majority of cases the diagnosis has to remain very uncertain" as between cerebral arterial rupture thrombosis and embolism. This differentiation is most important for therapeutic success, and is quite possible in a considerable majority of cases, if we have all the As the book is for general use, and the family physician is familiar with the patient's history and likely to see the case promptly he should be specially acquainted with the differential points

Gelsemium is recommended in facial neuralgia holds for high-pressure patients, but strychnine is best for the opposite back-ground Neurologists however do

not seem to dote much on therapy!

Epidemic encephalitis includes lethargica, yet the lat-

ter term is not included in the Index.

Part II, p 883-926, devoted to Diseases and Abnormalities of the Mind, gives a very available general outline, malarial treatment of paresis being noted elsewhere Septic, as distinct from mere toxic, psychoses might well have a word for this group of readers

It speaks well for our public that a work of this quality can go to a third edition. As a whole it constitutes

an excellent standard text for general reference.

WILLIAM BROWNING

DISEASES OF THE GALL BLADDER AND BILE DUCTS Book for Practitioners and Students By EVARTS AM-BROSE GRAHAM, A.B., M.D., and others Octavo of 477 pages, illustrated. Philadelphia, Lea and Febiger, 1928 Cloth, \$8 00

The authors call attention to the fact that no comprehensive discussion of gall bladder diseases has appeared in the English language since Rolleston's classical work "Diseases of the Liver, Gall Bladder and Bile Ducts," published in 1905 They have endeavored in the present work to cover the subject in a systematic manner with special emphasis on the newly discovered knowledge of the gall bladder Since much of this matter is controversial they have quoted extensively from articles and have assembled as much of the newer literature on the subject as possible so that the book may serve as a convenient guide to what has been done on the gall bladder and bile ducts in recent years. Much of this recent work has concerned itself with the physiology of the gall bladder and the newer methods of diagnosis. Cholecystography has been discussed extensively Their individual and pioneer work in this regard makes their opinion as to the diagnostic accuracy as well as the short-comings of Cholecystography of considerable

An extensive review of the various tests of liver function in relation to the diagnosis of gall bladder disease This will be much welcomed by the many is included who have struggled through the literature on this sub-

An important feature of the book is the emphasis which appears in many places throughout calling attention to the importance of considering disturbances in the liver and other organs as a part of the picture of gall bladder disease

The medical aspect of gall bladder disease is only briefly discussed as the Authors consider non-surgical methods of treatment mefficient except as they are used symptomatically and as a means of preparing patients for operation

The chapter on surgical treatment with its history of operative attempts upon the gall bladder and ducts, its description of the operative procedures and the final results of operation is both interesting and instructive

The book throughout shows a very painstaking at-tempt to collaborate the literature and bring the subject up to date.

The illustrations are adequate and instructive

RUSSELL S FOWLER.

THE TREATMENT OF DIABETES MELLITUS By ELLIOTT P JOSLIN, M.D Fourth Edition Octavo of 998 pages, illustrated Philadelphia, Lea and Febiger, 1928 Cloth, \$900

It is fortunate for doctors and their diabetic patients that Doctor Joslin maintains from year to year, and he has spent twenty-nine of them now in his study, the same eager, enthusiastic, and searching interest in Diabetes Mellitus For he is primarily a clinician, and however greedily he reaches out into every corner for every scrap of experimental work that has to do with his subject, he tries it all in the fires of his own experience with diabetic patients, before he accepts or detracts. And what greater contribution can be made than a clinical report of roughly six thousand cases, critically studied and interpreted in the light of all the available experimental evidence.

This is the fourth edition of Treatment of Diabetes Mellitus, and just as they in turn towered above like books of their day, so does this fourth edition surpass them and probably any other single book on this subject in the English or any other language. It is a giant in size, running to nearly a thousand pages with the index, as compared to its ancestors, and this enlargement is due to the tremendous amount of work which has gone forward since insulin came, in both the laboratory and the clinic. Moreover, he apparently has not missed a trick. He begins with the story of msulin and the lives of the departreatinized dogs which have lived for long periods by its use. He indicates their importance to clinicians, passes on to Diabetes Mellitus in human subjects and takes up in turn, the etiology, physiology and pathology, which includes total metabolic studies, diagnosis, diet, treatment, complications, particularly accidence and compared course course chapters to diagnosis. doss and coma, and gives special chapters to diabetes and surgery, in childhood, in pregnancy, its relation to the other glands of internal secretion. There is also given the charts of food values and food requirements, and a few rules for executing diabetic foods. This many and a few rules for preparing diabetic foods. This matter has less attention in this edition than in the previous

ones, and the really important material has been kept.

This fourth edition of Treatment of Diabetes Mellitus is of monumental proportions, and is probably the most important single volume which will be offered to the medical profession this year. This, because of its common appeal, is such a happy combination of science and clinical experience which in turn is true because its author is able always to approach the matter with the same zest and willingness to record all and give his thoughts as he goes along He is a man of attainment, and conviction, a clinician of the first order, and he spares no effort to present diabetes in its new phase, wisely and completely. There may follow later editions of the same book, but it is safe to predict that none will be more timely or epoch making L C. Johnson

THE SURGICAL TREATMENT OF MALIGNANT DISEASE.
By SIR HOLBURT J WARING, M.S., M.B. Large octavo of 667 pages, illustrated. London and New York, Oxford University Press, 1928 Cloth, \$1500 (Oxford Medical Publications)

This excellent compendium of the present British opinion on the surgical treatment of malignant disease, deserves high praise. It is naturally very British and is a rather striking example of the merits and of the faults of medical literature in England. It is practical and full of good sense and does not attempt to say all that has been or could be said on any of the subjects it touches There are subjects however in which its finalism is a bar to future progress It is well named The Surgical Treatment of Malignant Disease but would be more exactly called the Treatment of Malignant Disease by Operation for which radiological methods are mentioned occasionally They are passed over with respected confessions of ignorance and inexperience.

The first chapter is the Bradshaw lecture and is devoted to a consideration of cancer in general with a sufficiently simple classification for the simple principles of

surgery which the book advocates

The book approaches the subject from the clinical side and each of the subsequent chapters deals with regional malignancy, symptoms, clinical appearances, the surgical treatment. A brief bibliography follows each chapter which may, in most instances, serve as a syllabus or

an introduction to a study of the subject

The volume is a capital introduction to the operative side of the therapy of cancer

MANUAL OF SURGERY (Rose and Carless) For Students and Practitioners By Albert Carless, C.B.E., M.B. and Cecil P.G. Wareley, F.R.C.S. Twelfth Edition Octave of 1844. Octavo of 1544 pages, illustrated New York, William Wood and Company, 1927 Cloth, \$11 00

In some 1,500 pages of closely printed material one finds, in this Manual of Surgery, the 12th Edition and Revision, practically every subject upon surgery that is usually materials existents. usually included in the large six or eight volume systems

This is primarily a work for students, or for research and ready reference for practicing surgeons, and is indeed comprehensive in scope, covering etiology, pathological anatomy, operative and non-operative treatment and technique in generous detail Scattered throughout the pages are numerous and adequate illustrations

In completeness and compactness this work will be hard to duplicate, which fact accounts for the appearance of this twelfth edition. The first edition appeared in 1995 in 1895, and other editions have been published in Hungartan and Chinese.

R DURHAM

OPERATIVE SURGERY PERATIVE SURGERY By J SHELTON HORSLEY, M.D. Third Edition. Octavo of 893 pages, with 756 illustrations St. Louis, The C V Mosby Company, 1928 Cloth, \$15 00

This third edition is an enlargement on the personal experiences of a master surgeon One is impressed with

the careful, concise detailed description of all operative procedures All necessary details are given Superfluous details are omitted. The illustrations are many, showing the real difficulties encountered and the proper technic to overcome them

It is a record of operative procedure which adequately meets the exacting needs of the surgeon. Whether you wish to perform a gastro-enterostomy or to disconnect one already done, whether a resection of stomach or bowel, accurate succinct methods are presented. Much new experimental work on blood vessels and peptic ulcers is included Emphasis is laid on interpretations of biologic processes met with and following operations and necessary physiologic knowledge of the parts operated is always given

To review this work is to add it to one's library

JLB

THE DETERMINATION OF HYDROGEN IONS An Elementary Treatise on Electrode Indicator and Supplementary Methods with an Indexed Biblography on Applications By W MANSFIELD CLARK, M.A., Ph.D. Third Edition Octavo of 717 pages Baltimore, The Williams & Wilkins Company, 1928 Cloth, \$650

The third edition of this important monograph is not merely a new edition, it is really a new book. No one actively interested in the subject of hydrogen ions can afford to be without a copy of this invaluable book, not even if he possesses a copy of the second edition

Clark dedicated this work "To Fellow Workers in the Biological Sciences, Architects of Progress, Who Hew the Stone to Build where Unseen Spires Shall Stand* His fellow workers in turn acknowledge the debt they one him for his admirable summary of the present status of the subject. As he points out in the preface about 100 papers dealing with hydrogen ions were published annually from 1911 to 1918, since then the number has increased enormously until there were more than 1,400 such papers published in 1927 alone. In addition to numerous applications there have been important new developments of various aspects of the subject.

Among these latter topics treated by Clark may be mentioned the quinhydrone electrodes, electrometric titrations, and a chapter on the Debye-Hückel theory of electrolytes The discussions of indicators and buffer solutions are the finest extant. In short, Clark's monograph is the standard work on the subject

Clark is evidently of the opinion that technical accuracy and literary excellence are not necessarily incompatible, and that grammatical correctness is not enough The quotations at the head of the chapters, the poetry included in the discussion of equilibrium and the interestingly written discussions all give a distinctly literary flavor to the book.

M J SHEAR.

Nerve Tracts of the Brain and Cord Anatomy—Physiology—Applied Neurology By William Keiller, F.R.C.S., Ed. Large octavo of 456 pages, illustrated New York, The Macmillan Company, 1927 Cloth, \$8 00

When students take up the subject of nervous diseases it is desirable that they should be able to think in terms of matomy, physiology and pathology. The aim of this work is to make it possible for them to do so, and in our judgment it should be a great aid to the student body Incidentally, it should be said that general practitioners would also be aided by this book in mastering the fundamental "mechanics" of the commoner nervous diseases Essentials rather than details are presented. The book is a valuable addition to the literature.

A. C. J



OUR NEIGHBORS



NEWS FROM COUNTY SOCIETIES IN TEXAS

The attitude of the Texas State Journal of Medicine toward news from the county societies is the same as that of the New York State Journal of Medicine and is well set forth in the following editorial from the November issue of the Texas Journal—Editor's note

We very much desire the fullest sort of reports from those societies which actually deal with subjects that are, or should be, of interest to our readers, and we do not get enough of these, as for that, but we are equally as emphatic in our request for as full reports from the smaller societies, whether or not their members think they have among their number worth while producers of medical literature and scientific thought. One of our purposes in printing this material is to present to the student of our times who may come after us, a cross section of the medical profession of our day and time. There is no better way of accomplishing this

purpose than to make a record of what we are talking about, somewhere, and there is no better place for that than in the "Society News" columns of the JOURNAL

Some are disturbed over the thought of preparing items of this sort which would be of-possible interest to our readers. The Trustees have hired two editors who are deemed competent to edit material of this sort, and no one need be afraid of them. The big idea is to get into the report what actually happened, and as nearly as possible what was said, and the editor will do the rest. We can delete and cut out, but we cannot insert and build up

If any member of any county society thinks his society should be represented in the Society News columns of the JOURNAL, let him take the matter up with the society and see if some one may not be induced to prepare the reports and send them in We will certainly be pleased to have them

THE NEBRASKA COMPENSATION LAW

The physicians of Nebraska are having trouble with their fees in compensation, just as the experience of New York doctors has been. The Nebraska State Medical Journal for December makes the following editorial comment on the administration of the law—Editor's note

From the viewpoint of the medical profession the present Nebraska Compensation Law is fairly satisfactory. The majority of the benefits arising to the workmen will be settled by the Labor Commissioner in a satisfactory manner Few cases will go by appeal to the district courts

Three parties are mainly involved. The employee, the employer, and the physician who cares for the employee The insurance companies settle the payment of the costs and the manufacturers in turn pay for the insurance. In between falls the medical profession. The only objection, at this time, is from the Manufacturers Association, which claims that the costs are excessive and must be reduced or the law will fail It also states that Iowa has a cheaper rate and its law works perfectly We have studied the costs in other states and find it hard to agree that the costs in Nebraska are excessive, at least the costs for medical and hospital benefits. Be that as it may, the manufacturers have been before the commission, appointed by Governor McMullen, and are asking for that body to sustain them in their demand for a revision of the laws during the next session of the legislature, placing a lower

limit on the fees to be charged by the hospitals and physicians. Thus the medical profession is caught between the upper and nether millstones of the insurance companies and the manufacturers.

It has been almost offensively presented, by the Commission to Survey Nebraska Compensation Laws and the Labor Commissioner and Manufacturers Association, that the medical profession has grafted and thus caused embarrassment in the settlement of cases and in the administration of the law The answer has been that some physicians may have presented exorbitant bills, but that the rank and file of the profession are honest and will show as clean a crosssection as any of the parties involved. It is also maintained that the real burden of the law falls on the medical profession and that it must receive adequate compensation It must have an unprejudiced hearing in the courts set up if the best men in the profession are to give their services and the employees to receive average compensa-It has not been a pleasant task to go before these various individuals representing the great bodies involved There is a certain amount of class feeling against the medical profession. largely reflecting a narrow viewpoint, that is so often experienced by a clean, progressive physician employed in the public welfare. However. the Nebraska State Federation of Labor has de-

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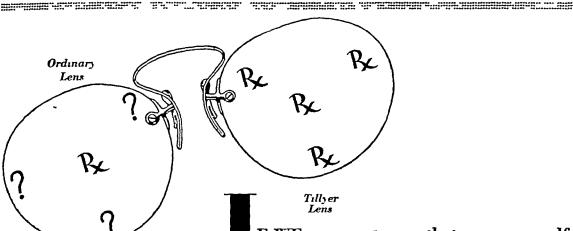
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(Continued from page 1496)

id that the employees shall have first-class and that they shall be cared for in keepth the dignity of an honest wage earner, an object of charity, and that the medical Il be commensurate with the services Thus dical profession is not without a friend in and the alignment of forces brought to o amend the law may, after all, be favorable welfare

medical profession will be well cared for present law is unchanged, if no limit is on the medical fee, and if the Commisas at present adjudicates the settlement of with the right of appeal left to the doctor hay be dissatisfied with the settlement. This il may be taken when there has been an unhable allowance made for his services. The sal for a change is made to provide for a pission to serve without pay, consisting of One member to be appointed by the goveron nomination by the Nebraska State Medissociation, and likewise (2) one from the aska State Federation of Labor, and (3) rom the Nebraska Manufacturers Associa-An unreasonable allowance for medical all be the only basis of appeal, and from ommission appointed the physician shall a right to go to the district court if he so

hile this matter is of great importance to edical profession, in a monetary way, and effort to maintain its right before the law, after all, the biggest task this winter, before legislature, is to maintain our present Mediractice Act, including the Basic Science Law

YSICIANS AND PUBLIC HEALTH IN HOLLAND, MICHIGAN

he seventeen physicians of Holland, Michi-, a city of 12,000 population, have united in ogram to carry on public health work in their munity How they did it and what they aciplished is told in the following item in the ember Journal of the Michigan State Medi-Society -Editor's note

he attention of physicians and health officers several parts of the state has been drawn to effective health program carried out by Dr mel G Cook, the health officer of Holland conceived the duties of the office to be largeat of formulating and getting into practice, ound, well worked out public health proced-

He sees in the physicians of his city the best ssible means of giving to the people the best it is available in preventive medicine ysicians of Holland act as the clinical arm of local health department and carry out all the mical work undertaken by the department (Continued on page 1514 adv xiv)

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EDITORIALS ON MEDICAL NEWS

Menal in the December Journal of the State Medical Association makes the total suggestion regarding commens them in new spapers—Editors 1 of

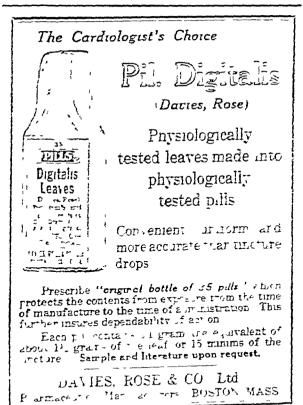
al lads come under the head of news with must be reported to the public. The minimizing public, ever ready to se zero with suggestions, is particularly impressed ow in medicine. The truth or falsity of its rarely considered by these and one-content that it wear the shining croin with Their swallow and assimilate in the particular suggestion at the There is never the slightest suggestion bear typiagia.

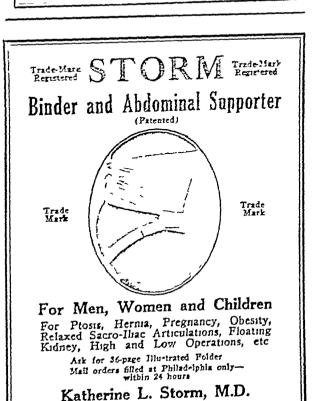
by project these earnest souls from their own their, and to save them from the present of a full ephemeral medical idea e young that the press publish, in addition to the titem, an editorial comment describing the tratus of any medical discovery

simplicity of this is obvious, the value be widespread, and the item would lose of its news value Proper cooperation bemedical societies and the press would re-In the securing by the press of satisfactory adequate information Reliable sources d be used by those in charge of nev spapers e end that the truth of modern medical tht might be disseminated instead of a garreport, or only the half truth, which may acalculable harm Editorial comment would become a force for good in the community the much-harassed physicians perhaps saved other purposes than to answer questions enered by incomplete and at times totally clous news reports

start in this direction has been made by of the newspapers in St. Louis which have cooperating with the medical society to pubreliable editorial comments. We have not that this is also being done in other comties, however, we feel that it should become eral and it is with the hope that we can stimtle interest in this subject among the news-

on it at this time





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(Continued from page 1513-adv xiii)

No clinical work is undertaken by the officer, all of it being done by the physic

active practice in the city

A program of preventive medicine ha worked out by the physicians of Hollar their health officer that has made their city larly free from the acute contagious d In the fall of 1926 a program was work whereby the physicians of Holland imn the entire school population again dipl The health officer carried out the educ work, the propaganda and the organizat The clinical work of admini the work the toxin-antitoxin was all done by the cians practicing in Holland

So successful was this plan of promoting lic health work that the following year th form of organization was used to immun entire school population against scarlet

As a direct result of this work, there I been a case of diphtheria in a school ch the past two years

The amount collected by the physicia their work was slightly more than they have received by taking care of the ten c diphtheria and one death that had been ti vious yearly average Nevertheless, by st this money for prevention, the people have diphtheria ancient history in their city, ar have their children with them instead of to the number of children in the local cei

Although the prevention of scarlet fe active immunization has not had the loi that diphtheria immunization has had, th cess of the diphtheria prevention work them to apply the same principles to th vention of scarlet fever The following similar piece of work was done in the immunization against scarlet fever scarlet fever immunization has been carrie there has not been a case of scarlet fever city of Holland, notwithstanding the fac the township around the city has had So successful were the two previous paigns of disease prevention that it was d to do it again this fall. The same organi was used again The health officer organiz work and informed the public concerning i physicians practicing in the city did all i clinical work

This year toxin-antitoxin and small pox cine was administered to all children who hi tered school since the previous work was

Holland is not the first nor the only c Michigan to carry on work of this kind, is of importance that Holland should be a to the growing list of cities where the 1 officer can combine the forces of his office those of the organized medical profession the benefit of the public to be served

ess Editorials on Medical NEWS

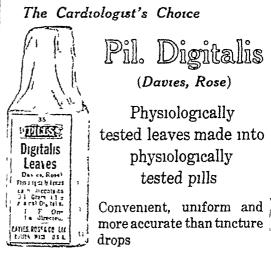
editorial in the December Journal of the Euri State Medical Association makes the aging novel suggestion regarding comments are items in new spapers—Editor's note

such must be reported to the public. The unthinking public, ever ready to seize new suggestions, is particularly impressed new in medicine. The truth or talsity of m is rarely considered by these avid ones, are content that it wear the shining crown helt. They swallow and assimilate with conscious effort this great bolus of medical There is never the slightest suggestion lysphagia.

protect these earnest souls from their own hit, and to save them from the pursuit of an interest problems of a calculation and the press publish, in addition to the status of any medical discovery

simplicity of this is obvious, the value the widespread, and the item would lose of its news value Proper cooperation be-In medical societies and the press would re-In the securing by the press of satisfactory adequate information Reliable sources lld be used by those in charge of newspapers the end that the truth of modern medical ght might be disseminated instead of a garreport, or only the half truth, which may incalculable harm Editorial comment would become a force for good in the community the much-harassed physicians perhaps saved other purposes than to answer questions enpadered by incomplete and at times totally hacious news reports

start in this direction has been made by the of the newspapers in St Louis which have a cooperating with the medical society to pubrical reliable editorial comments. We have no but that this is also being done in other committees, however, we feel that it should become heral and it is with the hope that we can stimate interest in this subject among the newspers and any the medical organizations that it at this time



Prescribe "original bottle of 35 pills" which protects the contents from exposure from the time of manufacture to the time of administration. This turther insures dependability of action

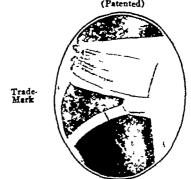
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(Continued from page 1513-adv xiii)

No clinical work is undertaken by the officer, all of it being done by the physici

active practice in the city

A program of preventive medicine has worked out by the physicians of Hollan their health officer that has made their city larly free from the acute contagious du In the fall of 1926 a program was work whereby the physicians of Holland imm the entire school population again diph The health officer carried out the educa work, the propaganda and the organizati the work The clinical work of adminis the toxin-antitoxin was all done by the cians practicing in Holland

So successful was this plan of promotin lic health work that the following year the form of organization was used to immuni entire school population against scarlet

As a direct result of this work, there h been a case of diphtheria in a school chi the past two years

The amount collected by the physician their work was slightly more than they have received by taking care of the ten a diphtheria and one death that had been the vious yearly average Nevertheless, by sp this money for prevention, the people have diphtheria ancient history in their city, an have their children with them instead of to the number of children in the local cer

Although the prevention of scarlet fe active immunization has not had the lor that diphtheria immunization has had, th cess of the diphtheria prevention work them to apply the same principles to th vention of scarlet fever The following similar piece of work was done in the immunization against scarlet fever scarlet fever immunization has been carrie there has not been a case of scarlet fever city of Holland, notwithstanding the fac the township around the city has had cases So successful were the two previous paigns of disease prevention that it was d to do it again this fall The same organi was used again The health officer organize work and informed the public concerning it physicians practicing in the city did all (clinical work

This year toxin-antitoxin and small pox cine was administered to all children who ha tered school since the previous work was

Holland is not the first nor the only ci Michigan to carry on work of this kind, 1 is of importance that Holland should be a to the growing list of cities where the h officer can combine the forces of his office those of the organized medical profession the benefit of the public to be served

SS EDITORIALS ON MEDICAL NEWS

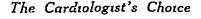
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CANCER TALKS BY RADIO IN ARKANSAS

The November issue of the Journal of the Arkansas Medical Society, page 125, discusses radio talks on cancer as follows

entertainment by radio fans, is being pressed into

"The radio, while largely used as a means of

service to diffuse propaganda on all manner of live issues. Advertisers use it to cry their wares, in fact, the commercial uses are necessary to keep the many broadcasting stations going Preachers use it to broadcast their services and sermons and thus reach thousands of non-church goers. Politicians use it freely in these pre-election days and the speeches of the candidates and other orators are broadcast directly from the rostrums so that millions of people from coast to coast receive it simultaneously with the hearers actually present at the meetings

"The daily newspaper has been esteemed as the greatest possible medium for the widespread diffusion of news and public opinion. It may truly be said that the radio is a greater and more farreaching medium This is especially true of such propaganda as that concerning cancer For several years campaigns for the eradication, or at least for the lessening of cancer have been waged by the various medical societies through-Before the radio became out the United States in practically universal use, the newspaper was undoubtedly the best medium to distribute information tending to diminish the number of cancer cases by urging prompt examination by physicians of even the slightest indication or possibility of cancer developing. But the majority of newspaper readers read only what is of immediate interest to them

"The motion picture has largely supplanted the stage Why? Because it is less trouble, requires less mental effort, to see a drama or story in pictures, the general idea represented by brief sub-titles and explanations, than to hear all the spoken words. In like manner people

all the spoken words. In like manner people find it easier to listen than to read about any manner of scientific matter. Thus it well may be that millions of people listen in on the radio talks on cancer who never would read the shortest article on the subject in their daily newspaper. Arkansas has not been behind in this cancer pre-

vention propaganda and the talks by leading physicians over the air must have done a world of good among people who would not otherwise have been enlightened on this important subject.

THE WOMAN'S AUXILIARY IN TEXAS

The Texas State Journal of Medicine of November contains the following description of the usefulness of the Woman's Auxiliary in specific instances—Editor's note

(Continued on page 1517-adv vvn)

(Continued from page 1516-adv vvi)

How easy it would have been for the Woman's Auxiliary to have stopped the imposition on the public, perpetrated by the promoters of the lecture tour of the late Coue, had anybody thought about it. We knew the thing was all wet, but we did not think to say anything to the women, and their attention was not called to the matter.

and their attention was not called to the matter Just ever so ofen some big department store, or chain of department stores, promotes a series of pseudo-health lectures, designed to promote the

pseudo-health lectures, designed to promote the sale of some apparatus, food substance, or medicine. How easy it would be for the women to

stop these abuses. We doctors cannot do it, for the reason that we are too busy with other matters. Maybe the women are busy, too, but they do not have so many other thing to do in this field as we think we have to do. In one of our larger cities a member of the local Woman's Auxiliary noticed that a department store was doing the sort of thing just referred to. On her

doing the sort of thing just referred to On her own initiative she called upon the proprietor of the store, explained to him the dangers of the enterprise, and it was stopped, forthwith and immediately Our legislature is going to meet very soon. It would not appear to be good pol-

icy to send our women down to Austin to get in the lobbying game, but there are many ways of killing a cat besides choking it to death with butter. There are two classes of people in this state who have a right to speak about public

health legislation One of them is the physician, who knows certainly what it is all about, and the other is the women, who must care for the children and raise a family and who should know

dren and raise a family, and who should know what it is all about A conference with a committee from the Woman's Auxiliary and a committee from the medical society, with a group of legislators from any particular locality where-

in the problems upon which legislation has to

bear are discussed, can but have good effect, and

much better effect than a conference involving only ourselves

Occasionally we desire to promote some local public health enterprise, such as a health lecture, or a health show. It is a cinch to simply tell the Woman's Auxiliary to go ahead and get it up

They will do it, with our help, of course and,

doubtless, at our expense, but it will be done

Along these and many other lines the units of the Woman's Auxiliary may be made useful, but

(Continued on tage 1518—adv xviii)

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PHYSIOTHERAPIST

(Continued from page 1517—adv xvii)
it is up to us to get in touch with this organiza-

tion, keep in touch with it and keep it in touch with us. It is all right for us to say to the Woman's Auxiliary, "Watch our movements, and do what you can to support us," but no battle was ever won that way. The support of a force in action does not watch the fighting lines and filter in whenever it is necessary, or flank when it seems wise to do so. It takes its position, usually in a sheltered place, and stays there until the

commander orders it up And when it is ordered up it is told where to go, when to get there, and what to do when it gets there. It is not told how to fight. It is supposed to know that The commander has probably given as much thought to the eventual utilization of the reserves as he has to any other part of his battle plans. We fail to

take advantage of our opportunities if we do not do just that in connection with our Woman's

EXCHANGE PROGRAMS FOR COUNTY SOCIETIES

The October issue of the Journal of the Iowa State Medical Society contains the following message from the President of the State Society, Dr T U McManus—Editor's Note

"Many County Medical Societies in Iowa are experiencing difficulty in maintaining interest in their scientific programs. Physicians are hesitant about preparing papers and reading them before their own society."

"Without attempting to discuss any of the problems of the County Society, I would like to propose November as visiting month Let County Number One invite County Number Three to visit County Number One in November and furnish the program County Number Three, in turn, may invite either County Number One, or any other County, to furnish their program For reasons too numerous for discussion, I will sug-

County to put on the program

"To those who are favorable to such an exchange of talent it is my suggestion that you immediately invite some County to furnish your program for the month of November

gest that a County should not invite an adjoining

"The success or failure of such an exchange depends very largely on the efficiency of the County Secretary who receives the invitation asking his County to furnish the program

"I wish to emphasize that the County with a small Society should have no hesitancy in inviting any County, regardless of size, to put on their program. Furthermore, I wish to point out that many of these Counties with a small membership are capable of furnishing high-class programs ac-

ceptable to the largest County Societies'

EDICAL SOCIETY BOY SCOUTS IN COLORADO

December issue of Cole home page 407, containing report of the Comfithe State Medical Solor Scouts—Editor

Committee has kept in the the Scout activities ut the vear

id scouting to be a well, progressive forward t looking to the physical and moral development petween 12 and 18 years

rk in the chain of preledicine, it appears to be value and worthy the interest and activity of the specific of whom we find a table number already

perial points or contact profession are first and saving (especially water traumatic hemorrhage oute), personal health health

its are required to have rounding in first aid—se more advanced give ention to life saving and ind public health, water mp sanitation, etc

summer camps are 1 in Colorado, instrucrst aid, woodcraft and dy is given, and a wholelocr program is carried or five hundred boys se camps at very small the boy

or medical student, or lable graduate, is in atit each camp

ber of physicians, in dother Colorado towns, ied with the movement, s capacities, some as irs the most vital funcirs as special instructors ners in first aid and perpublic health, as memop committees or on the cil

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VITAL STATISTICS IN TEXAS

While Texas does some things well, recording vital statistics is not one of them, according to the following editorial from the November Texas State Journal of Medicine—Editor's note

Recording vital statistics is the very foundation of public health It had its beginning with the medical profession The undertaker shares with the medical profession its ending A medical profession alive to the importance of birth and death reports, will work wonders in a public health way in a remarkably brief period of time Texas, to the deep chagrin of many of its citizens, has never been admitted to the so-called registration area of the federal government That is to say that reports on births and deaths have been so meager as to offer no basis for public health calcula-The medical profession of Texas can correct that, particularly now that the health department has been reorganized and the important bureau of vital statistics placed in the hands of a competent and qualified physician, sufficient authority and with money to do the job and do it We will be more willing to give him our unstinted support when we thoroughly sell the idea to ourselves, or permit those who are better salesmen than we are to do that for us

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ness from bodily exertion, faintness ng marked relief in the from missing a meal and other similar nditions conditions common to everyday life are oided A flannel binder relieved by eating a few Mellin's Foo Biscuits

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e sacro-iliac articulation tion must be carefully di om arthritis of the spine, f ac disease, and from deep The entire sacro-ilia esses ry painful on pressure, on ning and thickenings are nd outside the muscle ich can be verified in the r he most effective treatme dition (Wiener Klimsche rift, Feb 2, 1928) is rest m 8 to 14 days in a w m and with cutaneous c

hysicians find that appli all seasons region for two or th Fatigue from mental strain, weari- ery day for about two we Warm full bath rn during the attack and ended for a month afterw nt a recurrence of the a dvertisement page 111 -Adv

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